

Meridian Healthcare Limited

Sunnyside

Inspection report

Sunnyside Road
Droylsden
Manchester
Lancashire
M43 7QE

Tel: 01613701793

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sunnyside is a 'care home'. People in care homes receive accommodation and nursing or 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 personal care for up to 43 older people, some of whom are living with dementia. At the time of our inspection, 36 people were living at the home.

At our last inspection in July 2017 we rated the service good overall.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We found the service had improved in the responsive domain and we now found it outstanding in that area. We found the service remained good overall.

Why the service is rated good.

The service has a registered manager. 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. We found them to be passionately committed to providing responsive, person-centred support to people. All the staff we spoke with shared this passion, commitment and enthusiasm. Everyone we spoke with said the registered manager led by example and the person-centred care and support came from their lead.

Staff were very enthusiastic and told us they really enjoyed working at Sunnyside. People who used the service were at the centre of their work. They knew about people's needs, wishes and goals and were committed to making sure they were met. People told us managers and staff went the extra mile to provide a person centred and extremely responsive service. People who used the service were extremely positive about the staff and living at the home.

Systems in place ensured each individual was at the heart of the service they received. People were actively encouraged to be involved in developing their care records. The service had a holistic approach to planning and providing care and support. Visitors told us they felt their views and knowledge was valued.

An extremely wide range of activities were provided both in the home and in the wider community. The service placed a clear emphasis on the importance of social contact, friendships and people remaining part of the wider community. Staff at the home were passionately committed to developing intergenerational working. We found the service promoted well-being and protected people from the risks of social isolation and loneliness.

Staff were patient and very calm and extremely respectful. Staff treated people with dignity and we saw people were relaxed and comfortable in their surroundings. There was lots of chatting and appropriate humour and laughter. Throughout our inspection, we were consistently told us how homely Sunnyside was.

Peoples end of life wished were identified and respected. Staff showed genuine compassion and respect for people's wishes.

Feedback was actively sought from people who used the service, their families and friends. There was a procedure to help people to complain if they wanted to. People told us they had no complaints. Technology and social media were used to share information and photographs.

Medicines were managed safely and people were supported to ensure their health needs were met.

People were safe because there were effective risk assessments in place. The service had a positive approach to risk taking. The registered manager was proactive in improving the response to the risk of falls. Systems were in place to keep people safe from abuse or avoidable harm.

Accidents and incidents were monitored. These records were analysed each month so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

Health and safety checks had been carried out. Premises and equipment had been serviced and maintained appropriately. The home was clean, bright, nicely furnished and well decorated.

Staff received the training and support they needed to carry out their roles effectively. Staff members had been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided. Policies and procedures were in place and were kept under review.

The provider had notified CQC of significant events and displayed the rating from the last report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was Outstanding.

The service actively promoted well-being and continually strived to protect people from the risks of social isolation and loneliness. The range of activity on offer was extensive. Staff were continually developing meaningful and appropriate activities and building community links.

Systems in place ensured the needs of each individual were identified and respected. People, and those who were important to them, were encouraged to be involved in developing their support. The service had an exemplary, holistic approach to planning and providing care and support.

People had their care and support needs kept under review. Staff were extremely proactive when people's needs changed and sought positive solutions that enabled people to do what was important to them

Is the service well-led?

Good ●

The service remains Good.

Sunnyside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection which took place on the 6 and 13 November 2018. The inspection was undertaken on the first day by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. We reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked Tameside council, the local authority, and Healthwatch Tameside for their views on the service. They raised no concerns.

Some of the people living at Sunnyside were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven people who used the service and nine visitors. We also spoke with the registered manager, the area quality manager, the cook, kitchen assistant, two housekeepers, laundry assistant, five support workers, the activity coordinator and a student on placement from a health and social care course.

We carried out observations in public areas of the service. We looked at four peoples care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

Everyone we spoke with told us they felt safe living at Sunnyside. People told us, "Yes, I feel safe here" and "I've never had a problem."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. Staff had received training in preventing and detecting abuse. They knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately. One staff member said, "I saw something I wasn't happy with, I reported it and it was dealt with."

There was a safe system of staff recruitment in place. The provider completed pre-employment checks before they offered staff employment. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. One application form we reviewed had one unexplained gap in the person's employment history. We discussed this with the registered manager who was able to provide us with information and showed us the matter had been raised with human resources. We saw the service had policies and procedures to guide staff on what was expected of them in their roles.

