

# Sunnyside Private Nursing Home Limited

## Sunnyside Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

Sunnyside nursing home provides nursing care for up to 40 people with nursing needs including people with dementia. The service has three floors which provide nursing care. Sunnyside also provides shared bedrooms.

Sunnyside had a manager in place and was currently in the process of becoming the registered manager. An application had been submitted and was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was undertaken over two days and was unannounced.

People told us they felt safe living at Sunnyside. Comments included "I feel safe living here, they look after me well", "I like it here, it's a safe place" and "I am really well looked after." Staff were knowledgeable about their roles and responsibilities with regards to protecting people from abuse. Where safeguarding incidents had occurred, the home had appropriately notified the local authority and the Care Quality Commission. The manager was knowledgeable about how they would respond to allegations of abuse, and how they would act upon it. Clear safeguarding guidelines were available within the reception area for visitors and relatives.

# Summary of findings

We found staffing numbers to be sufficient within the service. The service used a dependency calculator to determine how many staff would be needed on each shift. We saw staff were consistently visible and supported people when requested or required. Call bells were answered promptly and people were supported in an unrushed manner. Medicines were managed well within the service and were audited frequently to ensure people were protected from risk of harm. Where risks were identified, the service had taken appropriate action to assess the risk and potential impact. Comprehensive risk assessments were in place and reviewed regularly to ensure people were protected from potential risks. Recruitment checks were undertaken within the service.

New staff received a comprehensive induction when starting employment with the service. The induction consisted of twelve weeks shadowing and training, and being signed off as competent before lone working. Staff completed training and supervisions which assessed their competencies. The service had a clear supervision policy in place. Supervisions consisted of topics such as mouth care, infection control and included a mixture of observations and discussions. Staff we spoke told us they felt supported by the manager and the service to undertake their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 29 people were currently subject to a DoLS or awaiting a decision from the local authority. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service had a DoLS lead nurse in place who was responsible for overseeing DoLS applications. We found staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act (MCA). Staff were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with evidence of best interest meetings.

People's nutrition and hydration needs were met within the service. We saw nutritious meals were provided which

included frequent snacks and drinks. Where people were at risk of weight loss or had specific dietary requirements, these were met by the service. Nutrition and hydration intake was recorded appropriately were required and monitored as necessary. People were complimentary about the food. Comments included "The food is spot on", "Its lovely food" and "There is always enough." We found the homes environment to be clean, spacious and light. People we spoke with told us the home was nice. Comments included "It's lovely here", "There is a lovely garden" and "They always keep my room nice and tidy."

We found staff to be caring, sensitive and treated people with dignity and respect. People and relatives we spoke with told us "The staff are very nice", "The staff are really lovely", "The staff are nice and always in a good mood, sometimes we sit here laughing till we ache." The service accommodated people who required end of life care. We found clear process in place to ensure people were supported to remain comfortable and looked after in a dignified way. The service ensured peoples wishes were recorded and reviewed regularly.

Peoples care plans were detailed and reflected their current needs. Care plans were reviewed regularly when changes occurred and people were involved in their care planning. The service maintained good links with health professionals such as Doctors, Speech and Language therapists and Chiropodists. Weekly Doctors' visits were undertaken within the service to ensure people's health needs were met in a timely manner. We spoke with the Doctor allocated to the home who was very positive about the service.

We found the service to be well-led. Staff and relatives we spoke with were complimentary about the management of the service. Comments included "If I have questions, they always provide me with an answer", "I think the home is well run, everything seems to be well managed" and "It's a well-run home, the manager is very good." Audits were taken within the service to provide quality assurance. Comments and complaints were acted upon appropriately. We found the culture of the service was that of an open one where staff communicated and supported each other throughout their shifts. Throughout our inspection, we found the manager to be visible and available to people when requested.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable about how to raise suspected abuse and who they would speak too.

Risk assessments were in place where potential risks were identified.

Staffing levels were adequate to meet people's needs.

Safe medicine administration practices were undertaken within the service.

Good



### Is the service effective?

The service was effective.

Staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act 2005 (MCA).

Training and supervisions were used to assess staff competence.

People's nutritional needs were met by staff who were knowledgeable of their needs.

Good



### Is the service caring?

The service was caring.

We observed positive caring practices over both days of the inspection.

People and relatives were positive about the caring aspect of the service.

People told us they were supported by staff who were caring. People's privacy and dignity was maintained. Where people received end of life care, this was done in a planned and dignified manner.

Good



### Is the service responsive?

The service was responsive.

The service maintained good links with health professionals to meet people's needs.

Care plans and risk assessments were comprehensive and reviewed regularly.

Complaints and concerns were acted upon.

