

Sunnyfield Support Services Ltd

Sunnyfield Support Services

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

This announced inspection took place on 28 & 30 September 2015.

Sunnyfield Support Services is a family owned and family run domiciliary care agency. It provides support to adults with a learning disability or people living with an autistic spectrum disorder. Support is provided to people who live in the Lancaster and Morecambe area. The agency provides a range of person centred services including five supported living schemes and domiciliary care to people living in their own homes. The agency helps with personal

care, domestic tasks and supports people to enjoy leisure activities. At the time of inspection Sunnyfield Support Services was providing care and support to seventy people. Support packages ranged from a couple of hours per week up to twenty four hour support.

The office base is located in a purpose built office block and staffed during office hours. An out of hours contact telephone number is provided in case of emergency.

Summary of findings

The service was last inspected on 08 April 2013 and was found to be meeting all the assessed standards. People who used the service and their relatives were positive about the way in which the service was delivered.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

There was an exuberant atmosphere throughout the organisation and people spoke positively about the support provided. We were consistently informed by people who used the service, relatives and health professionals that care provided was of high quality and person centred. Staff were repeatedly described as committed, thoughtful and dedicated.

The organisation placed an emphasis upon citizenship and community participation. People who used the service told us they were encouraged to live active lives and participate as valued members of their community. People were supported to attend various community groups according to their preferred wishes and hobbies. Staff enabled people to use their gifts and talents to develop their self-esteem and independence.

A holistic approach was taken to meet people's health care needs. The registered provider addressed psychological and social needs alongside physical health. The registered provider worked in partnership with other care professionals to meet needs and referred to appropriate guidance when developing care plans. Health care needs were met in a proactive manner. People who used the service were offered peer support from other people who used the service to promote health care.

When people required support with their medicines, the registered provider had suitable arrangements in place. Medicines were safely stored and appropriate arrangements for administering them were in place. People who could manage their own medicines and had capacity were encouraged to manage their own medicines.

The registered provider was proactive in ensuring any safeguarding concerns were identified and acted upon in

a timely manner. Staff were aware of their responsibilities to notify relevant agencies when they noted concerns. One staff member informed us when there had been a need to report a safeguarding concern they were supported by the registered provider throughout the process. People told us they felt safe when using the service and if they had any concerns they could speak to management who would appropriately respond.

People who used the service were encouraged to take risks should they so wish. This enabled people to develop new skills and promote independence. When people chose to take risks, they were appropriately managed. This allowed people freedom to experience new opportunities as a way of self-development and to develop self-esteem.

Care was provided in a person centred way. People were routinely involved in their own care planning and the development of their service. The registered provider kept up to date comprehensive records for each person and any changes in people's needs were communicated to relevant people so care needs could be addressed in a timely manner.

The registered provider understood the requirements of the Mental Capacity Act (2005) This meant they were working within the law to support people who may lack capacity to make their own decisions.

Leadership within the organisation was strong. Managers had a clear vision of what was required of a quality service and this spread throughout the organisation. All staff were respectful of management and demonstrated a commitment to working towards the shared values of the organisation.

People who used the service, relatives and health professionals commended staff knowledge. They told us they were confident that people who used the service were supported by competent staff. Staff praised the training and development opportunities offered within the organisation.

The registered provider addressed learning styles of all staff and offered training by a variety of sources. Training was individualised for all staff according to the needs of the people they supported and was often responsive to changes within the organisation. Staff were encouraged to continually improve their skills and were not placed in situations for which they were not trained. Staff with

Summary of findings

additional needs were supported by management to complete training. Staff spoke highly of the caring nature of the registered provider and told us they felt supported within their role.

The registered provider placed emphasis on providing quality and improving service provision. The registered provider said they had an ethos of “continuous improvement.” Quality of care was audited using national and local standards as a means to improve the service. The registered providers had signed up to various charters and were self-assessing themselves in order to improve quality. Staff throughout the organisation also embraced the need to strive for continual improvement.

The organisation was committed to ongoing improvement for both people who used the service and staff. This led staff to have high expectations for the people they supported encouraging them to develop to the best of their ability. We were told by relatives of people who used the service that people were nurtured and developed and lives were positively enhanced by the service provider. People were empowered to find their voices and encouraged to speak up.

The organisation had recently undergone a period of rapid growth and the management team had worked

with an external organisation to develop a strategy for the organisation. The registered provider embraced change and consulted with staff and included them in the restructure. All employees we spoke with were happy with the new structure.

People who used the service were at the heart of the organisation and were encouraged to be part of Sunnyfield Support Services organisation. People were offered the opportunity to be involved in the recruitment of their own staff and other roles within the organisation.

Staff skills were matched to people who used the service to ensure compatibility and to increase the likelihood of positive outcomes for the person. The registered provider embraced diversity and recruited according to the needs and requirements of the people who used the service.

The registered provider continually sought views from people who used the service and their relatives through a variety of means. When feedback was provided it was taken seriously and acted upon in a timely manner. People who used the service were empowered to understand their rights to complain and when people had experience of complaining they were assured it was dealt with effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered provider took a person centred approach to risk. People were listened to and supported to develop independence skills. People were treated as individuals and were free from bullying and harm.

