Care Quality Commission

Hadrian Healthcare (Leeds) Limited

Sunnyview House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Sunnyview House on the 14 January 2016 and the visit was unannounced. At the last inspection in November 2013, we found the provider was meeting the regulations we inspected.

Sunnyview House is a purpose built home providing care for up to 84 people requiring personal and nursing care. Accommodation is on three levels accessed by stairs and two lifts. All rooms have en-suite facilities and all floors provide communal lounge and dining areas.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and

Summary of findings

procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005) and could describe how people were supported to make decisions. Where people did not have the capacity; decisions were made in their best interests.

There were enough staff to keep people safe. Staff training and support provided staff with the knowledge and skills to support people safely.

People told us they received the support they needed with meals and healthcare. Health, care and support needs were effectively assessed. People had regular contact with healthcare professionals; this helped ensure their needs were met.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People participated in a range of activities and were able to choose where they spent their time.

The service had good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe and quality care. Complaints were welcomed and were responded to appropriately.

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?

Good

The service was safe.

Systems were in place to help keep people safe, which included safeguarding them from abuse.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place

We found staff managed medicines consistently and safely.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge. Legal requirements relating to the Mental Capacity Act 2005 was met.

People enjoyed the food and were offered a varied and nutritious diet.

A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

People lived in a very pleasant, comfortable and homely environment. They told us the service was caring.

Staff were confident people received a high standard of care and were proud to work at the service.

Staff knew people well and understood their current care needs.

Is the service responsive?

Good

The service was responsive.

People told us they received person centred care.

People engaged in a range of activities within the home and the community; the provider was looking at how they could further improve in this area.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

CareQuality Commission

Sunnyview House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor in social care and an expert by experience with knowledge of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 82 people living at Sunnyview House. During our visit we spoke with 17 people who used the service, eight visitors, seven members of staff, the registered manager and operational manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. These included medicines records, quality checks, staff rotas, recruitment and training records, quality audits, meeting minutes and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us, “I feel safe in every way. It’s lovely and clean and I like the staff.” Another person said, “Yes I do feel safe here. You can do what you want to; go to bed when you want. The manager is very attentive and makes sure we are alright.”

The provider had policies, procedures and systems for managing medicines and copies of these were available for nurses and care staff to follow. We checked a sample of 10 people’s medicines against the corresponding records and these showed the medicines had been given correctly.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and the medication trolley was stored securely when not in use. We found there were adequate stocks of each person’s medicines available with no excess stock and that daily temperatures were taken of the medicines fridge.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drug records were accurately recorded. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Each person’s Medicines Administration Record (MAR) contained a photographic record for each person and there was detailed medicine and allergy information.

Topical medication administration records were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

We spoke with two qualified nurses and six care workers who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. The provider’s policy on safeguarding included information on staff’s roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Where nursing staff were employed, the service checked they were registered to practice. Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified.

The registered manager told us that staffing levels were based on people’s needs. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were used. Staff we spoke with confirmed this. The registered manager said they only used specific agencies and the same staff were used which ensured there was continuity in service and this maintained the care, support and welfare needs of the people living in the home.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We inspected records of lift and hoist maintenance and found all to be correctly inspected by a competent person. We saw certificates confirming safety checks had been completed for gas installation, electrical installation, and legionella and boiler maintenance.

We saw recent test portable electrical equipment had been tested and carried confirmation of the date it was carried out. We saw that Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked area out of the reach of vulnerable service users.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care. People told us they received good care delivered by caring staff. People's comments included; "Oh yes it is lovely here, everything I need is provided" and "I never feel pressured into doing something I don't want to do."

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, 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. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and the DoLS application process. We saw that DoLS requests for a Standard Authorisation had been completed following capacity assessments which identified when people lacked capacity to make certain decisions.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. Staff gave examples, such as making sure people were given time to make decisions which included what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff we spoke with confirmed they had received training on the MCA and we saw records that confirmed this.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, speech and language therapists and dentists.

The provider had robust systems in place to ensure effective care was planned and provided for people whose illnesses could result in challenging behaviours We looked at a care plan which had been constructed by a wide range of health care professionals to ensure increasingly demanding challenging behaviour could be dealt with in a caring, dignified manner. We saw that a behaviour management plan had been constructed with clear guidance for care staff to follow. Comments in the care plan on a daily basis demonstrated the care plan was being followed. Our observations during a period of adverse behaviour further demonstrated the staff were following directions and advice.

We spoke with eight visitors and they also told us they were pleased with the care, treatment and support their relatives received. They said the registered manager and staff were quick to inform them of any significant changes in their relative's general health which they found very reassuring. Comments included "I am confident my relative is safe and is being well cared for" and "The manager always informs me if my relative is seen by their GP or if staff have concerns about their general health or well-being."

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with. The registered manager confirmed that following induction training all new staff completed a programme of mandatory training which covered topics as dementia awareness, infection control, emergency first aid and health and safety. Training was discussed with staff during their one to one supervision meetings.

We saw nutritional risk assessments were routinely carried out and people's weight was monitored on a monthly basis. Records we looked at showed people's weights were stable and well managed.

Good

Is the service effective?

We spoke with members of the catering and care staff who demonstrated a good understanding of people's dietary needs. We observed the lunchtime meals and saw the food looked appetising and was well presented.

