

Calico Homes Limited

# Sunnyside Rest Home

## Inspection report

Coupland Close

Whitworth

Rochdale

Lancashire

OL12 8QE

Tel: 01706659917

Date of inspection visit:

25 July 2018

26 July 2018

Date of publication:

24 September 2018

## 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

This inspection took place on 25 and 26 July 2018. The inspection was undertaken by one adult social care inspector and the first day was unannounced. The staff at the service were aware that the inspector would be returning for a second day.

At our inspection of 7 and 8 August 2017, we found four breaches of the regulations - there were issues in relation to the assessments of risks to people that had not always been updated in line with their needs; care plans were not always accurate and up to date; assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005 and the provider had not operated an effective complaints procedure. In addition, there was no organised programme of activities and there was no registered manager in place. This was a requirement of the provider's registration.

At this inspection we found that improvements in all these areas. People's care plans and assessments reflected their up to date condition and support they required. People were assessed as to their mental capacity and these assessments dealt with people's ability to make decisions about their care and support. A complaint's system was in place and people were confident about the process and the ability to raise concerns.

Sunnyside Rest Home is a care home located in the county of Lancashire in the village of Whitworth. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide accommodation and support for up to eight older people some of whom are living with dementia. At the time of our inspection seven people were using the service.

There was a manager in place who, at the time of the inspection, was going through registration process with the Care Quality Commission. They subsequently became registered with the CQC on 6 August 2018. A registered manager is a person who has registered with the CQC 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 receiving their medicines as prescribed by health care professionals, medicines were securely stored, and the administration of medicines was recorded appropriately.

People received care, food and fluids in line with their care plans and as advised by health care professionals. Action had been taken to support people where risks had been identified and there were arrangements in place to deal with foreseeable emergencies. Peoples care plans were up to date and

included detail about their needs and preferences. People using the service said they felt safe and that staff and the manager treated them well. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available for staff and they told us they would use it if they needed to.

Recruitment of employees was robust with good record keeping and checks including DBS and ID procedures. These checks ensure that staff are not barred from working with vulnerable people and have a right to work in the UK.

Staff had received training in order to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was enough staff on duty to meet people's needs safely. We saw that staff respected people's privacy, dignity and independence and engaged with them in a caring manner. They understood and responded to people's individual needs and were familiar with people's histories and preferences.

People and their relatives had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

At the time of the inspection we noted that the home's décor was tired in places but a new purpose built home was in the process of being completed at the time of the inspection. People and their relatives had been thoroughly consulted about a transfer to the new home that was a short distance away from the current home. It was hoped that the move would be finalised in the autumn/early winter of 2018. The provider's representative said that people and their relatives had agreed that it would be pointless to spend monies on refurbishments at the current home. This was confirmed when we spoke with people and they said that they had had active involvement in the choices of décor and facilities at the new home.

## 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.

Medicines were safely administered and accurately recorded.  
They were stored securely.

People told us they felt safe and well cared for.

There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

There were appropriate assessments in place to support people where risks to health had been identified. Thorough checks were carried out on equipment and the premises to reduce risk.

### Is the service effective?

Good ●

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available. We saw that people's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

Staff knew people well and were aware of changes in their moods or routines.

People and their relatives were involved in making decisions about their day to day care.

Confidential records were locked away and could only be accessed by authorised staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There were activities and entertainment for people to participate in and staff encouraged participation consistent with individual's needs and abilities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The service made use of technology to ensure that people were safe and received appropriate care and support.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider took into account the views of people using the service, relatives, health care professionals and staff.

The manager and provider recognised the importance of regularly monitoring the quality of the service provided to people. The manager was also involved in day to day care and supervision of staff.

There were meetings with staff and management where issues were raised to resolve problems, aid communication and to ensure quality was maintained within the service.

Staff said they enjoyed working at the home and they received good support from the provider and manager.

People commented positively that they felt involved in the running of the service.

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# Sunnyside Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection was carried out on the 25 and 26 July 2018. The inspection team consisted of one adult social care inspector. Before the inspection we looked at the information we held about the service including notifications they had sent to us. A notification is information about important events that the service is required to send to us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided, spoke with four people who used the service and six relatives. We also spoke with five members of staff, the provider's representative, the manager and a health care professional visiting the home.

