

Sunnyside Care Homes Ltd

Sunnyside Care Homes Limited - 410-412 High Road

Inspection report

410-412 High Road
Ilford
Essex
IG1 1TW

Tel: 02082526256

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunnyside Care Homes Limited - 410-412 High Road is a care home registered to accommodate and support up to seven people with learning disabilities. At the time of the inspection, seven people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Care plans contained risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. People participated in activities to support them to develop and maintain relationships to avoid social isolation.

Feedback was sought from people and relatives and this was used to make improvements to the home. Systems were in place for quality assurance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection on 8 August 2017, the home was rated good (published 1 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunnyside Care Homes Limited - 410-412 High Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sunnyside Care Homes Limited - 410-412 High Road is a care home providing care and support to people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We also contacted professionals that were involved with the home. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with three people who lived at the home, a relative, the registered manager and three care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality monitoring records. We also spoke to one relative by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated good. At this inspection, the key questions has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "[Staff] are nice to me here." Another person commented, "In my room and around carers, I am safe." A relative told us, "[Person] is safe."
- There were processes in place to minimise the risk of abuse and incidents. Staff had been trained in safeguarding and understood how to safeguard people from harm. A staff member told us, "You have to protect and guide people from risks. You have to ensure their safety at all times. Abuse can be any form like physical, verbal and financial. I will report this to Manager. I can also go to CQC."

Assessing risk, safety monitoring and management

- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with behaviours that may challenge and falls. Risk assessments had also been completed in relation to people's health conditions such epilepsy. Assessments included identified risks and control measures to minimise risks.
- Staff told us that they understood risks to people and found the risk assessments helpful.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.
- Financial income and outgoings were recorded on people's individual finance sheet. An overall balance was listed. We checked three people's finance sheets on outgoings and incomes and found the records and balances were accurate. A relative told us, "[Person's] finance is protected."

Learning lessons when things go wrong

- Incidents had been recorded and detailed the action that was taken.
- Incidents were being analysed to learn from lessons and minimise the risk of re-occurrence.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MAR) showed that medicines were administered as prescribed. One person told us, "The staff give medication. It's always on time." Room and fridge temperatures had been recorded to ensure were kept within acceptable temperature levels and did not lose its benefits.
- We observed that staff gave a person their medicines safely, asking for the person's consent and ensuring the person took their medicine safely. Once the medicine was administered, this was recorded on the MAR.
- Staff had been trained in medicines management and had received a competency assessment to check their understanding of medicine.

Staffing and recruitment

- There were enough staff to support people safely. A staff member told us, "We have enough staff. You can see today, we have four staff, we know what we are meant to do." A person told us, "There is always enough staff."
- We observed staff were available when people wanted them and they responded to people's requests promptly. Staff spent time with people engaging in personal conversations and activities. A person commented, "I like the staff. They have permanent staff and not agency staff so I get consistency."
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area. A person told us, "The home is kept clean."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively. A staff member told us, "I got training, different types of training, all sorts of training over three to four days. I have to refresh soon, it's what we do every year. It is very interesting, it boosts my knowledge." A relative commented, "They look after [person] well. I am happy."
- Regular supervisions and appraisals had been carried out. These focused on teamwork, responsibilities and training and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is approachable. Deputy manager is always around, she is a good manager. She does support me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Regular reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given choices with meals. A staff member told us, "We ask them what they will like to eat. We give them whatever they want. They have rights to choose their food, it's their home." People told us they enjoyed the food. One person told us, "Food is nice, its lovely. I do have a choice."
- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes. Risk assessments had been completed to ensure people were supported safely when cooking or using the kitchen.
- We observed that people were able to eat together and were supported by staff when needed. Staff asked people if they enjoyed the food and if they wanted anything else.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take. We saw records that showed staff phoning the ambulance when a person was not feeling well. A staff member told us, "When a person is not fine, their mood will change and their body language change or they may sit by themselves not doing anything. I will ask if they are ok and we will let the GP know if they are not ok."

