Orchard End Limited

# Sunnyside House

## Inspection report

Main Road
Birdwood
Gloucester
Gloucestershire
GL19 3EH

Tel: 01452750491
Website: www.choicecaregroup.com

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 27 May 2016 and was unannounced. Sunnyside House provides care for up to 11 people with a learning disability and mental health needs. Orchard End Limited, the provider, is part of Choice Care Group. People and staff at Sunnyside House have access to management support and resources from Choice Care Group.

At the time of our inspection there were eight people living at Sunnyside House which is situated on the main road in the village of Birdwood. Sunnyside House provides accommodation in the main house, a bungalow and an annexe for one person. People in the main house had their own bedrooms, they shared bathrooms and shower rooms and shared a living room, dining room and kitchen. The house was detached and set in its own grounds.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's care was highly personalised reflecting their personal preferences, aspirations, likes and dislikes. They were involved in the planning of their care and support through meetings with staff and when planning reviews of their care. People had access to information in easy to read formats, produced using photographs, pictures and plain English to help them understand their care records as well as health guidance, safeguarding and complaints information. They also had access to digital versions of these guides and there were plans to produce audio formats. People were supported to make choices about their day to day lives. Any restrictions which were in place were done with their agreement or in their best interests. When needed deprivation of liberty authorisations had been granted. People were helped to manage their feelings and emotions by staff who really understood them and knew how to support them to regain a sense of calm. People led full and meaningful lifestyles accessing activities of their choice in the local community and their home. People were supported to try out voluntary work and paid employment opportunities at Sunnyside.

People were supported by staff who were recruited safely ensuring they had the right skills, knowledge and aptitude to work with them. Staff were encouraged to develop professionally and had access to a comprehensive training programme. They said they felt supported in their roles and had individual meetings to reflect on their performance and their training needs. There were enough staff to meet people's needs. Staff worked flexibly to make sure people's day to day commitments were met. Staff were confident about raising safeguarding concerns and how to manage these as well as using the provider's whistle blowing procedure.

Sunnyside was well managed. The registered manager was supported by a management team who staff said were "cohesive and work well together". They strove to make improvements to people's experience of

their care and support. This was done in response to feedback from people and staff as well as implementing actions in response to the quality assurance audits which were in place. People were confident expressing concerns to staff or the registered manager. The registered manager was according to staff, "very service user led" and "a very supportive and approachable manager".

## 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's rights were upheld and they were kept safe from the risks of harm or injury. There were sufficient staff who had been through robust recruitment checks to meet people's needs.

People were supported to live full lives and to take risks as safely as possible.

People's medicines were safely managed and people were supported to administer their own medicines if they wished.

### Is the service effective?

Good

The service was effective. People benefitted from staff who felt supported in their roles and had the opportunity to learn the skills they needed to care for people as well as to develop professionally.

People's consent to their care and support was considered in line with the Mental Capacity Act 2005. Deprivation of liberty safeguards had been authorised and were reviewed when needed.

People were supported to stay healthy and well. They were encouraged to have a diet which reflected their diverse needs. Referrals were made promptly to health care professionals when their needs changed.

### Is the service caring?

Good

The service was caring. People were supported by staff who understood them well and with whom they had developed positive relationships. Staff treated people respectfully and kindly showing care for their wellbeing.

People were encouraged to express their views about their care and support. Information was made accessible to them in formats which they could understand.

People were asked to consider how they would like to be supported at the end of their life.

## Is the service responsive?

Good

The service was responsive. People's care reflected their unique differences and personal preferences. Their independence was encouraged and promoted.

People had full and busy lifestyles, choosing which activities they wished to be involved in, which reflected their interests and aspirations.

People would raise any concerns or issues they had with staff which would be listened and responded to.

## Is the service well-led?

Good

The service was well-led. People and staff were asked for their views and opinions which were used to drive through improvements to the service.

People and staff were supported by a strong management team. The registered manager was open, accessible and provided staff with clear direction and support.

Quality assurance audits monitored people's experience of the service and ensured the quality of the service was maintained.

# 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 inspection took place on 25 and 27 May 2016 and was unannounced. One inspector carried out this inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We reviewed comments that relatives and social and health care professionals had made on the provider's website.

As part of this inspection we spoke with seven people living in the home, a representative of the provider, the registered manager and eight care staff. We reviewed the care records for three people including their medicines records. We looked at the recruitment and selection records for four new members of staff and also staff training records. We checked quality assurance systems including health and safety records. We observed the care and support being provided to people and people showed us their rooms. We contacted seven health and social care professionals and asked them for their feedback about this service.