We looked at four people's care records, staff recruitment and training files and records relating to the management of the service. These included audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings and other records related to the management of the service. In addition we looked at all areas of the building including bedrooms, communal areas, kitchen, office and the outside grounds.

# Is the service safe?

## Our findings

At our comprehensive inspection on 7 and 8 August 2017 we established that health care records were incomplete and did not reflect people's current position. There were poor implementation of health care support, checks and reviews.

These issues amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas. Care records were up to date and accurately reflected people's care and support needs. Where health care professionals had advised that people's health should be regularly monitored, records were completed by staff that supported that these checks were taking place. We noted that where staff had concerns about the records and the conditions of people, they were quick to call on the help of experts such as specialist nurses and doctors. A health care professional said, "Checks are completed, records are up to date, and they follow instructions properly."

People's care files also included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People had individualised risk assessments on behaviours that may challenge and their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of falling, there were plans in place to support them and guide staff of the precautions to take to minimise the risk of an accident.

People we spoke with said that they felt safe at the home and well treated. They felt confident that there were always sufficient staff around to support them. They said that the manager was always on hand and thought that she knew them well and their issues. One person said, "I'm very happy here. I feel very safe."

Medicines were safely administered and were recorded accurately. They were also stored securely in a locked cupboard within the service and at the right temperature. People's Medication Administration Records (MARs) included a current photograph, details of their GP, and information about their health conditions and allergies.

We saw records including audits where omissions on the MAR's sheets had been identified. It was noted that the manager had checked that medicines had been given to people and where there were concerns that they hadn't, a health care professional had been consulted to ensure people were safe. These issues had been raised with members of staff individually and in group meetings. This practice encourages openness on the part of staff and is an opportunity for staff to learn from errors.

A medications audit had taken place in November 2017 by an externally appointed specialist. The audit had found some issues with the storage of some medicines and we noted that these matters had been resolved to the specialist's satisfaction in December 2017.



The provider had detailed recruitment procedures in place. We looked at three recruitment records of staff who had been recruited since the last inspection and saw criminal record checks, health declarations, proof of identification and checks on eligibility to work had been carried out. Files included at least two references but, on occasions, we noted that the provider did not always seek to establish references from previous employers in health and social care. The issue of pre-recruitment checks was raised as a concern at the last inspection in August 2017 and although we noted improvements in the recruitment process, some checks were not being made. This means that the provider could not be certain that all staff had been safely employed. This was raised in detail at the inspection and HR staff from the provider's head office attended the home to consider the concerning recruitment files.

During the inspection, action was taken by the provider's HR representative to ensure that in two recruitment files where the inspector raised concerns, enquiries were made of previous employers. These enquiries revealed information that demonstrated that the two staff members had been safely employed.

In the week after the inspection the provider's representative said, "Since the last inspection we have worked hard to resolve the problems. As a result of the recruitment issue found at this inspection, we have comprehensively changed the way we do pre-recruitment checks for care staff." We considered the new procedure and saw that it properly covered all the regulatory requirements for employing people who were to care and support vulnerable people.

The home had a policy for safeguarding adults from abuse. The manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and whom they would report any safeguarding concerns to. The manager said that all staff had received training on safeguarding adults from abuse, and training records confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

People using the service and their relatives told us there were always enough staff on duty to meet people's needs. One person using the service said, "There are always plenty of staff around and they are very supportive." A relative said, "The home has been fantastic in supporting me and my relative. I can't praise them enough." The manager showed us a staffing roster and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

During this inspection we noted that the building, bedrooms, communal areas and the environment were clean and tidy. There were areas that required some refurbishment but a new purpose built home was in the process of commissioning at the time of the inspection with a view to formally opening in the late autumn of 2018. Personal protective equipment was available to staff at convenient locations situated around the home. We noted that records supported that risks of infections had been managed and regular infection control and safe environment audits had been undertaken.

There were procedures in place in the event of an emergency. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out, which was confirmed by records we reviewed. Records also showed that staff had received fire safety training and that regular checks were made on emergency and support equipment used within the home.

Lancashire Fire and Rescue Service had conducted an inspection of the home in September 2017 and had made some recommendation to improve fire safety. We noted that these had been attended to by the

provider at our July 2018 inspection.

