

# Community Homes of Intensive Care and Education Limited

## Sunnyside House

### Inspection report

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Sunnyside House on 13 and 14 December 2017. On 9 January 2018 we visited the providers regional offices. Sunnyside House provides accommodation and personal care to 11 people who had a learning disability, mental health needs or were on the autistic spectrum. At the time of our inspection 10 people were living at the home. Sunnyside House is based in rural Gloucestershire on a main road connecting Gloucester to the Forest of Dean. The home has large communal gardens. The service consists of a main house, a bungalow and an annexe. The service is near to a range of local amenities. People were assisted by social care workers with their day to day needs and a range of activities.

This was the first inspection under the current provider registration which started in October 2016. While the provider name had changed the service and its staff had remained the same. At this inspection we rated the service as Good overall.

There was a registered manager in post. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were happy, safe and benefitted from an active and full life. People's ability to be as independent as possible was developed at Sunnyside House. People were supported to take positive risks and to be in control of their care. People knew what their medicines were for and social care workers ensured people had their medicines administered safely. There were enough staff so that people could undertake the activities they wished and be supported in meeting their individual needs.

People where possible were involved in writing and reviewing their care plans, which were tailored to their individual needs. People were at the centre of their care. Their social care workers knew people well and knew how to support them with their goals. People's achievements were documented and celebrated. The registered manager and staff looked for opportunities to offer people that would help them grow, gain confidence and live a fulfilled life. People were able to participate in the quality assurance processes of their home and could undertake a variety of different training offered by the provider.

People and those important to them were closely involved in developing the service. People were enabled and encouraged to maintain and develop employment and volunteering experiences and to develop links with the community.

Social care workers were well supported and had the benefit of a training programme which enabled them to ensure they could provide people with the best possible care and support. Social care workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did. Staff were supported to develop professionally through dedicated management training programmes.

The service had a strong leadership presence. They were committed and passionate about the people they supported and were constantly looking for ways to improve. The home and the registered manager had significant support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

## 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. People felt safe living at Sunnyside House. Social care workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including a range of social activities.

People's medicines were managed well through robust systems. Where necessary, people were protected from the risk of infection.

### Is the service effective?

Good ●

The service was effective. People were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident social care workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs.

### Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they chose and enjoyed positive caring relationships with staff.

Social care workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and they were involved in planning and reviewing their own care.

Staff were considerate of people's feelings at all times and always treated people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People and their relatives knew how to make a complaint regarding the support they received. The registered manager and provider ensured all concerns were dealt with immediately and effectively.

### Is the service well-led?

Good ●

The service was well led. The provider, registered manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on.

Staff felt supported and spoke confidently about the service management.

# Sunnyside House

## **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 a comprehensive and routine inspection which took place on 13 and 14 December 2017 at Sunnyside House. On 9 January 2018 we visited the regional office of the provider to meet representatives of the provider. This inspection was carried out by one inspector. At the time of the inspection there were 10 people living at Sunnyside House.

We requested and reviewed a Provider Information Return (PIR) for Sunnyside House prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law.

We spoke with seven people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two social care workers; one team leader; the assistant manager, two deputy managers, the registered manager, an assistant regional director for the provider and the CEO of the provider. We reviewed six people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service. We visited the provider's regional office to review the quality assurance and governance systems the used by the provider.

# Is the service safe?

## Our findings

People were safe living at Sunnyside House. Comments included: "I think it is safe here"; "It's a safe place, it feels like a holiday camp" and "Safe? I am very safe here, I have everything I need." People understood that they could raise concerns with social care workers and the registered manager. A visiting social care professional told us, "The staff are very transparent."

People were protected from the risk of abuse. Social care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Social care workers told us they would document concerns and report them to a team leader or the manager. One social care worker said, "I would go straight to management, we're all aware of the SG procedures." Another social care worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I had to respond to a safeguarding incident. A person made an allegation against another. We followed a step by step process. This ensured people's safety was maintained." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, this had been discussed with the person and a clear and comprehensive assessment had been documented. For example, one person had recently made a choice which had placed their safety at risk. Social care workers worked with the person to understand the potential consequences of the risk and implemented a clear plan for the person to follow to reduce the risk to their health and wellbeing. The person said, "We talked about it, The staff are working with me and helping me."

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Social care workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to protect the person and others from any harm. For example, one person had occasionally displayed behaviours towards another person living at the service. Social care workers and the registered manager had identified and implemented management plans to protect both people whilst still maintaining their right to privacy. Since these actions had been implemented the number of incidents had significantly reduced. Social care workers understood how to protect people and themselves from harm.

