

Welcome Independent Living (Whitworth) Ltd

Sunnyside Rest Home

Inspection report

Coupland Close
Whitworth
Rochdale
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Tel: 01706344292

Date of inspection visit:
13 September 2022
27 September 2022

Date of publication:
24 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sunnyside Rest Home is a residential care home providing accommodation for persons who require personal care to up to 7 people. The service provides support to younger people, older adults and people living with dementia. At the time of our inspection there were 7 people using the service. The care home accommodates people across one floor in one building.

People's experience of using this service and what we found

Medicines records were not always complete and stock levels did not always match paperwork. Risks to people's health and environmental risks were not always appropriately assessed. Staffing levels were adequate, but recruitment practices needed to be more robust. We have made a recommendation about this. The home was clean and tidy, but some infection control practices needed to be reviewed. We made recommendation around this. People were safeguarded from abuse.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; although the policies and systems in the service supported this practice, we found the necessary referrals to deprive people of their liberty was not always in place when people lacked capacity.

People's needs had not always been fully assessed. We made a recommendation about this. Staff supervisions were not happening in line with the provider's policy. Staff had access to various training courses, however, we found that not all training was being completed in line policy. We made a recommendation about this. People were supported with their healthcare needs and received a balanced diet. Some adaptations had been made to the environment; however, further work could be done to improve this.

People's equality and diversity needs were respected, and staff received training in this area. Staff were seen to be kind and considerate in their interaction with people, and they supported people to be independent as possible. People were able to express their views.

Records relating to people's care needs were not always as person centred as they should have been. People were able to make decisions. Feedback on activities was mixed, but people were supported to receive visits from loved ones. End of life training and paperwork needed to be improved/implemented. A complaints policy was in place, though the home had received no complaints. People's communication needs were being considered.

Audits were not always robust, as they had not always identified the issues we found during our inspection and various records required reviewing. Although the service did not have a registered manager in post, the manager was in the process of registering. The service had a positive culture and staff worked in partnership with various other agencies and health professionals. The manager reported any necessary incidents,

however, lessons learned were not consistently taking place. Although staff meetings were taking place, meetings for relatives and service users were not, though the manager told us relatives were kept up to date over the phone or when visiting.

In the areas where we identified concerns the manager told us they would look to make improvements.

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

Rating at last inspection

This service was registered with us on 6 April 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk, medicines management, safeguarding people and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunnyside Rest Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Sunnyside Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunnyside Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The service had a new manager in post, who was in the process of submitting their application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 loved ones about their experience of the care provided. We spoke with 4 members of staff including the manager, senior care worker, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service. We reviewed a range of records, which included detailed reviews of 2 people's care plans and various medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medication stock did not always match with what was documented on medication administration record (MAR). This meant we could not be assured people had received their medicines as and when they needed them.
- Liquid medication was not always dated when opened. This placed people at risk, as using medicine after it expires means that it may not have been as effective.
- Peoples pain management was not always being administered in line with the prescriber's recommendations.
- Medication audits were not being completed in line with eh providers policy.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they would look to improve in this area and completed a full medicines audit after our site visit.

Assessing risk, safety monitoring and management

- Risks were not always being appropriately managed. Although there were a number of environmental risk assessments in place, some areas that required risk assessing had not been. For example, the medicines room had not been risk assessed and slips, trips and falls risk assessments were not in place. The fire risk assessment also needed to be reviewed.
- Peoples care plans did not always have health condition risk assessments in place when they were needed.

Systems were either not in place or robust enough to demonstrate safety and records relating to risk was consistently and effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After our site visit, the manager told us they were working on improving people's care plans to include necessary information and ensuring all necessary environmental risk assessments were in place.

Staffing and recruitment

- Staffing levels were safe. A relative told us, "There are always staff around and you build a relationship

with them." However, 1 staff member did tell us that on a particular day of the week staffing felt "pushed" due to the cook and manager both being off. The provider told us they would look to bring in some additional support.

- Recruitment practices required some improving. We found 1 person had incomplete interview notes and another staff member had gaps in employment that had not been addressed.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

Preventing and controlling infection

- Infection prevention practices were mostly safe and the home was clean and tidy.
- We found mops not being appropriately stored and the folder relating to care of substances hazardous to health required updating.
- During our inspection we found toiletries in a shared shower room that had not been identified as belonging to a specific person who used the service. This posed an infection risk.

We recommend the provider reviews their IPC processes and records to ensure they are following best practice.

- Staff wore PPE appropriately and we witnessed PPE being appropriately put on and taken off.
- People were supported to have visitors in line with current government guidance.

Learning lessons when things go wrong

- Lessons learned were not consistently taking place.
- A lessons learned policy was in place along with a template to complete for any lessons learned, but this process had not been followed. The manager assured us that going forward they would ensure they consistently followed this process.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. A safeguarding policy and procedure were in place and included information on how to escalate concerns, though this required updating.
- We were able to review examples of necessary safeguarding referrals which had been raised with the local safeguarding team.
- Staff were able to provide examples of what they would report to safeguarding.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Necessary DoLS referrals were not always being made. We found 3 examples of people that needed a DoLS referral but had not had one.

The provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This placed people at risk of harm. This was a breach of Regulation 13 (1) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our site visit, the manager told us they were working to review DoLS applications and ensure referrals were made, when needed.