People we spoke with were complimentary about the quality and quantity of food offered. One person told us, "Meals are very good. The portion size is good and you can always get more if you want it." Another person told us, "The meals are marvellous, we get plenty and we are always asked if we want seconds. You get a different choice every day and I have never heard any complaints. It's good quality." A third person said, "Mealtimes are very pleasant here. You get what they give you but if you don't like it they will make you something else. The food is good, nice and hot."

We observed the lunch time meal in the dining room and people were able to choose where they wanted to eat their meal. We saw this was not rushed and we noted people living in the home clearly enjoyed their meal. We saw tables were set with tablecloths, place settings, condiments and napkins. The food was freshly cooked and looked appetising. Portion sizes were according to individual preference which the staff clearly knew. The preferences were checked each time and we saw people could have more if they wished.

We spoke with a staff member who was able to fully explain people's likes and dislikes, and was aware of people's dietary needs. For example, people that required a diabetic diet. They told us menus were discussed at resident meetings.

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

Good

Is the service caring?

Our findings

The home had a warm and homely atmosphere. Feedback from people who used the service and their relatives about the attitude of staff was good. People told us they were happy living at the home. Comments included; "I am well cared for" and "I have everything I need including this chair I brought from home." One person told us, "All I have to do is ask and it happens."

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. For example, by encouraging them to make choices about how they spent their time at the home and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

Care records had information showing care needs had been discussed with people who used the service and/or their relatives. The care files included a signed statement by the person receiving care to say they had been included in determining their care planning needs and understood the plan.

We saw all people who used the service were at ease and relaxed. We saw people responded positively to staff with smiles when they spoke with them. Staff were seen knocking at bedroom doors before entering. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People were comfortable in the presence of staff.

Throughout the day we saw visitors arriving to see people. We observed visitors were able to visit without being unnecessarily restricted. We saw staff making visitors welcome and providing hot beverages.

Staff told us people received a good standard of care and they enjoyed working at Sunnyview House. One member of staff said, "It's a really happy place. People are happy, staff are happy. I would be happy for any of my family to live here." Another member of staff said, "It's an excellent home".

People lived in a very pleasant, comfortable and homely environment. Furniture and fabrics were of a good standard. Some people spent much of their time in their room whereas others chose to spend time in communal areas. One person said, "I have a lovely room and like to spend time in it." Another person said, "I'm very comfortable in my room but I like to be with people. The staff always makes sure we are ok."

Good

Is the service responsive?

Our findings

People told us they received person centred care. One person said, “Staff know what I like and how I like to be looked after. They do very well.” Another person said, “I get all the help I need. The staff know their job and how to look after me.” A relative said, “We’ve been through the care plans.” During our inspection we saw good examples of staff responding to people’s needs.

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person’s life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

At the point of admission information was gathered to ensure a meaningful care plan could be constructed. Evidence we saw suggested that people who used the service and their relatives contributed to the initial care plan. People’s assessment of care needs covered such areas as nutrition, mobility, personal hygiene, socializing and any predisposition to falls.

The care plans we looked were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported.

We saw people were encouraged to engage in different group and individual activity sessions. Newspapers were delivered to the home. One person said, “I enjoy reading the daily paper.”

There were activities provided for people on a daily basis. This included sing-alongs, bingo and art craft. The home had also recently started taking people out for day trips, for example, to the park or local garden centre. If people did not wish to join in the group activities the activity co-ordinator would go and see them in their rooms to have a chat with them and to see if any support was needed to encourage interaction.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with.

People who used the service and their relatives told us they were aware of the complaints procedures and would not hesitate to make a formal complaint if necessary. One person said, “All the staff are very approachable and although I have never had to make a complaint I am sure if they would act appropriately if I had concerns about the care I receive.” Another person told us, “I am very pleased with the care I receive but if I had any problems I would without doubt raise them with the registered manager or nurse in charge for them to sort out.”

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the CQC. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support their family member received. One person said, “I have every confidence in the manager and staff, they do a brilliant job.” Another person told us, “I have found the manager and staff to be approachable and willing to listen.”

One person who used the service said, "We've met [Manager’s name], they very nice. The home is well managed and we're really, really pleased." Another person said, "This place is well run and I hope it stays that way." A third person said, "The home is spotless you can't fault the staff."

The staff we spoke with told us the registered manager operated an open door policy and were confident that any issues they raised would be dealt with promptly. We asked staff if the registered manager was open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas.

We saw that both staff and resident meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. When we looked at the health and safety checks, we saw these included regular fire checks; alarm system, firefighting equipment and fire drills.

We were told that a senior manager visited the home regularly to check standards and the quality of care being provided. Staff we spoke with confirmed the area manager carried out visits of the home and took time to speak with them and people living in the home. One staff member told us, “I’ve definitely seen them in doing audits.”

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw one person had had a high number of incidents of falling. We saw the falls team had been involved, a falls assessment had been carried out, an emergency care plan had been put in place, the falls risk assessment had been updated and an observation chart had been put in place. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We looked at the results from the latest surveys undertaken quarterly throughout 2015 by the provider to people who used the service. These showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. People’s comments included; ‘very satisfied with service received, cannot fault it’.

We found the registered manager was extremely receptive to constructive feedback. Throughout the day of our inspection we saw the registered manager provided visible leadership within the home. People who used the service, relatives and staff spoken with confirmed this to be the case.

Our examination of care records indicated the registered manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. People’s care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.