

Ms Jennifer Jonas

Sunnyside

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?	Requires Improvement ●

Summary of findings

Overall summary

Sunnyside is registered to provide accommodation and care for a maximum of three people who have autism and/or learning disabilities. At the time of our inspection there were three people living in the home.

There was not currently a registered manager in post. The manager was in the process of submitting their application to become the registered manager. For the purpose of this report they will be referred to as 'the manager' rather than a 'registered manager.' 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.

Registration requirements were not always met. We had not been notified that the service was without a registered manager for over 28 days.

There were systems in place to monitor and assess the quality of service being delivered. The manager carried out weekly and monthly audits on every area of the service. The service manager also carried out an in depth monthly audit on all areas of the service. The audits were not always effective.

There were gaps in staff training. Not all staff had received training in food hygiene and infection control. Not all staff had up to date training in the safe handling and administration of medicines, nor were staff's competency in this area regularly assessed. However, we found that medicines were stored and administered safely. Regular audits of people's medicines were carried out and these highlighted any shortfalls in the safe management and administration of people's medicines.

Risks to people's health and wellbeing had been identified and risk assessments detailed what steps should be taken to mitigate the risks. Staff had received training in safeguarding and knew the procedures for reporting any suspicions of abuse. Safe recruitment practices were in place to ensure that suitable staff were employed to work in the home.

Staff were supported in their work through regular supervisions and training appropriate to their role. Staff were able to access specific training which related to people's complex support needs.

People's mental capacity had been assessed and best interests decisions had been clearly documented where people were not able to make decisions about certain things. Most staff had received training in the Mental Capacity Act (MCA) 2005 and understood the principles of the MCA.

People were supported to be as independent as possible. They were involved in making decisions about their care and their views and preferences were listened to. People were able to cook for themselves and were supported to go food shopping. Relatives were able to visit without restrictions and people were supported to visit their family. People's interests were supported and they were able to pursue their hobbies

and go on regular activities away from Sunnyside.

Staff treated people with kindness and compassion and knew people's needs well. Staff knew how to communicate with people using their preferred method of communication. People's right to privacy and dignity was consistently upheld and staff treated people with respect. People were able to access healthcare professionals where concerns had been identified about their health or wellbeing.

Individualised care plans for people were in place and they were updated and reviewed regularly. People were encouraged to talk about their wishes and aspirations and what support they needed from staff.

There was a complaints procedure in place and staff knew how to support people with making a complaint. People and their families were asked for feedback about the service and, where necessary, changes and improvements would be made as a result. Regular meetings took place for people living in Sunnyside which also gave people the opportunity to put forward their ideas about how the service could be improved.

The manager and general manager were a visible presence and people living in Sunnyside and the staff felt that they were approachable and open to discussion. There was open communication from the manager about any changes they intended to make to the service and regular staff meetings took place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe.

Risks to people's health and welfare had been identified and steps taken to manage these risks.

There were consistently enough staff on shift to meet people's needs.

Medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff training was not always up to date or completed.

The service operated within the Mental Capacity Act 2005.

People were able to choose their own meals and cook for themselves.

Timely referrals were made to relevant healthcare professionals where there were concerns about a person's health or wellbeing.

Is the service caring?

Good ●

The service was caring.

People's right to privacy was not consistently upheld.

Staff had a good rapport with people and knew their care and support needs well.

People were supported to be as independent as possible and were involved in their own care planning.

People were able to see their family and friends without restriction.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and views were respected.

People's care records were individualised and were reviewed regularly.

A complaints procedure was in place and people knew how to make a complaint if needed.

Is the service well-led?

Requires Improvement ●

The service was well led.

The service had been without a registered manager for over a year. However, the acting manager was in the process of registering with CQC.

There were systems in place to monitor and assess the quality of the service but these did not always address shortfalls within the service.

The manager was approachable and open to discussion.

Regular staff meetings took place.

Sunnyside

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 was planned to check 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.

The inspection took place on 2, 10 and 11 November 2016 and was unannounced. It was carried out by one inspector.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. The provider completed 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.

During the inspection we spoke with two people who lived in the home. We made general observations of the care and support people received at the service throughout the inspection visit. We also spoke with the manager, the provider's general manager and two members of staff.