Processes were in place to protect people from harm. Staff were aware of their responsibilities in responding to abuse and the need to work with other agencies. People told us they felt safe as they were supported by people who knew them well.

The registered provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

Good



Is the service effective?

The service was very effective.

The registered provider took a holistic approach to meeting health needs and focussed on meeting people's psychological, spiritual and social needs as well as physical need. The service ensured that people received effective care that met their needs and wishes. This enabled people to develop confidence and self-autonomy.

People were empowered to manage their own health and were offered peer support from other people using the service.

The registered provider was committed to and worked innovatively to promote an open culture of learning. Feedback from health and social care professionals reported excellent links with the service and commended the enthusiasm and dedication of the staff team.

Outstanding



Is the service caring?

Staff were caring.

People who used the service and relatives were consistently positive about the staff and their approach.

There was evidence people who used the service were provided with person centred care by staff, who knew them well and had similar qualities and interests. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Good



Is the service responsive?

The service was very responsive.

The service for each person was individually designed, with the person at the centre of the service. Service user voice was encouraged at all times

Outstanding



Summary of findings

The registered provider actively addressed isolation and encouraged people to develop community networks and relationships through community participation. Activities for each person were delivered in a person centred way. People were encouraged and motivated to live valued lives. There was an emphasis on empowering people, developing independence and enabling people to have positive outcomes within their life.

People's care needs were kept under review and staff responded quickly when people's needs changed. External professionals were consulted with when individual's needs changed.

The registered provider had an ethos of continuing improvement. They engaged with people using the service to develop this and were proactive in seeking feedback from people. Any complaints made were taken seriously.

Is the service well-led?

The service was well led.

The registered provider had good working relationships with the staff team. People who used the service spoke positively about the management team, the staff and the support provided. There was a clear vision as to what the service aimed to achieve and this vision was shared throughout the organisation.

The registered provider actively sought innovative and creative ways to seek and act upon the views of people who used the service.

The registered provider encouraged partnership working with other agencies and constantly strived to make improvements to the quality of the service.

Good



Sunnyfield Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Health & 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 28 and 30 September 2015 and was announced. 48 hours' notice was given because we needed to be sure someone would be at the office.

The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with eight

staff members who worked for the organisation. This included the two directors, one senior manager and five staff responsible for delivering care. The registered manager was on leave on the days of inspection.

We spoke with twelve people who used the service to obtain their views on what it was like to receive a service from the registered provider. We observed interactions between staff and two people who used the service to try and understand the experiences of these people when in receipt of service.

We also spoke with one visitor to the office, four health and social care professionals and five relatives to gain their views about the quality of the service.

To gather information, we looked at a variety of records. This included care records belonging to five people who used the service and records belonging to four staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We visited four homes where support was provided. We were invited by 6 people who lived within supported living schemes to look around their homes.

Is the service safe?

Our findings

People who used the service were all happy with the service provided and the staff who worked with them. People told us they felt safe and they were happy that the staff who supported them knew them well.

One person told us they were very happy with the service provided and said the continuity of staff allowed them to feel safe in their own home. The person said, "I feel safe in my home. I am not happy with my neighbours, but [registered manager] has helped me with this." The person explained they had been subjected to abuse from the neighbour and the registered manager had taken time out to speak to the neighbour to try and ease the situation. This demonstrated that staff worked to ensure people felt safe in all aspects of their life.

Relatives we spoke with also commended the staff for the attitude and commitment displayed by staff when supporting people. Relatives were confident people were treated fairly, with respect and were free from any bullying or harassment.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. The registered manager said interviews were carried out over multiple stages. As part of the interview process, people who used the service were involved in selecting staff alongside the management team. The management team did the initial screening of staff to ensure potential staff were competent and suitable for the role prior to people who used the service becoming involved. One person who used the service told us they had been provided with training to enable them to become involved in selection of staff. They told us they enjoyed doing this. This showed us that the registered provider sought to engage with people who used the service.

We reviewed four files relating to people employed at the service. Staff records viewed demonstrated the registered provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered provider retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing

work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. Staff confirmed they were subjected to all the checks prior to being offered employment.

People who used the service were safeguarded from abuse as the registered provider had systems in place to ensure people were kept safe. The registered provider had a detailed policy for staff to refer to when reporting abuse. This included information which sign posted staff to other agencies when reporting it.

The senior manager told us all staff received safeguarding training and received refresher courses to update knowledge. We looked at staff records and these confirmed staff had received regular safeguarding training.

Staff told us they had completed safeguarding training and all staff were all able to describe the different forms of abuse. Staff were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "I have had to do this. I identified some concerns so reported them to the manager. The manager took action." The staff member said they were supported by management when they disclosed a safeguarding concern. Another staff member who was new in post confirmed they had received training in this area and said, "If I had any safeguarding concerns I would report them to the manager straight away."

We saw evidence relating to two incidents where people who used the service were identified at risk of harm. Both incidents were dealt with efficiently and in a timely manner and reported accordingly to the appropriate agencies.

A senior manager informed us staff were reminded of their safeguarding obligations during team meetings and in regular memos. Staff confirmed safeguarding advice was

Is the service safe?

often sent out to them direct with payslips. This helped ensure staff had access to up to date information and raised awareness of safeguarding procedures and responsibilities.