# Is the service effective?

## Our findings

At our comprehensive inspection on 7 and 8 August 2017 we had concerns around assessments or best interest records to demonstrate why people were not able to give their own consent to care and support.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in July 2018 we found improvements in this area. We saw that mental capacity assessments had been completed relating to specific decisions such as the use of bed rails at night time. Where a person had been assessed as not having capacity, records showed that relatives and health care professionals, where appropriate, had been involved in making specific decisions in their best interests. Since the inspection in August 2017, the service, in conjunction with a specialist, had developed a capacity assessment 'tool' and had made Mental Capacity Act a mandatory training requirement for all staff. The resulting assessments were appropriately detailed and were a substantial improvement over the considerations that were being given to these issues at the August 2017 inspection.

Staff we spoke with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and gave people enough time to think about their decision before taking action. This approach was reflected in people's comments, for instance one person told us, "The staff ask me if I mind them helping me."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager demonstrated a clear understanding of the MCA and the DoLS. Staff we spoke with understood the MCA and how it applied to their roles. They said that some people using the service had capacity to make some decisions about their own care and treatment and others had varying levels of capacity. When there was a concern about capacity they said they would refer to the care plan.

Since the August 2017 inspection we noted that three DoLS application had been made and were in the process of being considered by the local authority. We saw that the applications had been made appropriately, raised in a timely fashion and had been kept under review. People using the service said staff and the manager knew them well and were aware of how best to provide support to them. One person said, "They really look after me. They got the doctor in to see me recently and it

was all sorted out."

Staff told us they had completed an induction when they started work and were up to date with the training considered mandatory by the provider. This was confirmed by the training records we reviewed. We found arrangements were in place for new staff to complete induction training. This included an initial orientation induction, training in the organisation's policies and procedures, the provider's mandatory training and time spent shadowing experienced staff. We saw completed induction documents during the inspection and noted that one part of the induction process was a training session on equality and diversity.

Staff who were new to care had to complete the 'Care Certificate'. The Care Certificate is a nationally recognised qualification which, aims to equip health and social care workers with the knowledge and skills which they need to provide safe and compassionate care.

Mandatory training areas for staff included food hygiene, MCA, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and dementia awareness. We saw that most members of staff had also attained nationally accredited qualifications in health and social care. One member of staff said, "I have received training on a number of issues. It is really comprehensive and has benefited me in being able to do my job." The manager told us that all staff were enrolled on health and social care courses and that these were administered through an accredited provider.

Staff confirmed that they received a supervision session with the manager or senior staff every month and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the manager. One member of staff told us, "The manager and senior staff are always available. We can approach them at any time for support and never feel like we are a nuisance."

People were supported to eat a nutritious and healthy diet. We spoke with the cook who was aware of people's individual needs and preferences and we saw pictorial menus for each meal that were varied on a four-week cycle. People had a choice of meals and we saw that people were able to request items that were not on the menu if they so wished. We observed one mealtime during the two days of the inspection and saw that there was always plenty to eat and drink. Staff were available to offer support where required and we observed staff gently encouraging people to eat in a relaxed and unhurried manner.

People ate together and appeared to enjoy the mealtime, but we also observed that there was flexibility in when people ate, for example when people had awoken late and had missed the breakfast meal setting. At other times we saw staff reminding people to drink and providing them hot and cold drinks together with snacks. A person using the service said, "I really enjoy the food. No complaints at all." A relative said, "I was invited to attend the home at a meal-time. It was the best dinner I'd had for a long time and I noticed that all the residents' plates were empty when they were being collected for washing up."

We saw an example of how the MUST risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five-step screening tool used to identify adults who are malnourished or at risk of being undernourished. The person's risk assessment score placed them at high risk of malnutrition and we saw steps had been taken to refer the person to a health care professional who provided them with prescribed diet supplements.

People had regular contact with health care professionals such as GP, dentists, opticians and chiropodists when required. We saw the care files of people using the service included records of their appointments with healthcare professionals.

Feedback about the service from a visiting healthcare professional was positive. They told us, "Staff know all the residents and get the balance right when it comes to contacting us. They always act on our instructions." Another wrote to us and said, "The manager and staff are always helpful and can answer any questions I raise about a patient's condition. Everything is documented in the care records and this make my job easier as I don't have to go searching for things."

## Is the service caring?

### Our findings

People said the staff were caring. One person told us, "Nothing is too much trouble, they are like part of my family." A health care professional visiting the home told us, "Staff treat residents with courtesy and respect and I have always seen them to be kind and cheerful."