People understood the reasons for some restrictions within the home. The registered manager and social care workers discussed restrictions with each person where appropriate. For example, people were unable to use the kitchen unsupervised due to the risk to their or other people's safety. People had access to kitchenettes in the main house and the bungalow where they were able to make their own drinks and some snacks. People understood and consented to access the kitchen with support and understood the risks to their wellbeing.

People could be assured the homes environment was safe and secure. The service was split into three individual areas, the main house, the bungalow and the annexe. The annexe provided safe and private accommodation for one person. The provider ensured the building was maintained and carried out the repairs when needed. Some repair work was being carried out during the course of our inspection. Prior to the inspection the service had carried out refurbishment of the main house and had plans to refurbish the bungalow. People were happy that the home was safe and comfortable.

There were enough social care workers deployed to ensure people were safe and their well-being needs were met. People were supported to access the community daily. One person told us, "There are enough for us to get out and about, that's important for me" People enjoyed spending time with social care workers within the home and in the community. People were being supported to enjoy a Christmas meal night out, staff and people were dressing up in Christmas jumpers and were excited. Throughout the inspection people were supported to go to Gloucester and do their own personal shopping.

Social care workers felt there were enough staff deployed to meet people's day to day needs and enable them to access the local community. Comments included: "It's good. We have had some issues however, (managers) help out and we ensure people get out and about"; "Staffing is usually okay, we have good numbers." and "I think there is now (enough staff). We are all working well together". When necessary, such as when dealing with staff sickness the service sought additional staff from other homes operated by the provider. On the day of our inspection, the deputy manager arranged for cover to ensure people were able to enjoy their days as they chose as one member of staff had called in sick.

Records relating to the recruitment of new social care workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that social care workers who came to work at Sunnyside House had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Social care workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, social care workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Social care workers ensured a clear and constant record of the support they provided people with their medicines were maintained.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people had medicines which were prescribed 'as required' there were clear protocols in place for social care workers to assist people. Social care workers informed us where people received 'as required' medicines to help with their anxieties; these were used as a last resort. Social care workers followed detailed and personalised positive behaviour support plans.

People had been supported by social care workers to understand what their prescribed medicines were for. Three people told us how they were supported with their medicines. One person said, "I know what they are for, I've been told." Social care workers and the registered manager helped people understand the reason for their medicines as well as identify where people prefer to have their medicines administered.

Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.



## Is the service effective?

### Our findings

People and their relatives felt social care workers were skilled and knew how to meet their daily needs. Comments included: "I really like the staff"; "The staff are good, we can have a good chat" and "The staff are really nice and kind here, they know me well."

Social care workers told us they had access to the training they required to meet people's needs. Comments included: "I have had a lot of training through (provider) already, I have had mental health, learning disability and epilepsy training"; "I honestly think I have had the training and support I need" and "(Provider) is very good at training us." Social care workers spoke positively about having the skills to meet people's needs. Comments included: "I have everything I need here, anything else I can ask for it" and "I definitely feel I have the skills I need to ensure people's needs are met."

Social care workers received a comprehensive and structured induction. One social care worker spoke positively about how they were supported to start work at Sunnyside House, particularly as this was their first job in health and social care. They said, "It was a good few months. Very intensive, I completed the care certificate and my induction was tailored to me, it made me feel comfortable in my role."

Social care workers were supported to progress and develop by the provider. Where possible staff were able to undertake qualifications in health and social care. One social care worker told us how they were put forward to complete a diploma in health and social care. They said, "I was put through for the training, it was very helpful and enabled me to develop." Another member of staff spoke positively about how they had been supported to develop and progress in their career. They told us, "They are good at supporting staff who want to progress. I had to do my level 5 diploma outside of the company however they provided me with the funding and support."

Social care workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Social care workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "Everything is person centred, it's very much about what they want, it is about supporting them to make an informed decision and then respecting their decision" and "Everyone has the capacity to make some decisions about their life. One person has full capacity to make their own appointments." People were supported to have as much choice and control as possible regarding their daily life. Social care workers told us how people could make unwise decisions and that they would provide them with as much support as possible to remain safe.