Staff were also aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would report it (the safeguarding concern) to the police of CQC if it was relating to the registered manager."

All the people we spoke with and their relatives were complimentary about staffing levels and said

staff were reliable and always turned up on time. Two relatives we spoke with said staff always turned up five minutes earlier than expected and were never late. Both relatives confirmed staffing levels were appropriate to meet the needs of the individuals. They told us people who used the service always received the allocated period of time that was commissioned and support provided was in line with the individual's preferences.

Whilst visiting two of the supported living schemes we noted staffing levels matched the number of staff allocated on the rota. Two people who lived within a supported living service said they never had to complain as staff were always around to help them whenever they requested it. People told us they were enabled to live active lives and had adequate numbers of staff on duty to meet their needs.

We spoke with the registered manager about systems in place for monitoring visits to people who used the service. The registered manager said there were no formal systems in place for checking call visits. People were encouraged to call the office or emergency on call number if staff did not turn up. This allowed for alternate provision to be made. The registered manager said missed calls very rarely happened as staff were reliable and staff sickness was not a problem within the organisation. We spoke with one person who confirmed their staff were reliable and very rarely off sick. They told us, "I never have to worry, my staff always turn up. If someone didn't turn up, I would ring the office and they would arrange for someone else to come."

We looked at systems in place for administering medicines. We visited one supported living scheme where people required support with medicines. We saw people's medicines were dispensed into a blister pack by the pharmacist and then checked and confirmed on admission

to the location by the house manager. People's medicines were stored securely within a locked cabinet. Storing medicines safely helps minimise the risk of mishandling and misuse.

We noted staff followed Royal Pharmaceutical Society good practice guidelines when administering medicines and kept up to date records. Medicine administration record sheets (MAR sheets) were signed by staff once they had administered and observed the person taking medicines. A member of staff informed us the house manager carried out audits to ensure medicines were being appropriately managed and administered. When people required PRN medicines, (medicines which are only used on a when needed basis) staff informed us a protocol was in place to approve these medicines. The staff member confirmed one individual had a PRN protocol in place for administering pain relief medicines.

We found best practice for administering medicines was consistently followed. Staff told us they were not permitted to administer medicines to people without receiving training first. A senior manager said the organisation developed an open culture for learning and people were encouraged to come forward if they had made mistakes when administering medicines. A senior manager provided practical learning to equip people with skills for administering medicines. When people were identified as being in need of additional support in this area they were provided with additional training.

We saw evidence in care records that assessments and risk management plans were in place for managing people's behaviours which challenged the service. Plans were detailed and were developed in conjunction with the person and their family alongside the Behavioural Intervention Team and Speech and Language Team. Risk management plans were comprehensive and included what incidents may trigger behaviours and techniques to minimise risk.

Staff were aware of risk assessments in place for individuals and understood the relevance of the documentation. One staff member said if they identified new risks they would speak to management to bring the risk to their attention. The staff member confirmed they had been involved in updating a person's risk assessment, working alongside the individual and relevant parties.

Is the service safe?

The registered provider had developed a person centred risk taking culture in which people were supported to take risks as a means to their own self development. A staff member said, “We (the registered provider) prepare staff to work with people to make decisions and take risks.” The staff member then described a situation in which staff worked with an individual and their family to develop a plan to allow an individual to experience some independence, going out alone. The staff member said, “We need to allow for risk.” This demonstrated the registered provider took a person centred approach to risk.

The registered provider was also aware of the limitations of risk taking when a person lacked capacity. When people

lacked capacity and required assistance, comprehensive risk assessments were developed and systems were in place to manage the risk. Risk assessments were developed in conjunction with other health professionals. We spoke with a health professional who told us the provider always made referrals in a timely manner.

We looked at accidents and incidents that had occurred within the service. The registered manager kept a central record of all accidents and incidents. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date.



Is the service effective?

Our findings

All the people who used the service were confident they were supported by staff who knew them well. One person said, “The staff are brilliant and really helpful.” Another person said, “All my staff know me well.”

One relative we spoke with said, “The staff are really knowledgeable, I can’t fault them at all.” Another relative said, “The staff are fantastic. They are always prepared for working with my [relative.] They never send strangers.”

One of the directors informed us staff retention within the service was good and staff rarely left the company once recruited. The director told us this meant care provided was effective as people were supported by staff who knew them well. This was reinforced by a staff member who said, “Staff turnover is low, people tend not to leave. It means we get consistency.”

Senior managers met with individuals and agencies who were involved with people to get to know the person and their individual needs prior to a service commencing. Managers referred to good practice guidelines when looking at developing services for people with specific health needs. The director explained they were currently looking at designing a service for a person with a rare genetic condition which had implications upon the persons’ physical health. The director informed us they had been researching the condition and then showed us a document they had purchased from a self-help group set up to support people with the condition. The document referred to good practice principles and how best to support someone with the condition. The director advised they were using the literature to consider how best to support this person. The literature would be shared with staff that were going to support this person. This allowed for evidence based care to be provided.

