

Sunnyside House Limited

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Inspection report

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Date of inspection visit: 26 August 2015

Date of publication: 30/09/2015

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

We inspected Sunnyside House Limited on the 26 August 2015.

The service provides accommodation and support for up to 14 people who may have learning difficulties and complex needs. There were 14 people living at the service at the time of our inspection.

The service had a registered manager in post. 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Summary of findings

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps, psychiatrists and community nurses.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively.

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 took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs.

There were varied activities to support people's social, employment and well-being needs. People were supported to access meaningful activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Sunnyside House Limited

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.

This inspection took place on the 26 August 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people, the manager, deputy, a senior and a carer. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, “I feel safe living here, I am well treated.” Another person said, “I feel safe here, and I have a key to my room.”

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, “If I had any concerns I would tell my line manager, if not happy I would go higher to the CQC or social services.” Another member of staff said, “I would be happy to ‘whistle blow’ and feel it would be dealt with confidentially by the manager.” The manager and deputy knew how to report safeguarding concerns to the local authority and CQC and what their responsibilities were to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. The manager told us that staff supported people to assess the risk of each activity they completed and as people became more competent and independent the support could be gradually reduced.

Staff were trained in first aid and had specialist training in how to deal with epileptic seizures. If there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

People were cared for in a safe environment. The manager employed a maintenance person for general repairs at the service and they completed a health and safety check every month and addressed any issues arising from this. Staff had

emergency numbers to contact in the event of such things as a plumbing or electrical emergency. There was also a policy in place should the service need to be evacuated, and contingency management plans in place.

There were sufficient staff on duty to meet people’s needs. This included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The manager told us that over the last few months there had been some changes in staff and new staff were in the process of being recruited. Any shortfalls of staffing were covered by regular staff or by regular agency staff. One member of staff told us, “We have enough staff now as new staff have started.”

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I saw the job advertised in the local newspaper so I applied and came for an interview and thought it was somewhere I would like to work.”

People received their medications as prescribed. The service encouraged people to be independent with their medication and had processes in place to support people, dependent on their needs. Some people dispensed their own medication under staff supervision and their medication was securely stored by staff. One person said, “I pop out my own medication staff watch me take it.” The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication was stored safely and securely.

Senior staff who had received training in medication administration and management dispensed the medication to people or supervised people dispense their own medication. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. The service carried regular audits of the medication and checked staffs’ level of competency. The manager told us that throughout August all staff responsible for dispensing medication were receiving refresher training. This told us the service was checking that people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “The training we have here is very good, it helps me with my job and is interesting.” Staff told us they felt very supported by the training they received and we saw at the time of our inspection staff were receiving training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they spent time reading policies and getting to know the people they would be supporting. They in addition completed their training then worked ‘shadowing’ more experience staff. The deputy manager told us new staff were supported through a twelve week induction program. The manager was also enrolling new staff into completing the new ‘Care certificate’. This enabled staff who were new to care to gain the knowledge and skills to support them within their role.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us people were encouraged to be independent and supported them with making choices on how they wish to spend their time. People at the service had varying levels of capacity due to their abilities and complex needs. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make

a decision in the person’s best interests. Where appropriate the manager arranged for people to be supported with an advocate to help them when making important decisions. Advocates are people who offer independent advice, support and guidance to individuals and are not connected to the service.

People had enough to eat and drink. Each week staff discussed with people what foods they would like to have and planned menus. Staff then went shopping with people to buy the required ingredients for the week. People took it in turns to cooked food as a part of a group for everyone to enjoy. However if people changed their mind and did not want what had been agreed they could make themselves an alternative. Throughout the day we saw people had access to food and drinks as they wished. A group of people had gone out for lunch and one person told us, “We went out for pizza.” Another person told us, “I went for a Chinese with my mum for lunch.” We saw one person being supported to make themselves egg on toast which they said they enjoyed.

Where people had special dietary requirements staff supported them with this. For example one person had a separate shopping budget so that they could purchase the correct food suitable for their needs.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as the community mental health nurse, chiropodist, psychiatrists, and GPs. The deputy manager told us how recently a community nurse had completed a joint training course with staff and people on relationships and sexual health.

During our inspection we saw people being supported to access healthcare appointments. One person told us, “I have been to have my blood taken today.” Another person said, “I am going to the hospital this afternoon for an appointment.”

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said that, “The staff are kind, caring, friendly and good listeners.” Another person said, “It’s nice living here.”

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other’s company. There was free flowing conversation and exchanges about people’s well-being and how they planned to spend their day. A member of staff told us, “It’s rewarding seeing people progress and develop whilst living here.”