We reviewed two people's care records and their medicine administration record (MAR) charts. We also viewed three records relating to staff recruitment as well as training, induction and supervision records. We also reviewed a range of monitoring reports and audits undertaken by the provider's general manager.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in Sunnyside. One person we spoke with told us, "I feel safe here, there's always staff around." We saw that people were supported and cared for in a safe way and that steps had been taken to mitigate risks to people's safety and welfare.

Staff knew the signs of potential abuse and explained to us the procedure they would follow for reporting abuse. Staff we spoke with told us that they had received training in safeguarding. Training records confirmed this and the service's policy stated that this training should be completed yearly. We noted that two members of staff had not had training in the past year. We had not received any statutory notifications in the past twelve months regarding safeguarding concerns. However, the manager was able to demonstrate that they understood when and who they would report concerns to.

Risks to people's health and welfare were identified. There was clear guidance for staff about how they could minimise these risks. For example, some people living in the home could sometimes show behaviour that challenged. The risk assessments detailed what events could upset people and what staff could do to support people.

We looked at records relating to the safety of the home. Records showed us that weekly health and safety checks were carried out, which looked at any repairs which needed to be carried out. We noted that the utilities such as water temperatures and electrical items were in good working order. This ensured that risks to people's home and working environment were reduced.

The manager told us that no accidents had occurred over the past year. We saw recently that there was an incident where some of the paperwork relating to the weekly health and safety checks had gone missing. We saw from a record of the incident that this had been reported by the manager to the service provider and had been investigated appropriately.

Staff rotas showed that there was consistently enough staff on duty to support people safely. The manager told us that staff levels are adjusted according to people's needs. Some people required one to one support from staff, for example when going out. Staff we spoke with told us that they thought that there were enough staff on duty to meet people's support and care needs.

We looked at the personnel records for three members of staff. All staff had received a satisfactory police check before they started working in Sunnyside and appropriate references were also sought. This system ensured that suitable staff were recruited to care for people living in Sunnyside.

We noted from the staff training records that not all staff had received training in the safe handling and administration of medicines. Staffs' competency in this area was also not checked. The manager told us that they were in the process of changing the pharmacy that provided people's medicines. They added that all staff would be trained by the new pharmacy and that competency checks for staff who administered medicines would also be implemented.

We looked at Medicine Administration Records (MAR) charts for two people and these showed that people had been given their medicines as prescribed and all medicines had been signed for as being given. One person we spoke with explained when they had their medicines, "Staff do them morning and night." We saw from records that medicines were audited regularly by the manager. This checked a number of areas around the management of people's medicines. For example, that the MAR charts were completed correctly and that the correct amount of medicines for people were in stock.

Is the service effective?

Our findings

We looked at staff training records and saw that not all staff had completed the required training as required by the service. For example, four staff had not completed any training in food hygiene and three staff had not completed infection control training. This meant that staff may not be aware of the current practices and legislation regarding the areas of their practice where they had not received training. Some staff had completed training which enhanced staff's understanding around people's individual support needs. This included training in autism, as well as behaviours that may challenge.

Staff we spoke with told us that they completed an induction when they started their role. One member of staff told us, "I've been through all the policies and procedures." Staff also confirmed that they received regular supervision with the manager. Supervision records we looked at confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that some staff had received training on the subject. At the time of inspection no one living in the home was subject to a DoLS authorisation.

Assessments on people's mental capacity were clearly documented in people's care records. Some people had little or no capacity in certain areas. This meant that sometimes people were unable to make decisions for themselves. Areas where people needed others to make decisions on their behalf were clearly documented and these best interests decisions involved relevant people. For example, the person themselves, family and their social worker.

People living in Sunnyside were supported to prepare their own meals. One person we spoke with told us, "I love it. I can eat anything and cook for everyone here." For one night in the week one person cooked a meal for the others living in the home. People were supported by staff to go shopping for their own food.

Where there were concerns about a person's nutritional intake, we saw from people's care records that referrals were made to the Speech and Language Therapy (SALT) team. Records showed us that people's weights were monitored on a monthly basis. People's health and wellbeing was monitored on a daily basis.