Good



### Is the service well-led?

The service was well-led.

People, relatives and staff were positive about the management of the service.

Clear audits and quality monitoring was undertaken. Where improvements were required, these were acted upon.

The management were clear on their requirements to notify CQC of significant events.

Good



# Sunnyside Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 and 14 April 2015 and was unannounced.

The inspection team consisted of an inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR form from the provider. We checked to see what notifications had been received

from the provider since their last inspection. We received appropriate notifications from the home since their last inspection in June 2013. There were no concerns raised at the homes last inspection in June 2013.

During both days of our inspection we spoke with the manager, the company director, nursing staff, four support workers, four people and four relatives of people and domestic staff including the chef. We undertook observations of staff practice over the two days. We reviewed six care plans, medication records, daily records including turning charts and food and fluid charts, five recruitment files and copies of quality monitoring undertaken by the manager and company director. We also looked at staff supervisions, training records for all staff and induction records for new members of staff.

We also spoke with health professionals and were provided with a copy of the service's last contract monitoring report from the local authority.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Sunnyside. Comments included “I feel safe living here, they look after me well”, “I like it here, it’s a safe place” and “I am really well looked after.”

Staff we spoke with were knowledgeable on how to protect people from abuse and how to raise and respond to safeguarding concerns if they arose. The manager was able to clearly identify when they would raise a safeguarding alert to the local authority, and how they would work within the local authorities’ and the provider’s safeguarding policy. We found visible posters available in communal areas on how to raise any safeguarding concerns which provided clear guidance to people, relatives, staff and visitors. Staff we spoke with were able to describe what they felt constituted abuse, and how they would raise their concerns. Staff were aware of the provider’s safeguarding policy, and the correct process to follow in regards to raising their concerns. Staff were also aware of the role of the Care Quality Commission and how to contact us. Most staff had received training in safeguarding; however some staff training went back to 2011. The provider’s policy stated that all staff should refresh their safeguarding training annually.

We were advised of current staffing levels, and assessed these against the last four weeks rotas. The provider used a staffing dependency tool based on people’s individual needs to assess the amount of staff needed for each shift. Staff shift patterns consisted of early shifts, late shifts and night shifts all led by a member of nursing staff. We found sufficient numbers of staff were available to meet people’s needs. Throughout our observations, we found staff were constantly visible including the manager and nursing staff. Call bells were answered promptly, and when people requested assistance, this was met in a timely manner. People we spoke with were complimentary about the staff, for example “If I have questions, they always provide me with answers” and “There is always staff about.”

We checked how medicines were managed in a safe and appropriate manner at the service. We found medicines were managed well within the service with appropriate checks undertaken, for example, stock and temperature checks. We checked people’s Medicine Administration Records (MAR) and found where people were administered their medicines, they had been appropriately recorded. We

counted random medicines to ensure they corresponded with people’s MAR charts. The manager had implemented their own system to ensure medicines were regularly stock checked and corresponded with the appropriate amount of medicines available. Medicines which were required to be locked away were done so safely. Where people required to use creams, these were recorded as administered and where to be applied. Where people required the use of thickeners in their drinks, clear instructions were provided and the service had utilised specific aids to ensure people had their drinks thickened to the required consistency.

We looked at five recruitment files for staff members who had recently commenced employment with the service or had done so within the last two years. All five files contained proof of identity; including their eligibility to work within the UK, however a recent photograph was not available. Medical histories and previous employment histories were in place; however in two files relevant gaps in employment were not explained. Copies of staff disclosure and barring checks (DBS) were kept on file including the date they had been received. All files contained evidence of satisfactory conduct in previous employment. On the second day of our inspection, we saw the provider was beginning to take steps to address these issues.

Where people were assessed as being at risk, appropriate and detailed risk assessments were in place. For example, one person was assessed as being at risk and appropriate professionals had been involved. The service kept a clear risk assessment for staff to ensure this person was protected from harm and clear monitoring processes and checks were in place. Where people were at risk from falls or weight loss or had specific medical and/or nursing needs, appropriate tools were in place to assess the level of risk, and how this would be managed and how often it should be reviewed including a clear plan of action. The service was also able to identify risk and put appropriate measures in place, for example, one person who was unable to sit up and at risk of rolling by themselves was provided with anti-suffocation pillows and regular monitoring checks to ensure their safety.

The service had a clear plan of action in regards to the event of an emergency. Clear guidance and risk assessments were undertaken around fire safety, what to do in the event of a fire, maintenance of equipment and a business continuity plan.