Good

# Is the service safe?

## Our findings

People's rights were upheld. A relative had told the provider, "[Name] is safe and secure." Staff had a good understanding of how to recognise abuse and what they should do in response should they have concerns a person was being harmed or abused. Posters displayed in the office clearly explained their role and responsibilities for recording and reporting suspected abuse. Staff said they would use the whistle blowing procedure. This is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. Senior staff said they would take the necessary action to keep people safe. They said they could call the out of hours management support at any time for advice if they were unsure. The registered manager had raised safeguarding alerts when needed informing the local safeguarding helpdesk, police and the Care Quality Commission. The Provider Information Return stated people had access to training in "relation to the protection of vulnerable adults, keeping me safe and first aid." This equipped people with the skills and understanding to stay safe in their home and their local community. People said, "I feel safe living in Sunnyside" and "Staff make sure I am ok". People knew how to raise concerns and would speak to staff or the registered manager. Health care professionals commented that they found "safety in the home was well managed" and staff "kept people safe".

People's finances were safely administered to prevent the risk of financial abuse. Each person had a financial risk assessment detailing the level of support they needed. Staff followed guidance when supporting people with their finances, keeping receipts and a record of all expenditure and income. Staff were observed checking people's individual finances prior to a staff handover. Staff confirmed audits were completed to make sure the records and balances were correct. Each person had an inventory in place listing their personal belongings.

People were supported to take risks as safely as possible. Risk management plans described the range of hazards people faced such as epileptic seizures, managing diabetes, using the community, using vehicles and taking part in activities. These plans rated the risks to people by using a red, amber and green coding system. Clear guidance had been provided for staff about how to minimise these risks to keep people safe from harm or injury. If needed new risk management plans were drawn up in response to accidents or incidents. For example, plans had been put in place when people had presented as having epilepsy. Health care professionals reflected how people had been supported to remain safe within their home, adapting people's environment as risks to them changed. For instance, installing grab rails and creating a shower room.

Occasionally people had accidents and incidents. These were recorded and supporting information such as body maps identified any injuries. Audits analysed the cause of the accident, any injury sustained and the action taken by staff. For example, after a fall increased observations were put in place to make sure the person was safe. The provider also audited accident and incident records to make sure the appropriate action had been taken.

People had individual evacuation plans should they need to leave their home in an emergency. People took part in fire drills and the fire procedures were displayed around their home. These had been produced in an

easy to read format using pictures and symbols. Fire risk assessments were in place and fire systems and equipment checks/servicing had been completed at the appropriate intervals. Other checks had been completed to monitor health and safety systems such as legionella, water temperatures and food hygiene processes. A safe environment was promoted with any day to day issues being reported promptly and action taken to rectify them. Plans for a complete refurbishment of the main house were in place. Building works were due to start in June 2016 creating en suite facilities to bedrooms, increasing the size of the kitchen and improving the laundry facilities. The bungalow and annex were well maintained.

People were supported by enough staff to meet their individual needs. Staff confirmed the levels of staff deployed were satisfactory. A new activity co-ordinator had been appointed in addition to care staff. The staff team covered for annual leave and sickness and some bank staff were available if needed. Staff could also be supplied from other homes owned by the provider. Rotas confirmed a flexibility in the staffing levels to provide additional staff when needed according to people's activities and commitments. Several new staff had recently been appointed.

People were involved in the recruitment and selection of new staff either informally by meeting and greeting them or formally by taking part in the interview process. Prior to this an application form had been completed and where there were gaps in the employment history these had been verified to provide a full employment history. References had been obtained from the last employer, wherever possible. When applicants had previously worked with children or adults checks had been carried out to ascertain the reason they left those positions. Disclosure and barring service (DBS) checks had been obtained before staff started working. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were managed safely. When needed people had consented for staff to administer their medicines. Staff had completed training in the safe management of medicines and were observed dispensing medicines as well as completing theory tests before being allowed to give out medicines. Observations of staff administering medicines during the inspection confirmed safe practice was followed. Medicine administration records (MAR) included pictures of the medicines people received. This helped make sure they were given the correct medicines. A member of staff countersigned the MAR and as an additional security check another record confirmed the MAR had been completed correctly. Medicines were kept securely and at the correct temperature. There were protocols in place for when people needed medicines to be taken as necessary which had been authorised by their GP. Occasionally people used homely remedies and there was guidance and permission about their use agreed with the GP. Two people were starting to take responsibility for managing their own medicines. They had secure facilities in their rooms and had been supported to learn how to self medicate.