The director told us, where appropriate they supported people over a transitional period, which allowed them to get to know the people. This allowed for effective and safe care to be developed as staff could learn from people and their families prior to the service commencing.

Staff likes, hobbies and personalities were matched against people who used the service to ensure compatibility and allowed people and staff to have shared interests. One person who used the service had an interest in playing

football. The registered provider matched this person with a member of staff who was a football coach. Together, the two people worked together to develop a football group and organised a football team for the organisation.

We looked at documentation within care files to ensure people’s health needs were being met by the registered provider. We noted staff were proactive in managing people’s health and people who used the service had regular appointments with general practitioners, dentists, chiropody, specialist health practitioners and opticians. Health professionals were consulted when concerns were identified to ensure health needs were met in a timely manner. One health professional complimented the work carried out by the staff team when they were working in conjunction with them. They praised their willingness to learn and dedication to completing tasks set for them.

The registered provider was proactive in addressing people’s medical conditions in anticipation of people’s health deteriorating. When one person’s health began to deteriorate and the person’s needs increased the registered provider worked to ensure equipment was sourced and fitted at the home. This was to enable the person to retain their independence and to allow the person to continue living in their home.

We noted that staff were committed to empowering people and had worked with one person who used the service to become a health facilitator. This meant the person was enabled to work with other peers to help improve and facilitate health. Consequently this person went on to win an award for being “Health facilitator of the year,” from a local health clinical commissioning group for all their work carried out promoting health equalities for people with learning disabilities.

Care plans were person centred and were focused upon the needs of the person as identified by themselves. Once care plans were developed people were encouraged to sign them to state they were happy with them and consented to the support being delivered. When people did not have capacity there was evidence of multi-disciplinary input alongside families to develop plans. People were regularly consulted with to ensure the care plans were up to date and relevant.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed



Is the service effective?

to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the Act should be, and is not, implemented then people are denied rights to which they are legally entitled.

Staff confirmed they had received training in this area and were confident they could address this within service delivery. One staff member said, "You have to presume people have capacity, unless indicated otherwise." The staff member then went on to explain how they would work when a person did not have capacity. The staff member said, "I would give people information to help them make an informed decision. I would use pictures if this helped. If a person did not have capacity I would speak to the office so other people [agencies and professionals] could get involved."

Another staff member said, "If people needed support with major decisions like finance or moving home and they had no family we would probably need to get an advocate involved." One member of staff said they had been involved in a best interests meeting for one person who lived in a supported living service.

Staff told us information relating to the MCA was available at the supported living schemes to support staff to follow the MCA code of practice. Staff were also aware the registered provider had a policy and procedure to follow when assessing a person's capacity. One staff member told us the organisation had recently sent some refresher information to all employees alongside the wage slip to remind staff of the obligations of adhering to the MCA code of practice. This helped ensure staff were provided with knowledge and skills to consider capacity within service provision and act lawfully within the remit of the MCA.

The director said court of protection applications had been made for some people who used the service who were subjected to restrictions within their life. The applications had been made in conjunction with the Local Authority.

Training was provided by a variety of means and included in house, internet based and externally commissioned

training. One manager told us provision of in house training allowed them to tailor the training to meet the needs of people who used the service. We noted the registered provider had developed an interactive administration of medicines training course using the same blister pack system as the one used in the supported living schemes. This allowed staff to practice administering placebo medicines from a blister pack prior to administering them to people who used the service. This allowed staff the opportunity to develop their skills within a safe, controlled environment and minimised risks to people who used the service. All staff we spoke with were complimentary about the training offered to enable them to fulfil their role. Staff told us they were encouraged to take responsibility for their own training. One staff member said, "We have an open culture regarding training and development. We can identify training for ourselves."

There was training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who lived who used the service. Training included safeguarding of vulnerable adults, safe handling of medicines, hand hygiene, food hygiene and manual handling. The manager worked closely with other managers to identify training needs of all staff. Staff training needs were discussed as part of the monthly managers meeting.

The registered provider also utilised the skills of other health professionals who were involved in working with people who used the service. The manager said this empowered staff to work more proficiently with people who used the service. We spoke with two health professionals who confirmed they had been involved in joint working with the registered provider and staff teams to develop training for people being supported. Both health professionals commended the knowledge and eagerness to learn from the staff teams.

Staff told us an intensive induction process was in place. One staff member said, "I have just completed a 12 week induction. I was shadowed for the whole twelve weeks. I have been very well supported by management. It's been a good experience." A new member of staff also told us they had not yet been allocated a place of work., They explained they were given the opportunity to experience all services



Is the service effective?

as part of their induction and their skills would be matched to specific services at the end of their induction. This allowed compatibility and skills matching with people to increase the effectiveness of the care.

On the day of inspection we noted staff were visiting the office to meet with the external training assessor. The training assessor commended the staff and organisation, stating all staff were dedicated to completing their training and showed enthusiasm within their role. The registered provider had recently received an “Employee of the Month” accolade from an external trainer to celebrate their commitment to staff training.

We noted situations in which people’s health needs had changed. In order to meet these additional needs training was sourced. One person using the service was diagnosed with dementia. The registered provider sought assistance from community professionals including the physiotherapist, OT and speech and language therapist. Training was provided from each group to equip staff with the additional skills required to effectively meet the needs of the individual.