People's mental capacity assessments to make specific decisions regarding their care had been clearly

documented. People were involved in these decisions. For example, one person had made decisions regarding living at Sunnyside and refusing to attend specific health care appointments. The person was supported and clearly understood the decisions they were making and the consequences of any decisions.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living with an authorised DoLS in place this was reflected in their care plans. 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). Care plans also documented how staff should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety, such as sensor mats, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

People's needs were assessed before moving to the service. Pre-assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in accordance with guidance from healthcare professionals. For example one person lived with epilepsy. There was clear guidance for social care workers to follow to assist the person if they were experiencing a seizure. Clear guidance was in place for social care workers to follow in relation to night time monitoring and how to assist the person with bathing and swimming.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person had been identified as following a specific cultural belief. Their care and support plan documented what was important to them as part of their belief and which parts of the belief system they did not always follow. The person told us that staff respected their needs when they choose.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. One person was living with diabetes. There was a clear record of the support they required and received and an understanding of social care workers of the impact to the person's wellbeing if their diabetes were not managed. Records regarding an annual health check and retinopathy and chiropody were clearly detailed and recorded. Each appointment was recorded with a clear outcome, including any follow up actions. This included dentist appointments.

People received diets which met their dietary and cultural needs. For example, one person chose not to eat certain food types, which was respected. Social care workers understood the reason for the person not wanting these foods and provided alternatives when necessary. Another person required a specific diet to maintain their health and wellbeing. The nutritional support they required was clearly documented and understood by staff.

People were comfortable in their environment and had the spaces which met their individual needs. For example, one person required one to one support and due to their needs required individual accommodation. The annexe provided them with a safe space which was their own and included an enclosed garden. People were happy with the service. One person showed us their room and explained how they had everything they needed. Prior to our inspection the main house had been refurbished and people had been involved with discussions on things they could change within the home.

## Is the service caring?

### Our findings

People valued their relationships with the social care workers and felt really cared for and that they mattered. People spoke positively about the care and support they received and the social care workers supporting them. Comments included: "I love it here, the staff are really nice, I find them great"; "I am happy, the reason I am happy is it's a great place. I have everything I need and the staff are good" and "I get on with all the staff, they're kind."

Healthcare professionals spoke positively about the caring nature of the service. One healthcare professional told us: "I think the staff are excellent. They are very aware of people's needs and the need to review and ensure people are being supported to develop or in a way which is important to them."

People's ongoing relationships with their family and people important to them were supported and prioritised by the staff and registered manager. People frequently went out for overnight stays with family. Social care workers told us how they supported some people with visits to their family homes to ensure they had the time with family to maintain their personal relationships. One person was offered support to visit their family who lived elsewhere in the country, however they declined and their choice was respected. Another person has formed friendships and relationships with people locally. The person talked about these relationships and how social care workers supported them to stay in contact.

There was a pleasant and lively atmosphere within the service on both days of our inspection. The weather was cold and there had recently been a lot of snow which was still lying on the ground. People had told us they were planning to enjoy a lazy day watching Christmas films and doing activities within the main house. One person said, "Today is a lazy day, the weather's not been great, I am happy to stay in". Social care workers had time to spend with people, and were supporting people with drawing, colouring and preparing for a Christmas meal. Social care workers were wearing Christmas jumpers which people enjoyed talking about. We observed social care workers assisting people to go out and access the community shopping and assisting them with activities which were important to them. On the second day of the inspection the Chief Executive for the provider was visiting and they some time to talk with people and enquired how they were.

People were encouraged to make significant decisions about their home which reflected the services person centred approach. People were proud of their home and were keen to show us their garden and their bedrooms. One person showed us their bedroom and told us how they had everything in their bedroom that they needed and wanted, such as a television, stereo and some gadgets. Another person told us they liked spending time in their room and playing computer games.

People had been supported to make significant decisions in relation to their health and well-being. For example, one person told us they access to healthcare professionals, they said, "I have access to a doctor or a dentist." The person also told us they could refuse treatment if they wished, they explained, "It is my choice, I'm not forced to do something I'm not happy to do." Where people refused medical treatment, such as cancer screening appointments, this was clearly documented, including clear discussions that people understood the possible consequences of not having an appointment.

People's personal achievements were recorded and celebrated. For example, each person had an achievements folder which contained pictures and descriptions of moments for people to be proud of. One person had a goal to volunteer with animals. Social care workers supported the person with their goal, including working at a farm, so they could gain experience of working with animals. This person also enjoyed cooking and wished to develop their cooking skills. Social care workers assisted this person with cooking and took pictures to create a story of the development they had made. The person could look at the pictures as a reminder of the progress they had made.