Good

# Is the service effective?

## Our findings

People benefitted from staff who had access to a robust training programme to gain the knowledge and skills they needed to meet their needs. A person commented, "Staff really help me a lot." Health care professionals said staff understood people well and were professional in their approach. Staff confirmed they had access to training and professional development. An electronic training database maintained by the provider's training manager, highlighted to the management team when refresher training was due. This ensured training, considered mandatory by the provider, such as first aid, safeguarding, moving and handling and food hygiene was kept up to date. Staff said specialist training was provided when needed for example, autism and diabetes. There was evidence the competency of staff was explored through observations of their practice for instance administering medicines and by completing questionnaires. Staff spoke enthusiastically about the opportunities available to them to learn and develop professionally. Choice Care Group Academy had been set up with the aim of "nurturing talent of staff so that they can provide the best possible service". People also had opportunities to participate in training. Recruitment training had been provided to those people wishing to help out with the interviewing of new staff.

New staff said they were supported through their induction programme, completing the care certificate and working alongside existing staff. They commented, "I have been really well supported" and "I was not allowed to work with people alone until I had completed all the training". The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Weekly probationary meetings evidenced the support for new staff and the monitoring of their performance. There was evidence disciplinary procedures had been followed when needed with respect to staff performance.

People were cared for by staff who felt supported in their roles. Staff said the management team were "open and accessible", "hands-on" and "we know where we are, it's working well". New staff had been supported through their induction with weekly meetings to identify if they needed any additional help. Staff said they had individual meetings with the management team where they talked about their roles and responsibilities and training needs. Annual appraisals were scheduled. The Provider Information Return stated, "All staff will be encouraged to aspire to their roles and regular praise and encouragement will be given." Staff endorsed this saying, "The manager is very supportive, helps all staff no matter what the issue" and "He has really helped me". The registered manager reflected, "I go out of my way to give additional support; if private staff will come to me for help and support."

People were supported to make decisions and choices about their day to day lives. Their care records evidenced assessments of their capacity to make decisions for themselves. When people had fluctuating capacity to make decisions this was noted and the circumstances when this was likely to arise for instance when mentally unwell. 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. Any decisions made in people's best interests had been recorded with the rationale for these and who had been involved in the decision making process such as their GP or

relatives.

People had certain restrictions in place to keep them safe. Wherever possible the least restrictive solution was found. Instead of locking the front door additional staff had been provided to ensure close supervision of people if needed. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations had been granted when people had been deprived of their liberty. These had been reviewed when needed. Statutory notifications had been submitted to the Care Quality Commission.

People, at times, became upset or anxious. Each person had a positive behavioural support plan which clearly described what might upset them and how staff should support them to become calmer. Staff had a good understanding of how to help people regain their composure and the strategies they could use. For example, a walk, a drink, some personal space or music. When people became upset staff recorded what had happened and their response. We observed staff supporting people effectively to prevent their emotions escalating further. At times staff said they might have to use low level physical intervention to keep people or others safe. This was closely monitored by the psychology team supporting people at the home as well as local health care professionals involved with people. A health care professional told us they had reviewed a person who needed support at times to manage their behaviour and this was dealt with "appropriately". They said, "All incidents had been documented for all staff to offer continuity in the way the behaviour was dealt with."

People were encouraged to have a healthy and nutritional diet which reflected their religious or dietary preferences and their likes and dislikes. People helped to prepare the menu so that at least once a week the meal of their choice was prepared. One person told us they liked to have a curry and another person preferred a particular type of meat. People joined in with cookery sessions making their own lunch or baking cakes. People's allergies had been clearly identified in their care records and information about any allergens in food was available, in line with food standard agency regulations. People living with diabetes had access to alternatives to sugar and healthy snacks. People at risk of weight loss were closely monitored using a malnutrition screening tool. They were weighed either monthly or weekly. Staff discussed at handover concerns about a person's weight loss and a referral to their GP for advice about supplements to help prevent further loss. People were also assessed for their risks of choking and a referral made to the speech and language therapist for advice about reducing risks was made if needed.