The registered provider also worked with staff with additional learning needs to support them with development. One member of staff was dyslexic. A senior member of staff was therefore allocated to support this person and would transcribe the person’s words into a written format.

The registered provider also recognised the importance of sharing skills and experiences with other health and social care professionals. The registered provider worked with social work students, nursing students and medical students within the organisation in order to develop knowledge of professionals as well as sharing their skills with the rest of the workforce. One manager said the usage of students was greatly beneficial to the learning of the organisation and recognised the benefits of having students on placement. One person who used the service confirmed they had been working with a doctor on placement and said they had been training the doctor to promote the rights of people with learning disabilities to raise awareness.

Staff members told us they had formal supervisions with a senior manager. All staff felt supported in their role and were confident they could speak with a manager whenever required. On the day of inspection we noted a staff member arrived at the office and requested time with a director. The director happily obliged and spent time with them..

We spoke with people who required support to meet their dietary and nutritional needs. People said the food provided was good and had no complaints. One person said, “We get good food.” We observed lunch being served at one supported living scheme and people were complimentary about foods. People told us they were encouraged to be involved in choosing and cooking foods wherever possible. One person told us they took it in turn to help making meals with other people they shared the house with. People told us they were given choices about what to eat and if they did not like what was on offer there were always alternatives.

We also spoke with another person who lived alone in their own home. They told us staff had supported them to develop their own cooking skills. The previous night the person had cooked a meal for a friend who was visiting. Their friend had dietary needs and staff had supported the person to cook a meal to meet the requirements of the visitor. This made the visitor feel cared for and important and helped the person maintain a positive relationship with their friend.

Another person who used the service informed us he had been supported by the organisation to set up a men’s health group. The group met weekly and each week the person who used the service cooked a healthy meal for the group. The meal was decided upon each week within the group and the individual then purchased all the food ready to cook the meal for everyone. The person said, “It’s changed my life.”

Staff informed us one person who lived at one of the supported living schemes had specific dietary needs and confirmed they had received training to support individual dietary requirements.

Is the service caring?

Our findings

All the people we spoke with were complimentary about the staff who worked with them. People were confident they were supported by people who knew them well and by people who they had a trusted relationship with. One person said, "I have really good staff, they care about me." Another person said, "All my staff are fantastic, they are really helpful. They just care for us."

All family members we spoke with unanimously agreed that staff provided by the organisation were very caring and conscientious. One relative said, "I don't know what I would do without them." Another family member described their support team as, "Caring and thoughtful."

Staff spoke fondly about the people they supported and the culture of the organisation. Two staff members described it as, "The best place to work." Another staff member said, "I love the fact the managers' care about the staff and the people using the service. A health and social care professional commented on the caring nature of the staff team and described the organisation as one which was person centred where everyone went the extra mile."

It was evident from speaking to all staff they had a sound knowledge of all the people they supported and a genuine interest in supporting the person to achieve their full potential. Empowerment of people was encouraged throughout the organisation. Staff were committed to supporting people to live active, valued lives. The registered provider encouraged people to develop links with the community and encouraged people to build up their social circles. All the people we spoke with beamed with joy and excitement as they informed us of all the achievements they had made since being supported by the organisation. One person said, "These people [staff] have turned my life around. They are like my family now."

The office, from which the management and administrative support based, was also used socially by the people who used the service. We observed four people who used the service calling into the office on the first day of inspection. People looked comfortable at dropping in. We observed managers taking time out from the office to say hello and enquire as to how people were doing. It was evident that the managers and registered providers had a good knowledge of all people who used the service and were interested in the well-being of each person.

We observed interactions between one person visiting the office and their staff. The person could not verbally communicate their own wishes. Staff showed a good understanding of this person and offered appropriate touch to reassure the person they were safe. Staff looked for visual cues which demonstrated the person no longer wanted to be there and when they read the signals, staff asked the person if they would like to leave the office. This showed staff understood the person's needs and the ways in which they communicated and were respectful in addressing those needs.

We observed positive interactions throughout the inspection process between all staff and people who used the service. People were relaxed in the presence of staff and we observed people laughing and joking with staff members. Staff were respectful of people and their needs.

Staff showed a good understanding of the individual choices and wishes for people within their care. We observed the routines within the supported living schemes were relaxed and arranged around people's individual needs. Staff enquired about people's welfare and consistently asked if there was anything they required help with. One person who used the service said, "They always see if we are alright."

People's preferences were well known and these were accommodated into everyday routine. It was evident the people being supported were at the centre of all service provision. Support was tailored around individual need. One of the directors explained that one couple provided informal supports to each other however one of the people suffered episodes of ill health. When this happened the service increased the hours provided to the couple. Another person confirmed whilst we were visiting they were unwell that day and the registered provider had contacted them to see if they required any additional support.

Staff were respectful and were aware they were working in someone else's home. We observed staff knocking and asking people permission to enter rooms before entering. Staff were also aware of the need of giving people their own space if they wished. Staff consistently asked for permission from people who used the service before pressing ahead with any tasks.

Is the service caring?