Staff demonstrated their knowledge of people through their interactions and were aware of what was important to each person. Social care workers told us how they assisted people with the things which were important to them. For example one member of staff told us how they assisted one person who was adjusting to living at Sunnyside House. They said, "It's a lot for them, it's a big adjustment. As staff it's important that we make sure he's adequately supported. We support them to go where they want, likes going to (shop) and is really knowledgeable. They get on well with the younger staff, so that's important too."

People were treated with dignity and respect. All social care workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home. They took the time to talk with people about what they wanted to do and asked permission before supporting any person in anyway. During our inspection we saw a person becoming anxious regarding their finances and transition into the service. The registered manager reassured the person with sensitivity and respect.

People had access to a directory of advocacy services. Advocates are people who provide a service to support people to get their views and wishes heard. Social care workers let people know where they could access advocacy support if needed.

People's spiritual and cultural needs were respected by social care workers. For example, one person had a specific religious and cultural belief. The person had been supported by social care workers to attend religious services; however they had decided that they no longer wished to attend. The person was supported to have a diet in accordance with their cultural needs, which they told us they enjoyed. Social care workers told us the cultural events they celebrated, including those which were not part of their own belief.

## Is the service responsive?

### Our findings

People told us social care workers understood their needs, values and beliefs. People spoke positively about the personalised care they received, and felt they were involved in decisions about their care and support. Comments included: "My needs are respected"; "The home and everything is just the way I like it" and "I like living here, staff care about what I want."

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at Sunnyside House and worked with people to enhance their skills and independence. For example, one person told us that their individuality was respected at Sunnyside House. The person enjoyed dyeing their hair and had stated their views regarding their sexuality. They spoke positively about the freedom they had in the home. They said, "I like living here, I dye my own hair and I know I can express myself here."

People were at the centre of discussing and reviewing all aspects of their care. For example, registered manager and social care workers took time to go through people's care and risk assessments to ensure the person was at the centre of their care and their views were respected. One person told us they were aware of their care plan and their assessments clearly showed they had been involved in discussing the support they required in the community and the things, such as art work which were important to them. The person was involved in discussing risk and reflecting on past incidents to help them make decisions.

People's skills, confidence and personal development were supported by training in subjects to ensure their safety and develop their personal skills, such as cooking. Additionally people were involved in keeping their environment clean and safe. For example, people told us how they had worked alongside social care workers to clear the drive of snow and carried out small jobs around the home.

People were supported to be proud of their home. The registered manager and social care workers had set up an ongoing garden project with the aim of developing people's skills in relation to gardening and understanding personal hygiene after gardening. This included their improving their communication and creative skills. The registered manager had documented the project, taken pictures of people as they bought flowers and worked in the gardening. The registered manager had evaluated the project and stated the following outcome: "All the service users have really got involved in helping making the gardens beautiful and all are taking pride in their work. We shall continue with this gardening project until service users and staff feel it is at its best."

People had monthly key worker meetings where they could review current goals and set new ones. People where possible were encouraged to lead on their own reviews and goal setting. A member of staff said "We are all about promoting independence and good lifestyles". Social care workers demonstrated that they understood people's personal needs and anxieties. For example, we were told that one person would become anxious regarding their Christmas presents. Social care workers worked productively with the person to reduce these anxieties, so the person could enjoy Christmas.

People were supported to go on fun and activity holidays and were heavily involved in picking where they wished to go on holiday and which members of staff they wanted to go with them. For example one person had decided they wished to go on a caravan holiday to Devon. Social care workers had ensured this holiday was booked, however they had not yet informed the person. Social care workers told us a best interest decision had been made to not tell the person about their holiday too soon as they could become anxious or fixated on the holiday if they were aware of it too far in advance.

People enjoyed a busy and active life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, people enjoyed a range of activities and excursions. People enjoyed one on one time with social care workers going shopping in Gloucester, or going for a drive. One person told us how they had enjoyed going shopping. We also observed one person and a social care worker enjoying singing together. The person was incredibly happy with the social care worker and the social care worker clearly understood what the person enjoyed to do and how to ensure they had a fun and fulfilling day.

Every year a deputy manager, along with social care workers and people arranged a football tournament and barbeque at Sunnyside House. Other homes operated by the provider attended this day. People spoke positively about the football tournament and the impact it had on the house. One person said, "I enjoy the football tournaments, it's great." People were also supported to attend events organised by the provider, which included a Halloween party and "Choice have got talent." Additionally people enjoyed going to a local garden centre, where staff at the garden centre knew the people who lived at Sunnyside House. One person had previously done some employment at this garden centre.

