Sunnyside Care Homes Ltd

Sunnyside Care Homes Limited - 410-412 High Road

Inspection report

410-412 High Road
Ilford
Essex
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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

We carried out an unannounced inspection on 8 August 2017 of Sunnyside Care Homes Limited – 410-412 High Road, which is registered to provide accommodation and support with personal care for a maximum of seven people with learning disabilities. At this inspection there were three people living in the home.

At our last comprehensive inspection on 14 and 16 September 2015, we had found a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014, as people had not been cared for in a safe environment and this placed them at risk in the event of a fire. People had not been adequately protected from risks, which resulted in a very serious incident at the home in August 2015. We also found concerns with training, activities and a full time manager not being in post. The home was rated Inadequate under Safe and Requires Improvement overall. We carried out a focused inspection on 20 June 2016 and found improvements had been made in these areas. The home had been rated Requires Improvement to ensure the improvements were sustained. At this inspection, we found the improvements had been sustained and therefore the home has been rated Good.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

Staff were aware of how to identify abuse and knew who to report abuse to within the organisation and outside the organisation.

Risk assessments were in place that provided information on how to minimise risks to keep people safe. Individual fire safety risk assessments were in place to minimise the risk of fires. Regular fire alarms and evacuation tests were being carried out.

Premises safety checks had been carried out by qualified professionals, which included fire safety checks. Monthly safety checks were being carried out by the home. These checks did not highlight concerns.

Medicines were being managed safely. People received their medicines as prescribed. Medicine records were completed accurately and were stored securely.

Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. There were appropriate staffing levels.

Staff had received training required to perform their roles effectively. People were being cared for by staff who felt supported.

The principles of the Mental Capacity Act 2005 were being followed. This ensured that people who lacked

the mental capacity to consent to their care, treatment and support were being supported to do so in their best interests.

People had the level of support needed to eat and drink enough, and to maintain a balanced diet. People had choices during meal times.

People had access to a range of health care professionals if their health needs changed or they became unwell.

People had a positive relationship with staff. We observed staff were caring.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

There was a weekly activities timetable. People participated in activities regularly.

Care plans were person centred and detailed people's preferences, interests and support needs. People and their relatives were involved with making decisions on their care.

Staff told us there was an open and inclusive culture within the home and the home was well-led.

Quality assurance and monitoring systems were in place for continuous improvements to improve the quality of life for people.

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 home is safe.

Staff were aware on safeguarding procedures and knew how to identify and report abuse.

Risks had been identified and information was provided on how to keep people safe.

There were appropriate staffing levels. Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Medicines were being managed safely.

Premises safety checks had been carried out by qualified professionals. These checks did not highlight any concerns.

Is the service effective?

Good

The home is effective.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

MCA assessments had been carried out using the MCA principles.

People were supported to eat a balanced diet. People had choices during meal times.

People had access to healthcare services.

Is the service caring?

Good

The home is caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People and their relatives were involved with making decisions of

the care and support they received.

Is the service responsive?

Good

The home is responsive.

Care plans were person centred and had been regularly reviewed.

Staff had a good understanding of people's needs and preferences.

People were involved in a wide range of everyday activities.

Staff knew how to manage complaints and people and relatives were confident with raising concerns if required.

Is the service well-led?

Good

The home is well-led.

Quality monitoring and assurance systems were in place to make improvements to the home.

Staff told us there was an open culture within the home and the home was well-led.

People, relatives and health and social professionals we spoke with were positive about the management of the home.

Sunnyside Care Homes Limited - 410-412 High Road

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 8 August 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with one person who lived at the home. We also spoke with the registered manager, deputy manager and two care staff.

We reviewed documents and records that related to people's care and the management of the home. We reviewed three people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the home such as medicine, training, supervision and quality assurance records.

After the inspection we spoke with two relatives, a social professional and a health professional.

Good

Is the service safe?

