

Gateshead Council

Sunniside

Inspection report

8 Fell Close Sunniside Newcastle Upon Tyne NE16 5PD

Tel: 01914889319

Website: www.gateshead.gov.uk

Date of inspection visit: 20 May 2021 18 June 2021

Date of publication: 16 August 2021

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	

Summary of findings

Overall summary

About the service

Sunniside is a 'supported living' service which provides people with personal care within their own home. At the time of inspection four people were using the service. Staff support people in their own home and they have their own tenancies. Each person has their own bedroom and people share a kitchen, dining room, living room, garden and lounge.

People's experience of using this service and what we found

People were positive about the staff team who supported them. During the inspection we observed many positive interactions between people and staff. Staff knew people extremely well and were kind and caring. People provided positive comments about staff and things they had achieved together. For example, one person told us how staff had supported them to own their own vehicle which had increased their ability to be independent.

People had individual care plans which reflected their own choices and support needs. People were encouraged to be independent and carry out activities that interested them. Risk assessments were in place for staff to follow to keep people safe. People received their medicines from qualified staff members.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked with other health care professionals to provide a consistent level of care to people. People were supported to maintain relationships that were important to them. People attended a range of activities in the community.

There were robust infection prevention and control policies and procedures in place at the service. Staff were wearing PPE and had access to this. We observed staff explaining to people what PPE they needed to wear to go to the local shop and why it was important.

The registered manager and provider completed a comprehensive range of audits and checks to make sure the service was providing a safe and consistently good level of care. The staff team was well established and there was a positive staff culture.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff provided choices to people and asked regularly what they wanted to achieve. People were the decision-makers in their care and worked with staff to create personalised care plans which met their needs. The staff team were invested in the people they supported and put them at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 August 2019 and this is the first inspection. The last rating for the service at the previous premises was requires improvement, published on 19 March 2019.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service was safe. Details are in our safe findings below. Is the service effective? The service was effective. Details are in our effective findings below. Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service was responsive. Details are in our wall-led? The service was well-led? The service was well-led. Details are in our well-led findings below.		
Details are in our safe findings below. Is the service effective? The service was effective. Details are in our effective findings below. Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service was responsive. Details are in our responsive findings below. Is the service was responsive. Details are in our responsive findings below.	Is the service safe?	Good •
Is the service effective? The service was effective. Details are in our effective findings below. Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service was responsive. Details are in our responsive findings below. Is the service well-led? Good Good The service was well-led.	The service was safe.	
The service was effective. Details are in our effective findings below. Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service was responsive. Good Good Good The service was well-led? The service was well-led.	Details are in our safe findings below.	
Details are in our effective findings below. Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	Is the service effective?	Good •
Is the service caring? The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	The service was effective.	
The service was caring. Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	Details are in our effective findings below.	
Details are in our caring findings below. Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	Is the service caring?	Good •
Is the service responsive? The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	The service was caring.	
The service was responsive. Details are in our responsive findings below. Is the service well-led? The service was well-led.	Details are in our caring findings below.	
Details are in our responsive findings below. Is the service well-led? The service was well-led.	Is the service responsive?	Good •
Is the service well-led? The service was well-led.	The service was responsive.	
The service was well-led.	Details are in our responsive findings below.	
	Is the service well-led?	Good •
Details are in our well-led findings below.	The service was well-led.	
	Details are in our well-led findings below.	



Sunniside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including support staff and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited and there was enough staff to safely support people.
- There was a consistent staff team. People we spoke to could tell us about which staff member supported them. For example, one person told us, "[Staff member] always takes me out in my car."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people may face were clearly recorded, assessed and mitigated. Assessments were detailed and staff were able to easily follow these.
- Risk assessments were regularly reviewed and updated to reflect changes in people's needs and goals. One person said, "I feel safe with the staff support and I really do feel safe here."
- Lessons were learned from incidents at the service and the registered manager shared any reflections with staff. A staff member told us, "Mistakes have been made with the type of support but we've learned from incidents together with [person] and we've improved."
- Accidents and incidents were recorded, investigated thoroughly and any outcomes were shared with people and staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to reduce the risk of any potential abuse.
- Staff had received training relating to safeguarding people. Staff could tell us what action they would take if they identified any potential abuse.

Using medicines safely

- Medicines were managed safely. Staff had received training in administering medicines safely and had their competencies assessed regularly. A staff member commented, "I've got my medicines training at level 3 and had my competencies assessed."
- There were checks of medicine stocks and frequent audits by the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people in accordance with the current guidance.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had holistic assessments of their needs which were used to create individual care plans. A staff member commented, "It's all [person]'s needs and wishes. It is their choice for the care he gets."
- People were provided with choices around their care and the support they received. All support was delivered in line with best practice. One person told us that one of their support plans was related to swimming that they had chosen, and staff supported them to achieve this.