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

- People's needs had not always been fully assessed, although they were receiving appropriate care. People's care plans did not always have health condition specific care plans and risk assessments in place. After our site visit, the manager told us they were reviewing all care plans to ensure they were up to date and included necessary information. This is covered in more detail in the safe domain.

- Both of the care plans we reviewed did not have pre-assessments in them, however, we had no concerns about the suitability of people's placements.

We recommend the provider reviews their process to ensure people's needs are appropriately assessed.

Staff support: induction, training, skills and experience

- Staff were supported through supervision, though these were not happening in line with the provider's policy. Staff had their competencies checked in areas such as medicines administration, however the manager was unable to provide any examples of competency checks for moving and handling.
- Various training courses were available for staff to provide them with adequate skills and knowledge to meet people's needs. However, we found that some training courses were not being completed in line with the providers policy.

We recommend the provider reviews their policies and procedures to ensure compliance with these.

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to ensure they were supported with their healthcare needs.
- People were not registered with a dentist; this was due to the difficulty the service faced in registering people with a dentist. The manager told us they were in the process of trying to rectify this. People received weekly oral healthcare checks by staff.
- The service worked with a variety of health and social care professionals including an advanced nurse practitioner, podiatrists, local safeguarding team, district nurses, pharmacists, GP and Parkinson's nurses.

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

- People were supported to maintain a balanced diet. We saw examples of people's specific dietary requirements and wishes being followed.
- The home had a dedicated chef who worked most days. People's dietary requirements were listed in the kitchen for the chef, to ensure they were aware of people's needs.
- People spoke positively about the food. Commends included, "XX [The Chef] is a good cook. We get a choice of food. We always have a really good dinner and then sandwiches and things for tea" and "The food is always nice, home cooking, no nonsense, how I like it."

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

- Some adaptations had been made to the home to meet the needs of the people living there. However, further simple improvements could be made to improve the home for people living with dementia by ensuring things such as toilet seats and disability aids were more easily recognisable.
- There was some appropriate signage around the home, which helped promote people's awareness.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected.
- The service had an equality and diversity policy in place and most staff had completed training in this area.
- Care staff were kind and considerate when speaking to people. Relative's comments included, "The staff are attentive and kind. Any issues and they ring us straight away, even to just let us know the district nurse has been and things" and "They all treat mum with respect, and they all get on really well with her."
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us, "They will stop for a chat when they aren't too busy. They do knock on my door before they come in my room, and they are always checking up on me!".
- A data protection policy was in place and people's personal information was securely stored.

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

- People and their relatives were able to express their views.
- The manager told us how they accessed advocacy services should these be required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's records relating to their care were not always person centred. People did not always have appropriate risk assessments in place relating to their health requirements. This is covered in more detail in the safe domain.
- People told us they were able to make everyday choices.

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 to take part in activities. The service had an activities coordinator who planned and led on a variety of activities for people living in the home, however no activities were taking place on the day of our inspection.
- Feedback on activities was mixed, people told us "There are 1 or 2 things to do. We sometimes sing" and "We chat and sing and do crafts in the dining room. Some days there is more to do than others." Care workers told us, "Yes, sometimes they play cards but not often."
- People were supported to have visits from their loved ones. One relative to us, "I visit regularly and have never been less than impressed with the whole set up."

End of life care and support

- Nobody was in receipt of end of life care at the time of the inspection.
- The service had an end of life policy in place, which stated staff would receive training in this area, however this had not been completed by all necessary staff. The manager and provider told us they would look to improve staff training in this area.
- Neither of the two care plans we reviewed had end of life information in place. The manager told us they would look to improve this.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received. However, the policy required updating with necessary contact information.
- Complaints records showed there had been no complaints.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were being met.
- The manager explained how they use picture cards to communicate and could gain access to documents in various formats.
- The manager understood the need to ensure people were able to access information in a format suitable for them.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems required further improvement. Audits had not always identified the issues we found during our inspection in areas including risk, care plans and medication.
- Various records were either not regularly completed, not accurate/up to date or not in place.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager in post. However, the manager was in the process of completing their application.

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; Continuous learning and improving care

- The manager reported accidents, incidents and concerns to the CQC and the local authority.
- The manager was aware of their responsibility under the duty of candour and spoke about being honest when things go wrong.
- Some lessons learned were taking place, though this was not consistent, there was a policy in place and recording document in relation to lessons learned, but this was not being completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were taking place. Meetings for people that use the service and relatives were not taking place. However, the manager told us relatives were kept up to date via telephone or during visits.
- At the time of our inspection, surveys had recently been carried out for staff, but the results had not yet been analysed. There were no relative and service user surveys for us to review.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture.
- Feedback from staff, people and relatives about the management was positive. One relative told us, "The

manager is lovely. If anything happens, she phones and tells me."

- Staff worked in partnership with the local authority, various other agencies and health professionals when people, needed support from external agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were being safely managed.</p> <p>This put people at risk of significant of harm. This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The provider had failed to ensure that risk relating to people's health conditions and the environmental were being appropriately assessed and managed.</p> <p>This put people at increased risk of harm. This was a breach of regulation 12(2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure that necessary deprivation of liberty safeguards referrals were being made.</p> <p>This put people at increased risk of abuse. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and up to date and quality assurance systems were not robust.</p> <p>This put people at risk of harm. This was a breach of regulation 17(2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> |