People their relatives or their representatives were involved in the planning of their care and support needs. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. People told us they had identified staff known as keyworkers and worked with them, one person said, “I go through my folder with [staff name].” The folder they were referring to contained their support plans and information pertaining to their care needs. Keyworkers reviewed this information with people every month to discuss their goals and to see if they were achieving these

or needed more support. Keyworkers also met with people at least once a week for an individual discussion about anything they wished to talk about, or to review what support they required.

We saw that people actively wanted to spend time with staff and were smiling and appeared happy whilst doing this. One person said, “I get lots and lots of help from staff.” Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time.

Staff knew people needed privacy and respected this when they wished to spend time on their own. People had their own keys to their rooms and some people were supported to life more independently in self-contained flats. We noted staff spoke to people respectfully and always knocked on room doors and waited to be invited in.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met. The manager would go to meet people where they were currently living to start the assessment process. People and their relatives were then encouraged to visit the service to see if it was a place they would like to live. People were then given the opportunity for a gradual transition to the service by visiting for a few hours and then for the day and for overnight stays as appropriate. Some people preferred this slower approach to give themselves an opportunity to get to know staff and for staff to get to know them. Once people had moved into the service there was then a review at twelve weeks to see if they were happy and the service was meeting their needs.

People were involved in the planning of their care needs. Care plans were very individual and person centred, containing in-depth information about people and how they wished to be supported. Individual needs were catered for by the service for example the manager told us they had arranged for a specialist counsellor for one person and they had sought the advice of a behavioural specialist for another person. Staff reviewed people's care and their support plans monthly, with them, providing a summary of how they have been over the month and updating their support needs as necessary if there were any changes identified. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to develop their independent living skills whilst at the service. For a few hours four days a week people followed a learning program called 'My life'. This program with the help of staff encouraged people to set goals to achieve on how they wished to spend their lives. A member of staff said, "We support people to learn about healthy living, communication, relationships, personal hygiene and how to cook." Staff went on to explain this was

done as modules, and people set out their learning goals each week. As a consequence of this people decided they preferred to be known as 'learners' whilst living at the service, as they were 'learning'.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. For example one person was supported to attend a club weekly that they had previously attended before moving to the service to maintain their contact with friends.

People were very active and were supported to follow meaningful activities. For example people were encouraged to gain work experience in the community. One person told us, "I work in a hairdresser's every Saturday and they pay me." Another person said, "I work in an elderly home giving out tea and sandwiches." The manager told us people were supported to find work experience in places that interested them. For example one person had an interest in animals and had been supported in experiencing work at a cattery.

People were supported with varied pastimes and some people did this independently and others required staff support. One person told us, "I go to a club twice a week." The manager told us people were supported to go swimming, Zumba classes, bowling, shopping and on day trips to places of interest. People were also supported to go on holiday and had recently been to a holiday park.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People told us, "If I had any worries I would tell staff." We looked at complaints and they had been dealt with quickly and efficiently.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager in post and a deputy; both were very visible within the service. They had a very good knowledge and understanding of all the people living there.

Staff had regular supervision and team meetings. One member of staff told us, “I have supervision and we discuss what my goals are, what I have contributed, what is good and if I have any issues.” Staff told us they felt that their opinions were listened to at the service one said, “I suggested we should have a car, so I put my reasons why to the provider and was set a challenge and a budget, so I did my research and came up with a people carrier which the provider agreed to and we now have one.” Another member of staff told us how they suggested making some changes to shift times and this was worked well. Staff told us they enjoyed working at the service and that they felt they had a good team. Staff shared the same vision and values for the service, staff said they aimed to enable people to be as independent as possible. This demonstrated that people were being cared for by staff who were well supported in performing their role.

Staff were complimentary of the manager and felt supported by them, one said, “Their door is always open, you can discuss anything with them.” Another member of staff said, “The manager is always around or you can ring them for advice, they always make time for you.”

The manager was thorough in sending notifications as required to the CQC and in making referrals to the local

safeguarding authority. We saw that investigations had been carried out thoroughly and action plans put into place. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately.

People were actively involved in improving the service they received. The manager gathered people’s views on the service through regular meetings weekly. People discussed any issues at the service and how they felt things were going, they were also encouraged to give each other positive feedback at the meeting. People used these meetings to review how the previous week had been and to help plan for the next week, they also used this meeting to plan their menu for the coming week. The manager also gathered feedback on the service through the use of questionnaires for people and through having direct contact with people daily. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

Staff understood the need to maintain confidentiality and information was stored within locked offices.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.