Our findings

The person we spoke with and relatives told us that people were safe. The person said, "I am alright here." A relative told us, "I have had no concerns about her safety."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was a safeguarding and whistleblowing policy available and staff had been trained in safeguarding.

We carried out a focused inspection on 20 June 2016 and the breach found at our last comprehensive inspection relating to caring for people in a safe environment had been addressed. We saw people were supported in a safe environment and checks had been carried out to ensure the premises was safe. During this inspection we found these improvements had been sustained.

Assessments were carried out with people to identify any risks. Risk assessments provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. Risk assessments were specific to individual circumstances. Risks had been identified and assessments included, hazards, what could happen and what action staff should take to minimise these risks.

Risk assessments had been created for each person to ensure people were safe in the event of a fire. The assessments provided details on how to evacuate people safely. There was a risk assessment in place to ensure people were kept safe when in the kitchen especially if helping staff with cooking. This included that people should be supervised at all times in the kitchen and if the cooker is on and if staff had to leave then to turn the cooker off and put the pans at the back. We observed that when people went inside the kitchen, a staff member always supervised them. The person we spoke with told us, "When I go to the kitchen, there is always someone [staff] there to help me."

Regular fire and evacuation tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) had been completed for people that detailed how to evacuate people safely in the event of an emergency. An emergency evacuation plan was in place. Staff were trained in fire safety and were able to tell us what to do in an emergency such as moving people to an area of safety, ensuring fire doors were closed and calling the emergency services to ensure people were safe. Regular fire safety checks were carried out by staff, which included checking fire exits, emergency lighting and fire extinguishers.

There were window restrictors in people's bedrooms. We saw evidence that demonstrated appropriate gas, electrical, fire safety and water safety checks were undertaken by qualified professionals. The checks did not highlight any concerns.

There were risk assessments associated with bath/shower, abuse, false allegations and epilepsy. Where a

person had been identified at risk of seizures, a risk management plan with protocols on what to do when a person had a seizure and how to keep the person safe was in place. Staff were able to tell us on what to do if the person had a seizure. There was a risk assessment in place for one person who was at risk of skin complication. Actions included that the person should be re-positioned at nights and the air flow mattress in place should be adjusted in accordance to the person's weight. Records showed that this was being completed. A staff member told us, "We have to turn her during nights to ensure her skin is healthy."

For people that may demonstrate behaviour that challenged, a behaviour management plan had been created. The plans contained strategies for managing behaviour that may challenge the home. The plans were specific to people and listed triggers, behaviours and de-escalation techniques to ensure the risks of behaviour that may challenge the home were minimised. The deputy manager told us one person's behaviour had improved since moving into the house. The deputy manager told us, "When she moved in, she was very challenging but now through love and care, her behaviour has improved a lot, she does not want to move out." The person told us, "I like living here."

Systems were in place to manage people's finances. Transactions were logged and recorded on people's individual finance sheet. An overall balance was listed. We checked two finance sheets and found the balance was accurate.

Pre-employment checks had been carried out. We checked five staff records and these showed that relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out when recruiting staff. Staff confirmed that these checks had been carried out. One staff member told us, "I did not start until I had all the checks done, so they can be sure I can look after people."

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and talk to people. A staff member told us, "There is enough staff to support people. We are never rushed." Observations confirmed this. The staff rota confirmed planned staffing levels were maintained. The person and relatives we spoke with had no concerns with staffing levels.

People were receiving their medicines as prescribed. Medicines records were completed accurately and were stored securely. Records showed that PRNs [medicines when needed] where administered to people as appropriate. The person we spoke to confirmed this. There was Controlled Drugs for one person, which should be used when required during seizures. Records showed that the Controlled Drugs had not been used for a long time. The deputy manager told us that since the person moved into the home, their seizures had reduced significantly compared to when the person moved in and as the seizures were now short, the Controlled Drugs were not required to be used. We checked the balance of the Controlled Drugs against the stock and found that this tallied. The Controlled Drugs was stored securely separate to the medicines. Staff received appropriate training in medicine management. Records showed staff had been competency assessed with medicine. Staff confirmed that they were confident with managing medicines and records showed that medicines were audited regularly.