People were supported to stay healthy and well. They had access to a range of health care professionals including their GP, optician and dentist. Each person had a health action plan which kept an up to date record of any appointments, health issues and allergies they might have. Their appointments had also been stored electronically enabling easy access for staff to monitor and manage appointments. People living with diabetes had the appropriate health care checks to ensure their diabetes was being managed. For example, blood tests, eye tests and visits to the chiropodist. A hospital assessment provided information to be shared with emergency services should it be needed. Information about people's specific health care needs in relation to diabetes or epilepsy was provided. Any changes in people's physical and mental health needs were responded to quickly. Emergency services had been called when needed, with emergency first aid being given until they arrived. People were supported during stays at hospital or to attend out- patient appointments. Support from mental health and learning disability services had also been provided when needed. Health care professionals confirmed they were informed about any health changes, sent annual updates and staff worked with them to keep "people healthy and happy".

Good

# Is the service caring?

## Our findings

People were treated with kindness and care by staff who showed genuine concern for their wellbeing. People said, "Staff are brilliant", "Staff are not bad or nasty" and "Staff are really good". Relatives had told the provider, "All staff have always been welcoming, understanding and helpful" and "Staff try to help her to be relaxed and happy". People were observed being supported by staff who responded to them with warmth and humour. Staff knew people really well and reacted quickly to changes in their mood. People were assisted to cope with their emotions. This was done quietly and effectively. Staff confirmed, "We do the best we can" and "We are a caring staff team". Staff were noticed taking time to be with people, to talk through issues or thoughts, giving people time to express themselves without the fear of interruption. This had a positive impact on people allowing them to move on in a much calmer frame of mind and to become more engaged with their day.

People's diversity was recognised and celebrated. People's care records described how their religious, spiritual or cultural backgrounds impacted on their lifestyles and the support they needed. Staff said they had explored a person's religious beliefs with them enabling them to attend a place of worship with members of the local congregation supporting them. Another person liked to visit a place of worship but did not wish to attend a service. Menu plans reflected people's cultural and religious choices; meat was sourced from a specialist butcher. Occasionally people had preferences for the gender of staff supporting them. One person's care records stated they liked male staff for activities but female staff only for personal care. We observed this being respected.

People's human rights were respected; their privacy and right to a family life were embraced. People were supported to maintain relationships with those important to them by visiting or keeping in touch by telephone or Skype. A health care professional said there were plans for a person to visit their mother who had recently moved a considerable distance away. People were supported to develop relationships with others and had the opportunity for privacy and to spend time together. Some personal information had been left lying around shared spaces in the home. This was pointed out to the registered manager who immediately advised staff to ensure it was locked away securely. On the second day of our inspection people's records had been stored securely.

People were wholly involved in the planning of their care and making decisions about their care and support. Each persons' care records explained how they had been involved. For one person this was done by associating pictures with the text, whilst staff explained their plan to them. People had access to a vast array of easy to read information which used photographs and pictures to illustrate the plain English text. There were also digital formats which could be accessed on people's electronic tablets or a computer in their lounge. Social stories were used to make information more accessible to people. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. People had access to guidance about health care conditions such as epilepsy and diabetes, as well as a guide to sexuality. The easy to read service user guide provided information about the service they received and an accessible complaints procedure was available.

People had the services of lay advocates to help them make day to day decisions and statutory advocates, such as an Independent Mental Capacity Advocates (IMCA) to support them with major decisions about their lives. Advocates are people who provide a service to support people to get their views and wishes heard. One person told us, "I had an advocate to help me decide where I wished to live."

People were treated with dignity and respect. When people wanted their own personal space this was respected by staff who made welfare checks with people throughout the day. People were encouraged to be as independent as they could be in their day to day lives, taking responsibility for keeping their house clean, helping with the shopping, cooking and gardening. Staff had copies of the Skills for Care code of conduct and Choice Care Group had signed up to the Social Care Commitment promoting respectful and dignified behaviour. Staff had completed training in equality and diversity, as well as values and dignity training. Health care professionals commented staff "did their best" to meet people's needs. Feedback from staff confirmed, "People in our service are treated with respect and are treated equally" and "A caring staff team, respect and dignity is maintained".

Each person had been asked about their personal preferences for how they wished to be supported at the end of their life. Plans described their choice of service and their wishes for the disposal of any assets they might have. Staff described how they had recently supported a person through the ageing process. Health care professionals reflected how "impressed" they were when staff had made sure adaptations and equipment had been provided promptly to make sure the person could continue to live in their home for as long as possible.

