

Mr & Mrs A Wood

# Sunnyside Residential Home

## Inspection report

37 Ullet Road  
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18 October 2021

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Sunnyside Residential Home is a care home providing personal care and specialises in providing care to people living with dementia. The service can support up to 22 people, at the time of inspection they supported 21 people.

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

People's medicines were not consistently managed in a safe way.

There have been consistent failings in previous inspections where robust monitoring systems have not developed. This was a repeat issue found within this inspection with a lack of evidence to show robust checks in place for improving medicines management, improving records, fire risk assessments, managing risks within the environment and checks on quality of care.

Following the inspection, managers have described various actions they have taken to improve their management and oversight of the service to manage safety, medicines and care practices covering personal care, access to fluids and access to call bells when people choose to stay in their rooms.

The recruitment of staff was safe. A range of pre-employment checks were carried out on applicants to assess their fitness and suitability for the role. Although some records needed updating and improving. The deployment of staffing levels needed evidence of regular reviews to enable appropriate oversight to always meet people's needs.

We were assured that Infection prevention and control measures were followed to minimise the risk of the spread of infection, including those related to COVID-19.

People provided positive feedback about the service. They told us they enjoyed living at the service. Staff were very positive and felt supported by the managers and provider.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). The last rating for this service was requires improvement (published 1 august 2019.) You can read the report from our last inspection, by selecting the 'all reports' link for Sunnyside Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We carried out a direct monitoring assessment with the service on the ninth September 2021. We identified

some issues with the lack of oversight of auditing medicines and analysis of accidents and incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Our report is only based on the findings in those areas at this inspection.

The ratings from the previous inspection for the effective, caring and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing risks and safety, managing medicines and the governance of the service. Please see the safe and well-led sections of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded..

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures.

This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Sunnyside Residential Home

## **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 visit was carried out by one inspector and two medicines management team inspectors.

#### Service and service type

Sunnyfield Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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

The inspection was unannounced. We visited the service on 18 October 2021.

#### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. During the inspection we spoke with three people who used the service about their experiences of the care provided. We also spoke with the deputy manager, assistant manager, two support workers and the chef. We reviewed a range of records and looked at people's care records, a sample of

medication records and staff recruitment records.

After the inspection visit

We reviewed records and documentation sent to us following the inspection visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure people consistently received their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- We found medicines were not always managed safely due to a lack of governance regarding medicines.
- Guidance to support staff to safely administer 'When required' medicines were not always in place and some were out of date and needed review as they were passed their review dates. Staff competency checks were not in place.
- Times of administration were not always recorded for medicines that required specific time intervals between doses, for example paracetamol. This could increase the chance of the medicines being given too close together.
- We found that two different eye drops had been administered unsafely and more frequently than prescribed. Staff took appropriate actions to rectify the issues noted during the inspection.
- Fridge temperatures had been out of safe range for at least two weeks with no action taken to resolve the issue.

Shortfalls in the management of people's medicines meant they were at risk of avoidable harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

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

- Risks to people and their environment were not always assessed. This highlighted concerns around the lack of oversight and management to reduce and minimise the risk of harm to people. One moving and handling assessment was not completed and did not demonstrate safe practice to support the person.
- A first risk assessment in 2019 raised several recommendations including the need to have personal evacuation plans in place for everyone. Staff in charge could not find these documents which are essential in the event of an emergency to keep people safe. Following the inspection, managers had confirmed they are in place and in the process of being updated.
- The service did not have any environmental risk assessments in place to keep people safe. Some risks noted during the inspection included, open access to a large staircase to the top floor, toiletries left on a bathroom shelf, a broken lampshade exposing a bulb, some people did not have access to a call bell and

one person's shower handle was broken. Staff have confirmed actions have been taken following the inspection to manage these risks to people.

- Overall analysis of accidents and incidents was not undertaken within any checks or audits. Staff advised they had not experienced any accidents over the last few months.

The provider and registered manager had failed to assess, monitor and improve the quality and safety of the service being provided to service users. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People and staff told us they felt there were enough staff at the service. However the service had no records to show oversight and management of staffing levels to offer people personal care, social care, fluids and access to call bells.
- The deputy manager has provided information to offer assurances that staffing levels have been reviewed following the inspection, checks on access to call bells, fluids and personal care have been implemented.
- Safe recruitment procedures were in place, however interview notes had not been stored for staff recruited.
- People told us "The staff are lovely here" and "They are very helpful."

#### Systems and processes to safeguard people from the risk of abuse

- The service had improved systems to protect people from abuse.
- Staff demonstrated good understanding of abuse and how to make a safeguarding alert to the local safeguarding authority

#### Preventing and controlling infection

- We were assured that good practice was followed to prevent and control the spread of infection, including those related to COVID-19.
- However, records needed updating to show continued management of regular testing of staff and people at the service.
- Staff had access to current infection control guidance and were provided with a good supply of PPE.



# 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.

At the last two inspections this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

At our last inspection the provider had failed to embed robust quality assurance processes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Continued shortfalls in the safe management of people's medicines, lack of health and safety audit, lack of environmental risk assessments, lack of auditing and oversight of care records and personal evacuation plans (PEEP's) showed the provider failed to effectively quality assure aspects of the service. This meant people had been exposed to the risk of potential harm. Some issues were raised at the last inspection and at a recent monitoring call in September 2021 between CQC and the registered manager.
- The service had not carried out any comprehensive medicine audits. Staff did not have any competency assessments in place to show safe practices were assured for staff administering medicine. Lack of audits were noted during the providers assessment call in September 2021 and again during the inspection.
- Since the last inspection the service had rearranged their management of the service due to various changes within the team. At the last inspection breaches of regulations had been identified. The provider did not have a robust auditing system in place to address issues raised at the last inspection and noted during this inspection.

The provider failed to operate effective systems to ensure the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, staff have submitted information to share actions they had taken to help manage and reduce risks to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People provided positive feedback about the staff and the service. One person told us, "Yes I really like it here, I've no complaints."
- Whilst no one raised any complaints we noted the service had no record of how they were supporting and

managing people with their choices in bathing. Some rooms did not have a call bell cord for people to use and one person sat in their room could not access their call bell. Most people we met were offered drinks during the day, but they did not have available drinks within reach throughout the day.

- Following the inspection staff advised they had carried out checks and put plans in place to monitor these essential care practices.
- The manager's engaged with external professionals with care records showing regular contact with professionals such as the GP and community matron when needed.

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

- The managers were transparent throughout the inspection process and acted quickly when we highlighted shortfalls.
- The provider submitted statutory notifications throughout the year as necessary.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider and registered manager had failed to ensure people were protected from environmental risks and from poor management of medicines.

### The enforcement action we took:

A warning issue has been served for a breach of Regulation 12 (1) (2) (g).

The provider and registered manager had failed to ensure people were protected from environmental risks and from poor management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to ensure the safety and quality of the service. The provider had failed to embed robust quality assurance systems in relation to the management of people's medicines and management of safety within the service.

### The enforcement action we took:

A warning issue has been served for a breach of Regulation 17 (1) (2) (a) (b)

The provider and registered manager had failed to operate effective systems to ensure the safety and quality of the service. They had failed to embed robust quality assurance systems in relation to the management of people's medicines and management of safety within the service.