We found there were safe systems in place for managing people's medicines. People told us they were given their medicines as prescribed. One person said, "I know exactly when they are coming, that helps with my meds as the GP said to take them at the same time." Records we reviewed were fully completed and accurate. Medicines were stored safely and securely. Controlled drugs (CD) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements. Medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Throughout our inspection we observed sufficient staff to meet people's needs and staff responded promptly to requests for support. People told us that although they would like more staff, they received the support they needed when they needed it. One person said, "They [staff] will pop in even if busy to see what it is you need. They tell you, they'll be back once they get some help, if two staff are required." A visitor said, "There is enough staff, they are very prompt and attentive."

During our inspection we found the premises and equipment had been serviced and maintained as required to ensure people were kept safe. Health and safety checks had been carried out. Systems were in place to protect people in the event of an emergency.

We found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst

promoting people's independence and opportunity's. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed. The registered manager had recently worked in partnership with the local authority quality improvement team, to review and improve the service response to the risk of falls. We saw this had involved reviewing the general environment, furniture and flooring. To reduce the risk of tripping, foot measuring equipment had been purchased to ensure people's footwear fitted correctly and staff ensured people wore their glasses. After every fall a detailed review of the circumstance was undertaken. An immediate referral to health care professionals via digital health was made. This is an electronic system which links services to the local hospital. If needed the health care professional can make immediate referrals for further treatment or tests. A range of safety equipment was also available and considered after every fall, this included call pendants that people wore around their necks to call staff when needed.

One person showed us a 'positioning chart' that had been put together for staff. This had a photograph of the person, to show the correct positions to place the person's limbs in when in bed. Both the person and their family told us this helped ensure staff did the right things but also gave them confidence. A family member we spoke with said, "When we moved rooms, the positioning chart came with us, it's always put somewhere prominent for the staff to see it." The person confirmed they were always made comfortable in bed.

Records we looked at showed accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff or managers. We found that managers of the service kept a detailed log of all accidents and incidents. These were analysed in detail so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

People we spoke with told us the home was always very clean. We found the home to be visibly clean in all areas and there were no unpleasant odours. A visitor told us, "[person who used the service] room is never left untidy, they are always coming in and hoovering up and cleaning."

Records showed staff had received training in infection prevention. The provider had completed an infection control audit in October 2018 and the home had achieved 99% compliance with the areas reviewed. Staff were aware of their responsibilities in protecting people from the risks of cross infection. There were robust systems in place to prevent the spread of infection or disease.

We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

We saw staff completed an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. New staff worked alongside experienced staff until they were confident to provide care independently.

Records we reviewed showed that staff employed in the home had received training to help ensure they were able to safely care for and support people. Staff undertook a range of training including moving and handling, infection control, health and safety, fire safety, safeguarding adults, medicines, food safety, nutrition and dementia awareness. People told us staff had the skills and knowledge they needed to support them effectively. One visitor said, "They all know exactly what they are doing."

Staff told us they felt supported in their roles. Records showed staff received regular supervision and an annual appraisal was completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met.

Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. One person told us, "I am still allowed to make my own decisions."

We found people's nutritional needs were met. Sunnyside had been awarded five-star rating from the Food Standard Agency (FSA) prior to our inspection November 2018, this was the highest rating possible. Food was stored and prepared safely. People were very positive about the food on offer. They told us, "Yes, I like the food here, I can't think of anything I don't like", "Lovely food, I enjoy it" and "They give me two choices of each, I have asked for other things too like sandwiches, or baked potato with cheese and butter which is my favourite."

We observed the tables were laid nicely with tablecloths and had jugs of juice and condiments to ensure the dining experience was enjoyable. Those who required support from staff were assisted promptly. The staff members offered extra food if people had finished their meal and spoke politely to people and offered encouragement to eat as necessary. They engaged with the people having lunch, sang songs and

encouraged people to join in.

We found the home to be clean and well maintained. All areas of the home were bright and well furnished. There was a planned programme of updating the decor and we saw that several toilet and shower areas had recently been refurbished to a very high standard. The refurbishments had also improved accessibility to the shower areas. Bedrooms were personalised and individual to each person.

Outside people's rooms there were memory boxes that contained objects or pictures that meant something personal to the individual and encouraged them to identify that it was their room. We noted some boxes were very full of things but others contained only a photograph. We asked one of the staff about the memory boxes and they told us they were 'a work in progress' and that they relied on relatives to share things that their family member had been interested in.