One person told us that they were supported to access other healthcare professionals, "I'm able to see a doctor, I go and see the dentist." We saw from people's care records that timely referrals were made to relevant healthcare professionals where concerns were identified.

Is the service caring?

Our findings

People we spoke with told us that they were happy living in Sunnyside. One person we spoke with explained, "I've progressed a lot since I've been here, how I've handled staff, having a whole different outlook. I'm happy here, I'm really happy." Another person we spoke with told us, "I get on with the staff."

Throughout our inspection we saw that people were treated with kindness and spoken to in a respectful manner. We saw that humour was often used by staff appropriately when interacting with people. There was a relaxed atmosphere in Sunnyside and staff spent most of their time engaging with people, either just talking or taking part in an activity with them. We saw one member of staff sat drawing with someone, talking and laughing together. Staff knew people and their interests well, we saw the manager speaking with someone about one of their interests.

We asked people if they were involved in planning their care. One person we spoke with told us, "I can tell [the staff] what I want to work on. I like to focus on the day to day things." People told us that they were supported to be as independent as possible. One person we spoke with commented, "I'm going in to Norwich again. I'm going to the pub again for some lime and sodas, I can just walk there." Staff we spoke with told us that they promoted people's independence by letting people do what they could for themselves rather than doing it for them. One person we spoke with told us, "I clean my own room, I do all the vacuuming." We saw during our inspection that staff were encouraging people to dust the communal areas of the house, giving praise at the work people had put in to the job. People were able to choose how they spent their time. One person explained, "I do my own thing. Doing what I want to do."

People's care records contained a communication profile which gave details on how people prefer to communicate. Some people used direct and verbal communication and other people would be able to understand single words, gestures or pictures. One person used a computer programme to aid their communication. The manager told us that they were going to attend a course in signalong so they could train as a tutor in this and then train other staff at Sunnyside to use this method of communication. Signalong is a sign-supporting system based on British Sign Language, designed for people with communication difficulties.

We saw that people were treated with dignity and respect at all times. One person we spoke with told us that staff respected their space, "[The staff] give me my space which is what I need. Everything is about balance. It's nice to have my own space but know that there's someone there." We saw that staff would knock on people's doors and wait for answer before entering someone's room. Staff were able to tell us how they would maintain people's dignity and privacy when supporting people with their personal care needs.

There were no restrictions on relatives and friends visiting people in Sunnyside. People were supported to visit their family away from the home. One person we spoke with told us, "Yes, I get to see my family."

Is the service responsive?

Our findings

People we spoke with told us that they were able to identify what goals they had and what support they would like in order to achieve their goals. One person explained, "[The staff] are helping me to get my own place, that's why I'm here." People were also involved in contributing towards the assessment and planning and reviewing of their care. One person we spoke with commented, "[Staff's name] takes me to my reviews." Another person had decided that they wanted to stop taking their medicines as they felt they were happier without their medicines. The manager told us that they had supported their right to choose whether they took their medicines or not. We saw that staff had taken steps to discuss this with other relevant people such as their GP and psychologist. A review meeting had been arranged to discuss possible implications of their decision.

People were supported to participate in activities and pursue their interests. People told us that they were able to access a range of activities such as going bowling and to museums. One person told us how they were supported to attend a monthly night out organised by a charity, "We go clubbing once a month. We go with a couple of members of staff." People we spoke with told us that they were able to decorate their rooms as they wished. One person explained, "My room is a work in progress at the moment, I'm going to put some pictures up." Another person spoke of their plans to redecorate their room.

People's care records were individualised and detailed people's preferences. People told us that they were aware of what information their care records contained. One person told us, "I read my folder so I know what's in there." This information included people's likes and dislikes regarding how they liked to communicate and what their interests were. We noted from people's care records that they liked routine. People's routines were detailed in their care records and informed staff how they like to be supported throughout the day. People's care records were reviewed and updated regularly.

We saw that people had a hospital passport in their care records. This is a document that details the sometimes complex conditions that people are living with, their preferred way of communicating and other details such as their likes and dislikes. This gives hospital staff a detailed account of people's support needs so people can get the most effective treatment.