Throughout the course of our inspection we saw staff acting in a kind and considered way when dealing with people using the service. Staff responded to people's needs in a calm way when for example supporting them to the toilet, to rise from a chair or when responding to requests for drinks and snacks. We saw a carer spending time with a person treating them in a caring and compassionate way whilst they were writing a letter. We heard them laughing together and enjoying the activity.

People's personal interests were acknowledged and supported. One person said, "I'm looking forward to going to the new home and we are going out tomorrow." We spoke to the manager about this. They said that staff went out with residents on a regular basis and that this reinforced bonds between staff and people who use the service.

People and their relatives told us they had been consulted about their care and support needs. One relative said, "They let me know if my relative's condition changes. I can always speak to the manager when I visit, and I was involved in all of the care planning." Another relative told us, "We get tea and biscuits when we visit and it real is an open house. We can visit when we want. No restrictions. It's like a family."

Some people were unable to communicate their views on how they were cared for in the home. However, when we observed those people interacting with staff, we noted that they appeared calm and relaxed and we saw staff treating them with respect and kindness.

Staff had a good understanding of protecting and respecting people's human rights and we noted that they had received training that included guidance in equality and diversity. We discussed this with staff and they said that the provider and manager really promoted and encouraged these values. The provider's policy was comprehensive and available to staff at the main office.

When we considered people's care plans and records of daily care, we noted that staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and they made sure information about them was kept confidential at all times. During the course of the inspection we saw staff listening to people and encouraging them to communicate their needs and knocking on doors and calling their name before assisting people.

We saw that there were arrangements in place for people and relatives to be involved in making decisions about end of life wishes. Where people had been consulted and had expressed preferences, these were recorded in their care plans.

If people could not express their view the home ensured that the person's relative was involved. We noted that on the occasions when relatives or other supporters were unavailable, people had access to a professional representative who acted as an advocate. An advocate is a specially trained person such as an Independent Mental Capacity Advocate who can help if a person does not have capacity to make particular decisions and would benefit from having an independent 'voice'.

# Is the service responsive?

## Our findings

At the inspection in August 2017 we noted that the home was not recording complaints properly. This meant that when people raised issues they were not progressed through the home's procedures, were not properly investigated and people were not responded to.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in July 2018 we noted improvements around complaint's management. We saw that the home's complaint's procedure was sent to all people and, where appropriate, their relatives. It was also displayed on the residents' notice board. It contained useful information and the contact details of staff who could assist in dealing with the issue.

The service had also had a procedure for dealing with less serious issues that weren't processed through the formal complaint's process. These were properly recorded and we noted that they were considered by the manager and responded to appropriately.

We noted that since the last inspection one formal complaint had been considered and investigated. We saw that the issue had been investigated and the complainant had been kept up to date with progress of the enquiry. At the conclusion a full written response had been provided and we noted that a staff meeting had been arranged to discuss any lessons learned.

One relative said, "My relative is really well looked after. I'm really impressed. The manager has been liaising with the GP about a problem and together they've managed to sort it."

People told us they were provided with a service user's pack when they moved into the home and that it was kept in their bedroom. We saw that the pack included important information such as the complaint's procedure, policies and important contact numbers. Relatives were encouraged to consider the booklet. We spoke to people about the pack of information and people said that if they did not understand any of the content, staff would always help them.

Care plans included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and guidance to staff about how their care and support needs should be met. For example, one person's care plan advised staff of a person's susceptibility to pressure sores and to ensure that the person was moved regularly and that a special mattress was working properly.

All of the care plans and risk assessments we looked at were accessible to staff, easy to read and up to date. They had been reviewed on a monthly basis, or more frequently if required, to ensure they were reflective of people's current needs. We also saw that daily notes were recorded of the care and support delivered to people.



The needs of people were clearly identified with reference to people's and their relative's views. Support plans included detailed information and guidance for staff about how people's needs should be met and were accessible to staff, easy to read and up to date.

We saw records from residents' meetings where people using the service were able to talk about things that were important to them and about the activities they wanted to do. For example, a recent party had been organised to celebrate a Royal Wedding. Photographs had been taken of the event and it was seen that the residents and staff had all participated enthusiastically. The main dining room table was full of party food and everyone seemed to be having an enjoyable time.