# Is the service effective?

## Our findings

The service had a clear induction in place for new staff commencing employment. The service's induction consisted of a twelve week programme based on Skills for Care 'Common Induction Standards'. New staff members were allocated a supervisor who was responsible for assessing whether new staff were competent. Each staff member was provided with a handbook and were assessed against as competent by their supervisor once they had undertaken the relevant task. Relevant training was also provided during their induction period. We saw completed induction handbooks for new starters and saw at the end of the twelve week programme, a review had taken place to address any further areas for improvement and whether they were deemed competent to lone work. One staff member who was new to the service told us "The induction has been very good."

The providers training consisted of a mixture of hands on training, theory and competency checks to ensure staff were adequately trained to undertake their roles. The service had a clear supervision policy in place. Supervisions consisted of topics such as mouth care, infection control and included a mixture of observations and discussions. Staff we spoke with told us they felt supported by the manager and the service to undertake their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 29 people were currently subject to a DoLS or awaiting a decision from the local authority. The manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager was also aware of the requirement to inform the coroner in the event of a death where the person was subject to DoLS.

Staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act (MCA). Where people had their capacity assessed, clear evidence of the assessment was recorded including the outcomes of best interest meetings. The service utilised outside resources where required to ensure decisions were made in peoples best interests where they lacked capacity, for example, the use of IMCAS

(Independent Mental Capacity Advocate) and relevant professionals. Where people were subject to DoLS, guidelines were in place on how to support the person in the least restrictive and appropriate way. Staff we spoke with were knowledgeable about mental capacity and how this impacted on the way they worked with people. Staff told us "It's ensuring we listen to people's wants and offering choice", "It has to be decision specific" and "It's about giving people the information to make a decision and asking for their permission."

People we spoke with told us they enjoyed the food within the service. Comments included "The food is spot on", "Its lovely food" and "There is always enough." We saw throughout both days, people were provided with fluids and these were topped up regularly to ensure people's hydration needs were met. Where required, these were recorded as given and totalled up at the end of the day to ensure people's hydration targets were met. Menus were provided on a rolling four weekly basis, however we spoke with the chef who told us they regularly change and try new meals. Cooked breakfasts were provided on request and regular snacks were offered throughout the day. We observed two lunch periods and saw people were supported to eat by staff where required. Staff were knowledgeable of peoples like and dislikes, for example, they knew one person regularly had two lunches as they enjoyed their food. One person explained they did not want their lunch, so were offered an alternative to their liking. We sampled lunch on one of the days and found the food to be wholesome, well presented and tasted pleasant. The service had implemented a system where two choices of hot meals were prepared and taken out into the dining room to ensure people were all supported to eat at the same time so no one had to wait. This meant were people wanted to dine together, this was done in a timely unrushed manner. Where people required the use of food and fluid charts, these were filled in correctly.

We found the homes environment to be clean, spacious and light. The home had been extended over a period of years and presented as a warm and friendly environment. The service employed domestic staff such as cleaners and laundry staff to ensure the home was kept clean and presentable. The service also had a functioning lifts to ensure people could move freely around the service. People we spoke with told us the home was nice. Comments included "It's lovely here", "There is a lovely garden" and "They always keep my room nice and tidy."

## Is the service effective?

The service maintained good links with health professionals such as Doctors, Speech and Language therapists and Chiropodists. Weekly Doctors' visits were undertaken within the service to ensure people's health needs were met in a timely manner. We spoke with the Doctor allocated to the home who was very positive about the service. They felt the service was responsive to people's needs and called for advice if needed. They told us "My experience is that they are a good home." Records of visits to health professionals were recorded on people's care

plans and contained clear guidance and outcomes of appointments. Staff and nurses maintained a communication book in which messages were able to be placed to ensure all staff were aware of changes to people's needs or health. Where people required assistance with specific nursing needs such as pressure sores or PEG (**Percutaneous endoscopic gastrostomy**) care, guidelines were produced to ensure people's needs were met in the most appropriate way.



# Is the service caring?

## Our findings

We found good examples of caring practice throughout the two days of our inspection. Staff were kind and attentive to people making sure they used their preferred names and gained consent before undertaking tasks. People and relatives we spoke with told us “The staff are very nice”, “The staff are really lovely”, “The staff are nice and always in a good mood, sometimes we sit here laughing till we ache.”

Staff treated people with kindness and compassion. When people requested assistance this was promptly met. Staff stopped to talk to people and engaged in conversation. We saw one staff member laughing and singing with a person who appeared to enjoy the engagement. Staff consistently asked for people’s permission before undertaking tasks, for example asking if people were comfortable, if they needed something to drink, if they wanted to wear a clothes protector at lunch or if they wanted to read the newspaper.