The registered provider placed emphasis on people developing and maintaining friendships. Two people who lived in a supported living scheme told us friends and visitors were able to visit whenever they wished.

People were at the centre of all the care provided. Choices and independence were encouraged wherever possible. One person said, “I’ve learned that it is my support time and I choose what we do in that time.” One health professional told us that staff working for the provider consistently provided care above and beyond what was expected.

One relative we spoke with explained they had not been using the service for a long period of time. They described the care received so far as “Fantastic.” They explained staff did not turn up to support their relative unless they had been introduced to the family by an established member of staff. The relative stated staff were always enthusiastic and motivated when commencing working.

Staff showed a commitment to supporting people towards the end of life. The registered provider had recently completed some work with the local hospice regarding end of life care. Using the knowledge gained the registered provider had tailored some training to people who used the service to enable them to commence addressing end of life care. Work had therefore begun with some people who used the service to develop funeral plans and advance

statements. A senior manager said it was important to complete this work to ensure people’s needs and wishes are respected in later life, especially for those people without family. Advance statements were in place for one person to ensure their wishes were taken into consideration when staff or other professionals have to make best interest decisions about the person’s care or treatment. Advance statements are written to allow people to say how they wish to be treated should they lose the capacity to make decisions themselves.

Staff respected people’s confidentiality and were aware of the need to promote confidentiality at all times. One of the directors explained that certain information relating to people who used the service was not always stored in the individuals file. Information which may affect how a person was perceived was only shared with people on a need to know basis. This promoted their dignity and rights at all times.

People were encouraged to have their voice heard. One staff member described a situation in which they had tried to secure an advocate to support someone to make a major decision in their life. The support worker said, “Its important people are objective when helping people make decisions.” One person supported by the organisation informed us they were a self-advocate and attended advocacy group meetings.



Is the service responsive?

Our findings

All relatives and family members spoke with where overwhelmingly complimentary about the service. One relative said, “I can’t fault the service at all. I don’t know what I would do without them.” Another relative said, “Staff are fantastic. My [relative] chooses what he wants to do before the staff arrive and they always help them to do what they have asked to do. Everything is fantastic.” And, “They are very good. I can’t fault them. They are very reliable.”

We looked at care records belonging to five people who used the service. Care records clearly detailed people’s likes and preferences and included details about people’s life histories, skills and talents. There was evidence the registered provider nurtured people to use their skills and talents when developing care and support for people.

Care plans were developed in conjunction with people and where relevant, health professionals. Care plans were comprehensive and addressed areas including general health, risks and concerns, promoting personal hygiene, leisure and activities and choices for end of life care. Care plans identified people’s needs, actions required and the staff member responsible for carrying out the task.

People who used the service confirmed they were involved in planning their own care. Records showed people were involved in the care plan review and were actively encouraged to participate. We noted people were supported prior to a care planning meeting to think about their review meeting. People were given autonomy to plan their review meeting to meet their needs. They were encouraged to say who they wanted at the meeting, when the meeting was to be held and the format of the meeting. People were encouraged to answer the question, “What needs to change in your support plan?”

We saw evidence in people’s records that actions agreed at a person centred review session were carried out and completed by the next review date. One person had expressed being unhappy in their home as part of his review. There was evidence at the next review meeting this person had been supported to find new accommodation and move on.

All the health professionals we spoke with both described the organisation as “person centred.” Training records showed all staff were trained in person centred thinking and this culture permeated throughout the organisation.

The registered provider placed an emphasis upon promoting and maintaining people’s independence within care planning and care delivery. People’s preferences, likes and dislikes were all included in care planning. One person told us, “My support time varies each week, sometimes I go swimming, staff help me with cooking or sometimes I use it to pay my bills. It’s my choice”

The director said support times were flexible and tailored around people’s needs and wishes. On the day of inspection we noted one person emailing the director informing them of their support times required and their stated preference for a carer. The director said rotas were sent out weekly to people so they knew who was going to be working with them the next week. The registered provider acknowledged that staff rotas could change at any time and said that staff understood this and were always responsive to need. A person who used the service said support times could be flexible and the manager would try to accommodate any last minute changes to support if needed.

There was a great focus within the service upon empowering people to achieve the maximum of their potential. One member of staff said, “I want the people we support to feel empowered and independent.” We spoke with one person who lived in a supported living scheme, they told us it had always been their dream to learn to read and write. With the help of the registered provider the person was now receiving literacy lessons and was learning to read and write. The person said it was wonderful being taught to read as it was something they had longed to do for a number of years but had been unable to do so.

People were encouraged to be part of their local community, where their gifts and talents were nurtured and maximised. People were encouraged to use person centred planning to describe their hopes and dreams. We saw evidence of three people who were supported to achieve these hopes and dreams. We spoke with one person who told us they had completed a gold Duke of Edinburgh award and had also been a volunteer at the Olympic games in London. They were supported by the registered provider to undertake training and as a result of their hard work were allocated a role meeting dignitaries who were



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attending the Olympic games. In order to achieve these accomplishments the person was supported by a support worker. The person spoke with great pride of his achievements and said, "It was wonderful. The staff have helped me do good things. My life has changed so much since I have had support from my team."