Staff support: induction, training, skills and experience

- Staff received relevant training from the provider and were supported with regular supervisions. Records showed that staff were provided with on-going refresher training.
- New staff received an in-depth induction from the provider and were provided with a peer mentor to support their learning. A staff member said, "It's really positive having the mentorship from [staff member] to learn."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Staff supported people with meal choices and to prepare their food. One person discussed how much independence they had gained since joining the service and were now able to make their own hot drinks in the kitchen.
- For people at risk of malnutrition there were detailed risk assessments in place and regular monitoring by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other health care professionals to provide a consistent level of care to people. Records showed involvement from people's GPs, learning disability teams and speech and language teams.
- Staff supported people to access other health care services. One person told us about visits to see professionals that staff had supported them with, for example appointments at hospital, dentist and GP. One person told us, "The community nurse comes in to support."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care was delivered in line with MCA and best practice guidance. Staff had received training around MCA.
- People were provided with choices for every aspect of their lives. Care plans were created between people and staff, they detailed an individual's goal and what they wanted to achieve.



Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff team who were kind and caring, and who treated people as individuals. One person said, "Staff have been absolutely smashing and have been excellent. Absolutely fantastic job and I'm happy, I'm happy."
- During observations we saw many positive interactions between staff and people. A staff member told us, "People get everything they need, and we have them at the heart of it. We go out of the way for them."
- Equality and diversity policies were in place to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief.

Supporting people to express their views and be involved in making decisions about their care

- People were the decision-makers in their care. Records showed people decided what they wanted to achieve, and staff supported them to do this. One person told us, "I tell people what I need."
- Staff told us about they supported people to make decisions about their care. One staff member commented, "We do the support plan with [person] and he's very good at communicating, so it's all his needs and wishes."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and encouraged their independence. One person told us about their experience at the service. They said, "I've come on leaps and bounds. I can feel the difference. I'm more independent."
- People told us that staff were respectful and knocked on doors before entering their bedrooms and asked to come in. A staff member said, "We always ask permission of the person before doing anything."
- People told us about things they had achieved with staff support. One person commented, "I couldn't make a cuppa until came here and now I can."



Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were fully involved in designing their support plans which focused on their personal needs and preferences.
- Staff told us that they reviewed care plans with people regularly. A staff member said, "If [person] asks for different things or changes his mind, we update and review the plans with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read format and in large print if needed. One person told us that staff showed them pictures to help them fully understand the information.
- Records showed people had access to guidance, information and documents in easy read format and signed to stay they had fully understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities and maintain relationships that were important to them. During the inspection one person asked to go to collect shells from the beach which was their favourite activity. Staff supported the person with this, and the person showed us their large collection of shells they had brought home.
- Staff supported people within the community and trips away. One person commented, "Best thing is being included in the trips out. Yesterday we went out together."
- During the pandemic staff had supported people to stay connected to friends and family virtually. One person discussed how they had recently been to see their dad. They said, "It was a surprise for his birthday."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints policy was available in easy read format and no complaints had been received at the service.
- If any complaints were received the registered manager would investigate these thoroughly and use outcomes to improve the quality of care provided.

End of life care and support

 Staff had received training around delivering end of life su 	upport and there was	a policy to sur	port this.
--	----------------------	-----------------	------------

• At the time of the inspection no one was receiving end of life support.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture at the service which promoted positive outcomes for people. A staff member commented, "There is a really positive staff culture and since we have got the new senior, it's all changed for the better. We all work great as a team."
- People were very positive about the staff team and the support they provided. One person told us, "They're great. Couldn't ask for better."
- Staff felt supported by the registered manager and the senior at the service. Staff told us about how the positive staff culture had improved people's lives. One staff member said, "In general the support the staff give reflects on the individuals themselves and the way they've positively improved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems allowed the registered manager to effectively monitor the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged people and staff to provide feedback on the service. People were asked to complete easy read format surveys on the care they received.
- Staff told us they could provide feedback any time they wanted to the registered manager or senior support work. One staff member said, "I can give feedback at supervisions but can approach either the manager or the senior, as they both listen and take on board my ideas and try it out. They always try it out."

Working in partnership with others • Staff worked in partnership with others. Records showed people had involvement from health care professionals and the local community.