People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GP, chiropodist, dentist, optician and speech and language therapist. People told us staff supported them with appointments. One person said, "Straight away they phone a doctor to come out and if I need to go in an ambulance, then a carer comes with me." Visitors said, "They are really good, any worries about [family member], they act on it" and "Things don't get overlooked, they act upon it" and "They phone us straightway...family doctor gave them their flu jab last week."

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service were very positive about the staff. They told us, "The staff are all lovely here", "The staff are so kind", "They are lovely with me, it's how you treat them, and it goes both ways." Another person said, "I think that [staff member] is quite wonderful, they have a lot of patience."

Visitors said, "They [staff] go out of their way to help", "The staff are mature, sensitive and helpful", "They have been great with [person who used the service]", "I think they are wonderful" and "My [person who used the service] has been lying in bed poorly and the staff here keep popping in taking food and drinks into them." Another visitor said of their family member starting to live at the home; "It's one of the hardest decisions I have ever had to make, but it's one of the best decisions I ever made for my [person who used the service] sake."

Everyone who used the service we spoke with told us the registered manager and staff knew them well. One person told us, "They know what I like." The staff were patient and very calm and respectful. During our inspection we observed staff were appropriately tactile and friendly with people who used the service and their visitors. Interactions were relaxed, personal and there was lots of chatting and appropriate humour and laughter.

Staff showed us they knew people well, both their care needs and as individuals. They knew about people's families and their preferences; what food they liked and what activities they enjoyed. One staff member said of working at Sunnyside, "What's the best thing. Knowing that people are looked after and they have a smile of their face. You have got to care. You get to know people, when you are getting people up you have time."

Throughout our inspection we saw people appeared relaxed and comfortable in their surroundings, staff treated people with respect and dignity. We observed people having their nails painted in the morning by a staff member, they said they were going to put glitter on later. We noticed other residents wearing glasses and jewellery. Everyone was well presented.

We found that the service placed great importance on promoting and maintaining people's independence. A staff member gave an example of how they supported a person to choose their clothes; "I ask [person]; Would you like to wear this cardigan its blue like your dress? I can tell by [persons] eyes...I'm not taking the decision away. I am trying to promote independence." During our inspection we saw that people and their visitors moved freely about the home. Staff were supportive and encouraging. We heard staff ask people where they wanted to go and gently encouraging them to find their way.

People who used the service and their relatives told us that visitors were always made to feel welcome. One visitor told us that when the persons partner visited, they were made to feel very welcome. They told us, "They treat our [visiting family member] as a resident, they give him meals and drinks when he visits."

The Accessible Information Standard (AIS) 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. We saw records about people were provided in a pictorial and written format, which were easy to follow.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them. The registered manager had also recorded an audio version of the statement of purpose. This enabled people who were not able to read or had visual impairment to have details of the facilities provided. These also explained the service's aims, values, objectives and services provided. They planned to provide more information about the service provided, such as policies and procedures in an audio format.

We found that care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection, we found the service had improved and we now found it outstanding.

People told us that nothing was too much trouble for managers and staff at Sunnyside and that they provided a really person centred, responsive service. They told us, "If [person who used the service] needs help, staff take a genuine interest", "The [manager] came to hospital, while my family member was there, they made it more personal and showed that they care" and "The home keeps [people who used the service] independent and coupled with our wrap around care from the family, [person] is coming on leaps and bounds."

Everyone we spoke with told us staff were extremely responsive to their needs. They told us, "It's more like a family here, this is like their living room", "They bend over backwards to help", "We have good relationships with them all, we don't class them as carers, we trust them."

Staff knew about people's needs, wishes and goals and were exceptionally committed to making sure these were met. Systems in place ensured this and the needs of each individual were identified and respected. Each person had a keyworker who helped them maintain their care plan and liaised with relatives and friends. Care records we reviewed included extremely detailed pre- admission assessments, risk assessments and care plans. These identified people's background, preferences and needs. Records were very person centred and had lots of detail about what was important to and for the person. They also had lots of detail about people's life history's, family friends and hobbies. These plans were up to date and clearly stated how staff should support each person.

People told us they, and anyone who was important to them, were actively encouraged to be involved in developing their care records and in reviewing the support they received. This ensured staff knew what was most important to the person. We saw that the service had a holistic approach to planning and providing care and support. Visitors told us they felt that their views and knowledge was valued. They told us, "We all inputted into the plan... they took pictures and additional information from the family. It was all inputted in the care plan" and "We felt involved in the plan, chatting away and we discussed things not just told them" and "We have good relationships with them all, we don't class them as carers, we trust them."