We looked at the home's compliments and complaints records which were held by the registered manager. The registered manager explained that they had not had any complaints since 2015 (which was prior to their re registration with the CQC). There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. People we spoke with understood that they could complain and how to do it. One person told us "If I was unhappy then I would tell someone."

## Is the service well-led?

### Our findings

There was a strong management team in Sunnyside House. The registered manager was supported by a deputy manager and a team of team leaders. People spoke positively about the management of Sunnyside. One person told us, "I know who the manager is and I'm happy to talk to them." People living at Sunnyside House were able to tell us who the registered manager and deputy managers were.

Healthcare professionals felt the service was well led and people living at Sunnyside House benefitted from a dedicated and strong registered manager. One healthcare professional told us, "They are very good, very transparent, they discuss what can be achieved and what can't be achieved."

Social care workers told us they were supported and felt Sunnyside House was well led. Comments included: "Management are always very helpful"; "The support we get is good, which is really important, I've never felt like I'm struggling" and "I think we get the support we need."

The registered manager benefitted from support by the provider. They had an established supervision and annual appraisal schedule with the area director where their performance was looked at and any personal development plans could be discussed. The registered manager worked on a buddy system with other registered managers to encourage learning and support. There was also an annual staff conference that allowed for networking with other managers.

The provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy' which had been set up in 2010. The academy ran three management development programmes suitable for beginners to more senior staff. The academy was run by managers within the provider organisation. One social care worker was due to start the management development programmes as they had a desire to develop their career. This social care worker told us, "They (provider) are good at supporting staff who want to progress and develop. I was supported with funding to do a level 5 diploma in health and social care".

People's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings, or more frequently when required. Meetings enabled people to discuss their views and any changes they would like to happen. At a recent meeting people discussed the things they wanted to achieve in 2018, including holidays, day trips and activities. People expressed a collective interest in visiting the seaside.

The registered manager explained how social stories for each person enabled the service to follow current guidance and evidence the positive impact these programmes had had on people and their wellbeing. For example, people's independence had been encouraged in relation to a garden project the service had developed to get people involved in caring for and nurturing their natural environment.

Some people were part of the provider's service user committee which met every three months. This was made up of people representing people from all of the provider's services. We looked at the service user



committee meeting minutes for meetings carried out in 2017. Topics were discussed around different events held in people's homes and volunteering for an open event for the Provider. Not only did this ensure people were part of the planning for all aspects of the service but it had the added benefit of allowing people the opportunity to make friends and develop relationships outside of their home.

People had a number of easy read policies within the home that helped them understand why certain processes and protocols were in place. These policies included 'keeping safe', 'choosing staff' and the 'Mental Capacity Act'. This access to information enabled people to feel more confident at challenging practices both in the home and in the community.

The quality, safety and effectiveness of the service were monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the provider and four audits a year from an area director. There was also an annual finance audit by the provider. The registered manager audited many of the processes and records relating to the care and support of people within the home. This included handover, mealtimes, medicine management and people's care plans. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements.

Quality assurance audits ensured that people's care plans were always an accurate reflection of where they were in their goals, achievements and all other aspects of their care. It was noticeable on inspection that the documents related to people's care and support were being constantly reviewed and updated to reflect people's changing needs.

Quality assurance auditing was not just the responsibility of the provider and registered manager. This work was also undertaken by an expert auditor. The expert auditor role was taken up by people that were living in one of the provider's homes, or had lived there at some point. Their job was to help the service gain a greater understanding of what a service looked like from the perspective of people that live there. This was a paid role and the person received support and training to undertake the role. The expert audits were completed every three months. The auditor wrote a report and sent their findings to the registered manager and the area director. Any actions identified would be completed by the registered manager. For example, actions had been identified over cleanliness with people's bathrooms. The area manager for Choice discussed this with social care workers to support them to ensure the home was kept clean.

Sunnyside House worked with healthcare professionals to develop strategies to support people during periods of difficulty in a variety of settings. The provider and registered manager had trained social care workers to develop ways of supporting individuals proactively, actively and reactively inside and outside of Sunnyside House looking for early warning signs of behaviours. This had reduced the number of physical interventions carried out by staff.

We looked at the result of the stakeholder quality assurance survey of Sunnyside House in 2017. The registered manager was reviewing the comments to see if there were any actions that could be taken, however the survey demonstrated that everyone was very happy with the service.