We spoke with the manager about one staff members caring nature when working with people, for example, getting down to people’s level to speak to them, holding hands and providing comforting words. We saw one person tell a staff member “You’re my best friend” to which they smiled and responded. Where people required assistance

at lunch time, staff were patient and assisted people in a dignified and respectful manner. Staff frequently asked and checked if people were ok and happy. One person requested to speak to their relative. The nurse on duty promptly made the call and handed the phone to the person to speak with their relative.

It was evident through discussions with staff and the manager that they knew people’s needs well and people were complimentary about the care they received. Each person had a named keyworker who was responsible for being the key contact for that person. Staff told us the importance of involving people in their care and ensuring people were happy, safe and felt looked after. One staff member told us “Caring is part of being human. Everyone needs to feel cared for.”

The home provided nursing care for people who were receiving end of life care. The service had good processes in place around end of life care planning and recording peoples wishes should they require end of life care at the service. We saw families and appropriate professionals were involved in these discussions and that they were recorded and reviewed appropriately. One person we spoke with told us “I am comfortable and clean and looked after.”



# Is the service responsive?

## Our findings

We looked at six care plans during our inspection. We found care plans to be clear, short and succinct and included appropriate risk assessments where required. Comprehensive pre admission assessments were completed prior to people moving into the service to ensure the home could meet their needs appropriately. Care plans were reviewed on a monthly basis, and changes were appropriately recorded when people's needs had changed. Care plans included details such as likes and dislikes, continence, dependency, daily living, life history, nutrition and moving and handling assessments.

Care plans were kept in good order and were easily accessible. Daily notes were recorded for each person which detailed what care had been provided that day including people's moods and any changes to their health. Daily check lists were also in place which staff completed to ensure tasks were achieved such as personal care, mouth care and nutrition. Where people required assistance with specific nursing needs such as pressure sores or PEG (**Percutaneous endoscopic gastrostomy**) care, guidelines were produced to ensure people's needs were met in the most appropriate way.

Although the service had no activities co-ordinator in place, we saw regular activities were undertaken to promote

social stimulation and involvement. We saw people were provided with activities such as watching dvd's, reading, dementia friendly sensory items and regular conversation with staff. One relative did comment "They could do a bit more activity wise." On our second day of the inspection, the service had arranged for a regular singer to come and sing to the people who lived at the service. We noted this was well received, with people singing along. The manager told us they often gained feedback when entertainers were arranged to ensure the appropriateness and level of engagement and enjoyment of people. We saw staff regularly took time to sit with people and talk which was responded too well by people.

The service had a comments and complaints book within the reception. We saw this book was used by relatives and visitors to record their comments, and the appropriate response given by the service. Over the two days of our inspection, we witnessed two complaints which were brought to the managers and company directors' attention. We saw both the manager and the company director were responsive in reacting and listening to the concerns raised, and ensured where people raised concerns, that they were listened too, investigated and acted upon appropriately by involving the correct people and professionals where required.

# Is the service well-led?

## Our findings

We found the service to be well-led. Staff and relatives we spoke with were complimentary about the management of the service. Comments included “If I have questions, they always provide me with an answer”, “I think the home is well run, everything seems to be well managed” and “It’s a well-run home, the manager is very good.”

In discussions with the manager, it was apparent that they knew people who lived at the service very well, including their health and social needs. The manager also worked as a nurse on the floor alongside other staff. People were complimentary about the way the manager worked and commented on her approachability. The manager told us she had been supported by the company director to further their development within the service and had done so over a significant period of time. This was reflected in their knowledge and understanding of the service, and as their role as manager.

The service kept good audit trails in regards to the running of the service. Audits included health and safety, infection control, a review of slips, trips and falls, medication and environment. All audits were supported by comprehensive risk assessments which were reviewed when an audit was completed. We saw from the audits undertaken, the manager was competent in identifying potential areas where shortfalls may arise, and was able to evidence what action had been taken to address them. Management were aware of the need to refresh training as needed in order to maintain staff’s competencies.

Staff told us teamwork was good within the service. We saw the culture of the service was that of an open one where staff communicated and supported each other throughout their shifts. Throughout our inspection, we found the manager to be visible and available to people when requested. When concerns were raised, the manager took priority to address the issues raised in an appropriate manner.

The company director and manager utilised outside resources to ensure their knowledge and skills in regards to the regulations and running of the home were up to date. We were also provided with information on how the company director wished to make further improvements to the home such as creating new training and assessment tools to support nurse’s skills and development, an online medication self-assessment competency tool, Electronic care plans and values based recruitment. The company director was keen to use their business skills to enhance the service and to promote good practice within the service.

The commission had received appropriate notifications since Sunnyside’s last inspection in June 2013. The manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. When requested, the management submitted a comprehensive PIR report in a timely manner.