Good

# Is the service responsive?

## Our findings

People's care was highly individualised and reflected their views, strengths and levels of independence. People's backgrounds had been discussed with them and their relatives and were represented as a profile giving staff prompts such as what people liked about the person and things important to them. Creative use was made of social stories to help illustrate people's care and support. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. These documents used photographs, pictures and brief text and they supplemented people's care records. This helped people to be involved in the planning of their care in a visual and meaningful way. Each month, or sooner if needed, people had a chat with their allocated member of staff (keyworker) to talk about what was working for them or if any changes needed to be made. A person told us they had chosen their keyworker who supported them to arrange trips to places of interest and was helping them to join a photography group. People talked with staff in preparation for reviews of their care reflecting on what had gone well and any changes they wished to make.

People's care was planned proactively with them. They had talked with staff about the way in which they wanted to live and their aspirations for the future. A document called, "Living the life" helped people to think about goals they would like to achieve and what help they needed to make this happen. The ethos of this process was recognising each person's uniqueness and developing outcomes which reflected their unique differences. Goals were realistic and people had small steps to help them get closer to their ultimate objective. For example, one person wished to go to college and started with courses offered by the provider. Another wanted paid work and received a wage to do different jobs around their home. They had started doing voluntary work locally. Both had achieved these whether once a month, once a week or more often. People's goals were reviewed with them and if needed changes were made. Photographs were taken to illustrate and celebrate their engagement and success. They had been proudly framed and displayed around the home. Another person told us how they loved to go out for meals and as a reward for achieving their goals for the week they went to the local pub for a meal. Health care professionals commented how staff really understood what made "[name] tick" and although the person was not interested in planning their care, they were able to make it very clear what they wanted to do. They said staff "did their best to accommodate" the person.

People's support was highly receptive to their changing needs. They were monitored closely and when needed amendments were made to their care plans to reflect any changes in their health or wellbeing. People who had shown symptoms of epilepsy had been promptly referred to health care professionals and strategies were put in place, such as close monitoring or sensory aids to alert staff if they were having a seizure. The registered manager explained these systems would remain in place until health care professionals had completed all their tests and given people a clean bill of health. Their care records reflected this. Health care professionals confirmed staff reacted quickly to changes in peoples' needs with respect to increasing frailty in old age or their mental health conditions. They were kept informed and were confident staff would make the necessary changes whether to people's environment or the support provided to make sure their needs continued to be met. This meant people could continue to live in their home with staff who knew and understood them for as long as was possible. When people were ready to

move on they were supported to learn the skills they needed to be able to make this transition successfully. After the inspection the registered manager described how they had supported a person move into supported living, liaising very closely with the service supporting them in their new home and continuing to offer advice when the need arose. They were also enabling another person to learn the skills they needed to move to a more independent living service.

People had busy and fulfilling lifestyles reflecting their personal interests and aspirations. Each person had an activities schedule which indicated their choices for the day. After the inspection the registered manager told us people's individual activity planners focussed "soley on the interests of the individual" and staff responded by sourcing more college and volunteering opportunities for them. Occasionally people changed their minds wanting to do something different or refusing the planned activity. Staff respected these choices recording them in their daily records should alternates need to be arranged on a permanent basis. The registered manager confirmed, "We check the appropriateness of activities." A member of staff said, "A varied activities schedule is tailored to each individual's preferences, which always brings a smile to their faces."

People attended local colleges, day centres and social clubs. They said they liked to go on day trips as well as shopping in the nearby city. An activity co-ordinator had recently been appointed to support staff to provide activities for people at home as well as in their local community. A member of staff confirmed, "It's better with activities, getting out and about, as well as activities in the house." People and staff were observed to be engaged in activities which had been arranged such as arts and craft, sports in the garden and cookery. Each day an activities profile had been produced describing the activity and what resources were needed. Staff said this was working really well and they had already seen positive results with people joining in with activities. Staff described the positive impact for people living in the home who had previously chosen not to engage in activities by remaining in their rooms. They were now engaged in helping around their home and enjoying the space their gardens provided them, as well as going for outings into the local community. A health care professional said staff knew a person really well, supporting them in "such a way that they could indulge their interests and hobbies".

People were supported to be part of their local community. After the inspection the registered manager confirmed local networks had been developed and strengthed to support people to play a key role in their local community. They had formed partnerships with a range of other providers, colleges and authorities to "expand our service users experience and potential links to employment". These opportunities included people volunteering their services at a local garden centre and one person volunteered to walk dogs for a local dog rescue centre. One person liked to visit a local pub and was known well by the locals. Other people used the shop at a local garage. One person enjoyed walks to the local church. Another person had been supported to use local facilities independently such as the pub and garage and as well as using public transport.