One person supported by Sunnyfield was grieving following the death of a loved one. Staff took time out to listen to the person and then arranged for the person to complete their lifelong ambition as a means to promote some happiness in their life. We were shown photographs of the person looking happy and proud. This person also enjoyed playing a musical instrument. Staff supported this individual to find a care home where they could go and play their instrument. This gave the individual an opportunity to be active and to feel important whilst giving back to the community. We spoke with the care home who confirmed the person visited on a regular basis. They told us the person greatly enjoyed attending the home and entertaining the people who lived there.

People were encouraged to have active lives within their community. People spoke about different groups and activities the registered provider initiated but then encouraged people who used the service to run. Some of these groups were also opened up to the wider community. On the first day of inspection one person came into the office to drop some money in. They informed us their task was to collect money and complete a register at one of the clubs. We were informed by people using the service the provider had supported people to set up a variety of clubs. These included an arts and crafts club, a pool club, a football group and a dancing group. One person said, "I'm always busy." A staff member supporting this person told us how the individual had developed with self-confidence and increased their social circle since receiving the service.

People were also encouraged to be active participants in their own community. The arts and crafts group had recently been involved in designing and participating in a float at the local carnival. One person also told us the dance group were also in the process of rehearsing for a show at the local theatre. They beamed with pride telling us about their dancing skills and told us how excited they were to be in the show in the local theatre.

We were informed by a director that should people want paid work, staff would actively support people to find paid employment. Two people within the organisation have

been supported to find paid work. We were told about a person who had a love for cars, with the assistance of the support workers the person delivered their CV's to the local garages. This resulted in the person securing a full time job working with cars. This has enabled the person to become financially independent and no longer receives benefits. This has given the person a greater degree of autonomy. Another person was supported to undertake a voluntary job within a shop. Due to the hard work and commitment displayed the person was given a paid job within the shop. This has enabled the person the opportunity to experience succeeding within a role.

Other people within the organisation have been provided with support to find voluntary work. One person was introduced to a local self-advocates group which empowered people to build their own skills. This person told us with great enthusiasm how their life had since changed. This person now trained medical students to raise awareness of living with a disability and was also an active speaker within the community. The person took great pride in informing us they had recently been a guest speaker at a conference and had spoken to over 250 people. They had also undertaken roles within the company training new staff. This person was also a 'good health champion' and ran a men's group and a monthly breakfast group. The person said, "Oh my life is brilliant these days, My feet don't touch the floor, I am so busy. You are lucky to find me in today."

People were encouraged to integrate into mainstream community groups as well as groups especially for people with learning disabilities. One person told us they went ballroom dancing once a week. The person showed us their dancing shoes with great pride and stated how they enjoyed dancing with their partner. Another person had been involved in a martial arts class and took part in a national competition. One person said they really enjoyed going to the bingo every week. Another person told us they go to their local sports centre to participate in a yoga session.

People were encouraged to pursue social activities regardless of their disability. One person described their life as "busy." We visited a supported living scheme where one person had become less active and mobile. They told us they had been out to a drumming session and had just completed a relaxation session at home.



Is the service responsive?

People who used the service informed us they were also active members of other groups for people with learning disabilities within the community. Some people attended a social activities group and other people were self-advocates and met with other self-advocates.

The registered provider also organised supported holidays for people who used the service. People were asked frequently if they wished to go on holiday. People were encouraged to share ideas and if people had mutual interests in going on holiday the registered provider would organise holidays for them. One of the directors said, "I always think having a holiday booked makes you feel good. I would be very depressed if I knew I was never going to get to go on holiday." On the first day of inspection we were informed a group of people were on their way home from a week in the Isle of Man. We spoke with one person about the holiday and they said they enjoyed the trip. One person informed us they had been to Torquay with some friends and enjoyed it. Another person had just returned from a trip away and said they "Couldn't wait to go again."

All the people we spoke with were complimentary about the service provided and had no complaints about the care. One person said, "I love it here, I didn't like where I used to live. It feels like my own home." Another person said, "I've lived here a long time. I am happy here." Another person said, "I am really happy here. I like everything."

Two people who used the service told us their lives had changed for the best since being supported by the registered provider. One person said, "I've got confidence now. I never had that before." This was also supported by some relatives who noted people had become more assertive and independent since they started receiving a service. One relative said, "My [relative] has become more confident, more outgoing and more independent. I noticed it when I went out with them they are doing so much more for themselves." One health and social care professional commented on how happy a person had become since they started using the service.

People who used the service spoke highly of the service provided and had no complaints at the time of the inspection. Two people did however tell us they had historically made complaints about staff. Both individuals said the matters were dealt with seriously by management and the staff members no longer worked with those individuals at the request of the individuals. People told us feedback was treated with high importance. It was evident

from speaking to these individuals that people who used the service were at the heart of the organisation. One manager confirmed that people were consulted with about the suitability of staff and any complaints against staff were treated seriously.

In order to promote people's awareness of their right to complain, the registered provider had produced a pictorial compliments and complaints procedure. The procedure was written in easy read with photographs. There was also a photo of the registered manager so people could identify who to complain to. To assist people to complain the registered provider had also produced a flow chart to show people what happened when they made a complaint. People we spoke with were all aware of how to complain and who to complain to. One person said, "I would just go to [manager] if I had any complaints. If [manager] wasn't in, I would go to [director]."