We found that staff were extremely proactive when people's needs changed and sought positive solutions that enabled people to do what was important to them. One person liked to walk around without staff support. They had been struggling to get into and out of their bedroom as the door closed too quickly for them. Their visitor told us, "They made my [family member's] door to [their] room, much easier for [them] to open, now it is easy for [them] to open the door and walk with [their] frame into the lounge." The registered manager showed us that advice had been sought about any health and safety risk for the door and risk assessments had been updated to ensure the person remained safe but continued to be independently mobile.

We saw that the service placed great importance on promoting and maintaining people's well-being and mental health. Plans we saw included signs that someone's mental health might be deteriorating and what action staff should take. This included how people could be encouraged to take part in social activities and how activities could be broken down to help people's attention time. Staff and people who lived at the home had regular 'dance off, grab a friend' sessions. The registered manager told us this was to encourage people to move around but also to connect in a fun way with each other. Videos we saw of this showed that upbeat music was played, and people laughed and danced together. People were clearly enjoying the fun.

The home was also working with Age UK. People were accessing a 10-week course 'best foot forward'. This was to encourage people to move around but was also a strength and balance programme. We saw that people who had been identified as at risk of falls had been suggested for the course. Before the course had started people's movement, balance and falls had been assessed. We were told that these would be assessed again at the end to see how people had improved. After two weeks of the number of falls from those attending the course had already reduced.

The ethos of the service was to support people to maintain and develop interests which were important to them which contributed to people living meaningful lives. People had access to a wide range of activities both in the home and in the wider community. We found the service promoted well-being and protected people from the risks of social isolation and loneliness. They recognised the importance of social contact and friendships. One staff member said, "All that has changed for our residents is their address, [things that matter to them] shouldn't stop just because they have gone in a home."

Staff at the home were passionately committed to developing intergenerational working. Studies have shown that intergenerational care can be mutually beneficial. It has been recognised the positive effect on older people of mixing with children and in particular on people living with dementia. It also provides an opportunity for young people to learn from older people and understand their communities. The home has events for the local primary school children to come in and see residents, such as concerts. There were also links with local scout and guide groups. During our inspection we saw that a new group had been started. It involved children aged two to five years old coming into the home and baking alongside people who lived at the home. Photographs and feedback we saw showed it had been a great success, everyone said they had enjoyed it very much and wanted to do it again. One person who used the service said, "A wonderful morning with the infants, they were lovely". A family member of a person who used the service had said, 'Look at that face, look at [person who used the service] smile. Look how happy [person] looks. [Person] has loved making new friends.' Plans were also in place for people to go and visit a local nursery to do crafts together.

People were actively encouraged to take part in activities in the wider community. Each week people went to a local church to take part in activities provided there. People who used the service told us they really looked forward to this. They said, "We go to St Martin's church and play bingo, do chair exercises" and "The carers take us to St Martin's, where we can do chair yoga, arts and crafts, exercises, everyone who goes wants to go again and again." Staff respected and supported people's spiritual needs. There was a religious service every week at the home.

The activity coordinator showed us information about a community based cinema the home visited. They organised showings of old films. They were arranged to help people with memory loss or who were living with a diagnosis of dementia, by providing fun, creative activities and film screenings in an adapted environment. Sunnyside had its own mini bus which was used to go out on trips. People told us they enjoyed the trips out. These had recently included; going to Blackpool to see the lights, themed afternoons with singers and lunch, visiting local garden centres, an animal petting farm, imperial war museum and

having lunch out.

A visitor told us, "I know at the moment [people who used the service] are making 100 poppies to mark the anniversary of World War one." On the first day of our inspection we saw a service of remembrance was planned and a theatre group were going to visit. This group involved dressing up in clothes from the period and music and re-enactments. We saw that the theatre group had visited before and were also planning another visit for a production of Mary Poppins.

Cinema nights were held each week in the dining room. People told us they enjoyed the popcorn and ice creams. Cheese and wine afternoons were held, people took part in baking sessions and gardening. We saw photographs of a summer fayre that had been held during the summer and barbeques.

The registered manager told us that people were encouraged to take part in life skill activities that were important to them. We saw that one person was helping to sweep up after lunch and cleaning throughout the day. Another person was also going around the dining room with their own brush and dustpan cleaning. We could see that both people took a pride in what they were doing and that it was important to them. One visitor told us staff had spent time building up the person's confidence. They said, "They have built up her trust and you can tell [person] loves it here." Another said, "The staff treat the residents like real people and the staff actually care about them."