People told us they enjoyed the activities provided at the home. During the morning of the first day of the inspection we saw people sitting quietly reading newspapers or watching television. One person said, "We are going out tomorrow and had a party last week." During an afternoon of the inspection we saw staff engaged with people in a chair-based exercise activity. People participated enthusiastically whilst staff gave encouragement or offered appropriate support.

Staff told us about the activities scheduled for the rest of the week. These included a visit from a local poet, and a gym session at a local sport's centre. People said that they had been able to enjoy the garden in the summer and had been out on scenic walks at a local tourist area with a 'stop-off' for lunch. The manager said, "I get good support from the provider and we are all encouraged to plan activities."

The service supported and encouraged the use of technology to assist and support people. During the inspection we saw the use of technological aids to assist staff to support people such as the use of motion sensors to assist in the prevention of falls. The service was also a user of a nationally recognised televisual communication system where care staff could link with healthcare specialists to assist in the diagnosis and treatment of people. This system is recognised as helping to reduce admissions to hospitals and in the early treatment of health conditions.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that most policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. This was often through a person's relative. The provider's representative said, "We produce our policies in different formats. Whatever the person needs, we will arrange for a policy document to be provided."

## Is the service well-led?

### Our findings

At the inspection in August 2017, there was no manager in place and a provider's representative was managing the service together with a newly appointed deputy manager. Some areas of concern and shortfalls in the service had been identified and improvements were in the process of implementation. There were however shortfalls that the provider had not identified and acted upon and these had led to the overall rating of 'Requires improvement'.

At this inspection on 25 July 2018, we noted that improvements had been implemented and that a manager had been appointed who became registered with the CQC shortly after the inspection. We noted positively that the provider's representative had kept in close contact with the new manager on their appointment. They had also continued involvement in the service with implementation of improvements that were required after the August 2017 inspection.

The provider's representative had also kept in regular contact with the CQC about the progress of improvements and the areas that remained outstanding. At the July 2018 inspection the new manager said, "Although I have only been here a few weeks, I feel as though I am part of the home's 'family' and the provider has really supported me whilst I found my feet. I am confident that that support will continue going forward."

When we spoke with staff at the inspection they commented positively about support from the manager and provider and the improvements that had been made at the home since the August 2017 inspection. There was also an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member said, "We are all really well supported and can approach the manager for any sort of issue we come across. They are very 'hands-on'. Someone senior is always available to deal with any eventuality."

A health care professional said, "The home is well run. The manager leads by example and they have a good group of staff who are quick to act on issues." Another said, "Sunnyside is well run and a happy environment."

The manager and provider's representative had undertaken a range of audits in relation to areas of the service including health and safety, cleaning schedules, fire checks and quality assurance records. We saw that unannounced checks had been made during evening shifts and the manager also made visits to the home at weekends and conducted checks of the home's cleanliness, including checks of the kitchen and dining areas.

On the manager's appointment they had started to audit medicines' charts and had identified some issues with the recording of the administration of medicines with some staff. Prior to our inspection, the manager had taken steps to introduce further staff competency training and learning sessions around these issues.

We also noted that people and their relatives were encouraged to get involved in some management

processes at the home. For example, people had voted for a resident to be involved in the recruitment process for the new manager. A relative representative had also been involved in the review of some guidelines the provider's representative had implemented at the home following the August 2017 inspection.

Throughout the course of the inspection people said that the home was a happy place with the manager taking the lead on many issues surrounding care, risk and development of staff. During conversations with the manager and staff it was clear that the ethos of the home was one of continuously improving the environment for people, their well-being and care.

The provider took into account of people's views through regular meetings. We saw that most of the relatives and people at the service had been involved in these meetings. From meeting minutes it was noted that one relative was satisfied with the care and support and said, "I thank the staff and manager for having time for us and our relative." A person who used the service said, "We are encouraged to get involved in the way the home is run. We do this by meeting with the provider and manager and getting involved in projects. This makes it feel like it's our home."

Feed-back questionnaires were sent to people who use the service, their relatives and visiting healthcare professionals. The overwhelming majority of feed-back received was positive and a number of returned questionnaires commented on the good quality care at the home, good meals and satisfaction at the extent of their or their relative's involvement in the care planning process. This meant that people were happy with being able to live at the home in the way they wanted and chose to live.

In a survey of staff, the overwhelming majority commented that they felt that their opinion counted, that they had been listened to when making suggestions for improvement at the home and that many of their suggestions had been implemented.