The registered provider maintained a complaints record of all logged complaints. We noted two minor complaints had been recorded in the log and actioned in a timely manner. When a mistake had been made by a member of staff, families or the people who used the service were offered an apology once the investigation had been completed. The registered provider kept a log of the nature of the complaint, the date it was reported and then all corresponding activities. We noted that following one complaint a member of staff was provided with further training to prevent the error from occurring again. One family member informed us they had made a complaint at the outset of the service being provided. They were satisfied the complaint was dealt with effectively and fairly. They said they had never had the need to complain since.

It was evident from documentation kept by the registered provider they always proactively sought the views of people who used the service and their relatives. People were asked as part of their annual review to discuss what was not working within the service. This allowed for complaints to be dealt with proactively before they escalated. People who used the service were confident if they made a complaint it would be dealt with by management.

We spoke with a manager who informed us they were in the process of developing a new policy in regards to personal relationships. The staff member said it had been impossible to just develop one policy to cover everyone who used the service and acknowledged some policies and



Is the service responsive?

procedures had to be developed specifically in accordance with people's needs. This way of thinking prevented people from being restricted by organisational policies and procedures and encouraged innovation.

Is the service well-led?

Our findings

The service had been developed and run by a family unit and this family atmosphere ran throughout the whole organisation. Both people being supported by the registered provider and staff employed by the registered provider spoke highly of management and the open culture of the organisation.

One member of staff said, “The management is good here. Managers will always tell you if you have done something wrong. They also praise you when you have done a good job.” Another staff member described management as “Supportive and approachable.” A further member of staff said, “Everyone is treated as an individual but it feels like I am part of a family. Managers are very approachable.”

Although people within the organisation were happy with the service provided it was evident the registered provider was continuously striving to make improvements. One manager said, “We can always do something to make improvements.” The registered provider had recently completed their investors in people quality assurance award and following the review had decided to change the infrastructure of the organisation. A tier of middle management had been introduced as a means to encourage staff to develop and build on their skills. Staff were happy with the way the change had been managed by the organisation as they felt confident with the new structure.

In order to increase quality within service provision the registered provider had voluntarily signed up to the “Driving up quality code.” This code encourages the organisation to self-assess their progress and develop a strategy to improve service delivery. The registered provider had also signed up to a local agreement, “The learning disability charter.” This too, was developed as a means to drive up quality and sustain a person centred organisation.

The registered provider had also committed to the “Welcome values” and as part of the process has supported one person who used the service to become a welcome values assessor. The registered provider was trying to identify other people within the service to also become assessors. Welcome values promote high quality care. The values encourage self-advocates and family members to assess the quality of services and lifestyle outcomes of the

people who use services by spending time with the people who use them. The person who had been trained to assess services said, “It has really made me see things very differently.”

Communication between staff and management was described as good. One person said they were confident they could always speak to management if something was wrong. We witnessed the open door policy and were shown ways in which communication was promoted throughout the organisation. We were shown briefings which were sent out to all staff when there were changes in systems or procedures. Managers also held regular manager meetings to discuss any concerns. Team leaders said they liaised between management and staff who provided support. Information of relevance was also communicated to staff during team meetings.

Documentation demonstrated there were clear lines of accountability and all staff were aware of their roles and responsibilities. There was good communication between staff members which enabled tasks to be completed quickly and proficiently. We saw evidence tasks were carried out in a timely manner. Staff were provided with additional resources to support them in their role, this included providing each staff member with a handbook which signposted them to policies and procedures and other relevant guidance. This gave staff direction and focus.

The registered provider encouraged diversity throughout the organisation and said, “We don’t have a ‘one size fits all’ idea of what makes a good support worker. All our support workers are different. We look at people’s characteristics and personality to see who is best suited to work where. We just have one ethos, “Would I like the person to support me?”

The director said they did not hold formal residents meetings but they spoke with people informally on a daily basis to see if people were happy with service provision. People who used the service said they were happy with the way the organisation was run and confirmed they were consulted with regularly.

We also noted an annual pictorial quality assurance questionnaire had been sent out to all people who had used the service. This was developed in conjunction with a group of people who were in receipt of a service from Sunnyfield. 26 forms had been returned, all respondents had stated they were happy with the service provided and

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the staff who supported them. There was evidence the manager had considered all minor comments returned and had taken further actions to make improvements accordingly.

Managers told us they worked in partnership with other groups as a means to share ideas and improve practice. The managers were involved in attending the local partnership board meetings and were also members of a local workforce development partnership. One manager also co-facilitated person centred thinking training to local groups in alongside another provider.

In order to keep personal knowledge up to date professionally one manager informed us they were

involved in peer support meetings with other colleagues. They also kept abreast of changes to service developments through meetings with mentors of students who came to the service on placement. One manager had recently completed a degree in evidenced based practice and said how important it was to keep up to date with research when considering changes to service development.

The director was aware of their responsibilities for reporting notifications to CQC. We noted identified incidents discussed at inspection had previously been brought to the CQC's attention through formal reporting procedures.