The manager told us that house meetings were held twice a month with people living in the home, to discuss how the service was run and for people to put forward any suggestions. The manager told us that they would ideally like this to happen once a week. One person we spoke with told us that meetings happened regularly, "We get together about once a week to sort the menus out."

We saw that there was an appropriate complaints procedure in place. This detailed the steps that should be taken if a complaint was received. One person we spoke with told us that they would be happy to raise a complaint if needed, "I've had to make a complaint but it all got sorted. I felt supported raising it." The service had not received any complaints in the past twelve months but the manager and staff were able to tell us how they would support someone to make a complaint and how they would manage it.

We looked at the most recent survey which was given to people. This was largely positive and the manager told us that they discussed any negative feedback with people to see how they could improve the service. The general manager told us that they were sending out surveys to people's family to ask for their feedback on the care given at Sunnyside. They told us that this gave family an opportunity to make any suggestions about how the service could be run better. They would then implement changes according to the responses they received.

Is the service well-led?

Our findings

CQC registration requirements were not always met. The last manager left on 22 September 2015 and there has been no registered manager since this date. We require that we are notified when a service is without a registered manager for over 28 days. The general manager told us that they had been managing the service before the current manager had been recruited. The current manager informed us that they were in the process of completing their application to become the registered manager. At the time of the inspection the application had not been received by CQC.

There were systems in place to monitor and assess the quality of the service being delivered. The manager carried out weekly and monthly audits in areas such as health and safety, infection control and people's care records. In addition to this, the general manager would carry out in depth monthly audit of all areas of the service. These were not always effective at identifying shortfalls within the service. For example, the audits had not picked up that some staff had not received training in administering people's medicines or that competency checks for staff were not being carried out. Also, we noted during our inspection that there was no separate toilet for staff or visitors. Instead staff and visitors had to use the toilet in one person's room. During the night, there was a waking member of staff on duty who would have to enter the person's room to use their toilet. We asked them about this and they told us, "I don't mind." The issue with staff and visitors using a person's personal toilet had not been identified as an area for improvement and the potential risks had not been addressed.

People we spoke with were positive about how the service was run. People told us that they were happy living in Sunnyside and got on well with the staff and management. One person said of the manager, "I like [manager's name]."

We saw that there was an open and positive culture in the home and staff had commented that the service had improved since the new manager was employed. Staff told us that the manager and the general manager were approachable and open to new ideas. One member of staff we spoke with told us, "[Manager's name] is really approachable can I can talk to [manager's name] about anything. Everything was on track but [manager's name] has definitely pulled it together." Another member of staff commented, "[Manager's name] has changed a lot [here] for the better. People are engaging much better."

During our inspection we saw that the general manager and the manager had a good rapport with staff. The manager was often working alongside the staff and was visible in the home, spending time talking with people. The manager told us that they lead the staff by example. The manager explained, "I don't push my position. When I'm on the floor I work with the staff." They told us that they felt supported by the general manager and said, "I feel supported; I can message [general manager's name] whenever, any issue I ever have, I know I can get hold of [general manager's name]. I have contact with the providers too."

Staff we spoke with told us that there was frequent and open communication from both the manager and the senior management. Staff meetings were held regularly, one member of staff told us, "Staff meetings are

once a month, they're useful definitely. Nice to all be on the same level. We can discuss any issues with the environment." We looked at the minutes of the staff meetings and saw that a range of issues were discussed such as people's care, maintenance issues and any changes in the service.

The manager spoke with enthusiasm about their role and spoke about the changes that they wanted to implement in order to improve the service. The manager wanted to promote people's independence as much as possible with a view to people being able to move towards a more independent living environment. "I want staff to support people to do things, not do it for them." The manager showed us an example of a new format for people's care plans, "I want to individualise people's care plans and draw from all sorts of information." This included discussing with people what they would like to achieve and what support they required to achieve their goals. We saw from the last staff meeting minutes that the manager had also made members of staff 'champions' in certain areas. For example, one member of staff was a 'champion' of medicines and another for activities. This meant that staff would have specific roles and responsibilities in these areas such as managing people's medicines and organising activities for people.