People had access to imaginative methods helping them to develop friendships and meeting new people. Choice Care Group had just introduced a scheme inviting people to meet with others living in homes owned by the group. People would then be matched with another person and arrangements would be made for them to meet up. It was hoped the "Smile Scheme" would build up a buddy system increasing people's access to friendships. In addition to this people told us about a football league they hosted at Sunnyside House. They invited teams from other services run by the provider which concluded, after four weeks of matches, with a barbeque.

People had accessible information about how to make a complaint. There were plans to supplement the easy read format with an audio version of the complaints policy. People said they would talk with staff or the

registered manager if they had any concerns. There was evidence two people had raised concerns which had been thoroughly investigated and a written response had been given to the complainants. The Provider Information Return stated, "If any of our service users have complaints or concerns, they can discuss them with any member of staff and the appropriate action will be taken."

Good

# Is the service well-led?

## Our findings

People benefitted from a strong and focussed management team. Staff commented, "The management team are cohesive and work well together" and "The whole team always seems to be striving to make things better". People told us, "I like it here" and "It's brilliant". Relatives had commented on the website for Sunnyside House that they "could not be any happier with the support and kindness" that their relative received and "the whole family are delighted" that they had found a home. Health care professionals also posted that staff had "done a wonderful job" with two people they had moved to Sunnyside House and they were "delighted" with how far they had both come since being placed there. They also told us, the "home was well managed".

People and staff had ample opportunities to express their views about the quality of the service. People talked with staff about their experiences, any issues or concerns and what they would like to change. People and staff were invited annually to take part in a survey. The results of this were analysed and an action plan of improvements produced such as redecorating the home and people making more choices about the meals provided. People's complaints also improved the service they received. For example, a person said staff had been observed using their mobile phones during work hours which was contrary to policy and procedure. In response the registered manager had discussed the policy with all staff and they had agreed to lock away their telephones during working hours. The Provider Information Return stated people had "as many opportunities as possible" which included "listening to their wishes and aspirations and implementing these wherever possible". Staff were also able to give feedback about the service during individual meetings, staff meetings and at daily handover meetings. Staff commented, "The staff team are dedicated to the people we support" and relatives said, "Staff respect one another and work well together". The registered manager confirmed, "I listen to their ideas, we have open discussion about what works and not; it's important to be open and transparent and admit when something is not working."

People's experience of their care and support was audited by external people. Choice Care Group had appointed expert auditors who visited Sunnyside House to talk with people and observe their care and support. The same expert had visited them in October 2015 and commented they were pleased to see "improvements" since their last visit in February 2015. One of the people living in the home had been elected to a service user committee meeting with representatives of the provider. Their responsibility was reporting back about social activities. A representative of the provider visited Sunnyside House each month to assess the quality of the service. They monitored internal quality assurance audits into accidents and incidents, health and safety systems, staff training and support as well as record keeping. Any actions identified were checked at the next visit to make sure they had been followed up. For example, it was identified two people did not participate in fire drills. A social story was put in place explaining the importance to them of these drills. Sunnyside House had also been inspected by the Food Standards Agency who had awarded the home the top rating of five stars for the operation of its food services.

The registered manager reflected about the service provided to people. He said, "We strive to give the best to everyone, staff and people" and "We mentor and develop skills really well, we promote staff doing the best they can". These reflected the provider's values of integrity, excellence and respect. Staff said the

registered manager was "on the ball", "is firm but fair", "very service user led" and "a very supportive and approachable manager". They commented the registered manager "keeps us right on track" and "is always there".

Good management and support was evident and they strove to make improvements to people's experience of care. The registered manager said they were part of Choice Care Group's board for safeguarding adults and had "an overview of incidents around the organisation" which "influences positive change" across all services. They benefitted from membership of local organisations and networks keeping them up to date with local and national initiatives and changes in legislation. Choice Care Group had signed up to the Driving Up Quality Code and would be completing an assessment to see how well the organisation performed, developing an action plan in response to improve people's experience of their care and support. The Driving Up Quality Code is a code for providers of learning disability services who commit to drive up quality to provide high quality, values led services.

The registered manager was responsive and effective in response to this inspection. He took immediate action during the inspection to matters which were raised. In response to our comments the homely remedy policy was updated during the inspection. Changes were made to reflect National Institute for Clinical Excellence (NICE) guidance. He introduced a national protocol for missing persons being backed by local police which was shared with him and ensured the confidentiality of personal information.