- There was a health action plan in place, which included information on pain management and access to health services. Records showed that people had been supported to access a number health of services and had annual health reviews to ensure they were in good health.
- People also had access to dental services and we observed that people had access to dental care products to ensure they were in the best of oral health. An oral health care plan was in place on how to support people with oral health. Staff had also been enrolled into training for oral healthcare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Assessments had been completed to determine if people had the mental capacity to make specific decisions on areas such as personal care and medicines.
- Staff had received training on the MCA and were aware of the principles of the act. DoLS applications had been made for people whose liberty was being deprived to ensure their safety.
- Staff told us that they always requested people's consent before doing any tasks. We observed that staff asked for people's consent before supporting them, such as with medicines.

Adapting service, design, decoration to meet people's needs

- People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs were being met. A person told us, "I like my room, its lovely."
- There was a communal and dining area for people to spend time with each other and staff. We observed that people were able to go out on the garden area for fresh air. We saw that people felt at home and had a good relationship with each other and staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection, the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring. A person told us, "[Staff] are all very friendly." A relative told us, "[Staff] are very nice." We observed that staff had a positive relationship with people and spoke to them in a caring way.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People's religious beliefs, interests and preferences were included in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about their care. A person told us, "I can always decide what to do." Another person commented, "I can make my own decisions while I am still able."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.
- Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that people were able to spend time in their room without being disturbed. We did not see anything that would have impacted on a person's dignity negatively. A staff member told us, "When we do personal care, we knock first on [people's rooms] and even when hoisting anybody we make sure it is private and their dignity is respected." A person told us, "They [staff] knock on my door and respect my privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. A person told us, "I am very independent here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans included information on how to support people. There was a one-page profile of people that included information on how to support people and what is important to people. A staff member told us, "Care plans are very helpful." A person told us, "[Staff] all know me well and we do things between us." Staff had signed the care plans to confirm they have read and understood the care plans.
- Care plans included information on people's life story, which included their background. People's daily routines were included to ensure staff were aware of how people liked to live their life.
- We observed that staff regularly spent time with people engaging in conversation and joining them in activities. A staff member told us, "I feel at home, it's a lovely environment and lovely place to work."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. A person told us, "I do my own activities like making things, I am making poncho. Staff do spend time with me." A relative told us, "They will take [person] out to the park and shops. [Person] also goes to the train station, [person] likes trains."
- Care plans included people's interests and what they enjoyed doing. We observed that people went out and also participated in individual activities such as drawing and using playdough. This meant people were supported to avoid social isolation, develop relationships and follow hobbies that meant something to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their AIS care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. Information was available in easy read formats with use of pictures. Staff knew people well and communicated with them in a way that was respectful and met their communication needs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the last inspection.
- People told us they were aware of how to make complaints and that they would report to the manager.
- Staff were able to tell us how to manage complaints.

End of Life care and support

- The home did not support people with end of life care. End of life care plans were in place that included funeral arrangements and who to contact.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Audits had been carried out on the running of the home to ensure people received personalised high-quality care such as with infection control, medicine management, safety and kitchen audits. Audits had also been completed by the providers quality team.
- The registered manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about the quality of the service. These focused on menu and activity planning and relationships with staff and people.
- Staff meetings were held to share information and discuss quality performance. The meetings kept staff updated with any changes in the service. They allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us the home was well-led and people enjoyed living at the home. A relative told us, "I see [registered manager] doing a good job. Everybody is happy. He is very good." A person told us, "I like living here. They do look after me here. [Registered manager] is fine, he is a good manager." Another person commented, "[Registered manager] is very nice. [Deputy manager] is second manager. They are very good."
- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "I like it here. I have been enjoying my role and everything. [Registered manager] is a good leader to work with, he is very good. He is very supportive."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, relatives and professional's thoughts about the home. Comments from people included, "I am happy here" and "I am happy at high road (care home)."

Working in partnership with others:

- Staff told us they worked in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.