The registered manager showed us that technology and social media were used to share information and photographs. Updates on events were shared with those who lived at the home. Private messages were sent to people's friends or family members. Visitors told us they really valued this as it meant they could stay in 'real time' contact with their friend or relative. One visitor told us, "They showed me pictures of my [relative] doing baking, keep fit; even cheerleading and stroking animals." Another said, "One of the staff sends me text messages with pictures of my family member taking part in the activities." One visitor told us that the messages helped them see just how happy the person who used the service was. They said, "You can just see it in [person who used the service] face. [Person] is smiling all the time. [Person moving to Sunnyside] is one of the hardest decisions I have ever had to make. But it's one of the best decisions I ever made for my [relatives] sake."

Care records we reviewed gave staff information on how people communicated, and how staff could promote communication and choice. They contained photographs and pictures to help people understand what was being written about. The registered manager showed us 'flash' cards that were used to enable people, who did not use words, to communicate with staff. These were used to enable people to express their preferences and choices. We observed staff using the cards with three people. Staff were patient and allowed people time to work through the cards.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service and that the service had a very positive approach to supporting people as individuals.

Care records we reviewed identified if the person had specific wishes about how they wanted to be cared for at the end of their life. Staff had received training in end of life care. Just before our inspection one person who used the service, had sadly passed away. Staff showed genuine sadness and compassion. We found that the registered manager had worked well with staff to come to help people come to terms with this loss. We saw they had liaised with the person's family who lived abroad. Staff at the home had helped plan the

funeral to ensure it reflected the person's character and wishes. Staff from the home were going to be pall bearers at the funeral. This showed us staff and the registered manager genuinely cared about the people in their care.

We saw there was a complaints procedure and we saw that a system was in place to log any complaints received. People who used the service knew how to make a complaint and were confident any concerns would be dealt with properly by the registered manager and other staff. People told us, "I don't have any complaints" and "I would speak to the manager." A visitor said, "If there are issues we would bring it up with the manager." We saw that people's views were gathered during regular residents, families and friend's meetings. Records showed these were well attended.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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. During our inspection we spent time with the registered manager. They knew everyone who lived at the home very well. They demonstrated a gentle, caring approach that respected people who lived at the home, their visitors and staff. We found them to be passionately committed to providing responsive, person-centred support to people. All the staff we spoke with shared this passion, commitment and enthusiasm. Everyone we spoke with said the registered manager led by example and the person-centred care and support came from their lead.

People we spoke with were full of praise for the registered manager and spoke with real affection for them. They told us, "If I didn't feel safe, I would speak to [registered manager]. If I wanted anything she would do anything for me", "I would speak to [manager], who's very nice" and "She's a caring person the manager, very helpful."

Visitors said, "She is very pleasant and friendly" and "[Registered manager] is very approachable, lovely woman, she loves her job and she knows them all individually." Another visitor said, "She has made a huge difference and more things have been implemented since they came."

Staff we spoke with liked the registered manager and thought she ran the service well. A staff member said, "I love her, she has been a breath of fresh air", "She has a nice way of asking if she wants something doing" and "She knows what they like even down to the brews she knows if they have sugar or tea and coffee. She is very supportive. I would recommend it now." Others said about the changes the registered manager had made, "When the manager just started, she listened and things started to improve. She is always available" and "She has changed this home so much. People are supported properly, it's a good care home compared to last year. If something's wrong they don't fob you off, they deal with it. I love it now, it's so different [registered manager] knows each person individually." Staff said the manager had an open-door policy. They told us that the registered manager frequently conducted spot checks or observed care and gave positive feedback.

Staff we spoke with were enthusiastic about their work and told us they enjoyed working at Sunnyside. Staff said of the work they did, "It's not just a job, its more than that", "I think it is a lot better, it's better managed. It's about atmosphere. You know what you're doing. Before you were thrown in the deep end. Residents have a lot more to do it's not just the same routine. The paper works it far better, you know a lot more." Staff felt listened to and suggestions they made were acted upon. Regular team meetings were held and teamwork exercises had been undertaken to help staff to improve teamwork and communication skills.

We found there were very good systems of weekly, monthly and annual quality assurance check and audits. These were completed by the registered manager and by senior staff who worked for the provider. We saw these were used to monitor the quality of the service provided and look for any improvements that could be made. The registered manager had a very good system for reviewing any incidents that occurred, including accidents, safeguarding's and complaints for lessons learned. This included reflective practice, where staff would go over what happened to see if anything could have been done differently.

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

The provider had notified CQC of significant events and displayed the rating from the last report.