The home carried out infection control audits that focused on cleanliness, hand hygiene and waste. We observed the home was clean. The deputy manager told us in addition to cleaning people's room regularly, they also deep cleaned people's room every week.

Good

Is the service effective?

Our findings

During our focused inspection on 20 June 2016, shortfalls with training found at our last comprehensive inspection had been addressed. All staff had received training required to perform their roles effectively and training was up to date. During this inspection, we found these improvements had been sustained.

The person we spoke with and relatives told us staff were skilled, knowledgeable and able to provide care and support. The person told us, "Staff are good." A relative told us, "They seem to know what to do." A social care professional told us, "They seem to have good knowledge on her needs." A recent survey feedback evidenced a person commenting, 'I am happy with the care and support given."

Staff participated in training and refresher courses that reflected the needs of the people living at the home. Staff told us that training was helpful and they were able to approach the registered manager with any additional training requests if needed. A staff member told us, "Training is very good. [Registered manager] makes sure I update all my training." Another staff member told us, "[Registered manager] checks our training every month. If this is lacking behind, he will let you know." There was a training matrix in place to keep track of completed training and when training courses were due. Records showed that staff had also completed specialist training in epilepsy and positive behaviour support.

Records showed new staff that had started employment had received an induction. Staff told us that induction involved shadowing experience care staff, meeting people and looking at care plans. Staff also received introductory training required to perform their roles effectively.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

Staff had been trained on MCA and those we with were able to tell us the principles of the MCA. A staff member told us, "We always help them to make decisions. If they cannot make decisions, we will let our manager know and carry out an assessment to find out if we should make a best interest decision for them with their family." Records showed that capacity assessments had been carried out to determine if people had capacity to make certain decisions using the MCA principles. MCA assessment forms covered decision making in the areas of finance, medicines and personal care. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything. This was confirmed during the inspection as we observed staff asking people if they wanted

to go outside and when people refused then this was respected.

DoLS authorisations had been put in place to protect people's liberty where the home was required to restrict people's movement both in and outside the home. We saw that the front door was kept locked and people did not go out by themselves. DoLS applications had been made and authorised for people whose liberty was being restricted due to their own safety.

Records showed that regular supervision and appraisals had been carried out. Supervision had been carried out every two months. Supervision included discussing staff performance, team work and training needs. Staff told us that they were supported in their role. A staff member told us, "The staffing team is very supportive." Another staff member told us, "If I have any difficulties, I get support."

People's care plan included details of people's likes and dislikes with meals. The person we spoke with told us, "Yeah, she [care staff] does nice food. I like my food." There was a menu that provided two meal options during meal times that would be served throughout each day of the week. The deputy manager told us the menu was created with people each week and records showed that meals were discussed at residents meetings. We observed a person going out shopping for ingredients with staff. Staff told us people were offered alternatives, if they did not want the meals on the menu. A staff member told us, "They [people] have different choices every day. It is always what they want."

There was one person who was on a special diet due to their religious beliefs. This had been included on the person's care plan and staff were aware of the person's diet and told us the diet was followed at all times. We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. The kitchen had been awarded an environmental hygiene rating of five stars, which is the highest rating. During the day, we observed that staff asked people what they preferred and people wanted food from outside and a staff member went out and got this.

People's weight was monitored monthly and staff were aware on what to do if people lost a certain amount of weight consistently such as referring people to a health professional. Records showed one person had been consistently gaining weight and the home had contacted a dietician and an appointment had been made.

People had access to healthcare services. A relative told us, "They do take [person] to health appointments and they let me know, so I can come with them." Another relative told us, "One time she fell over and they took her to the doctors straight away." The person we spoke to told us, "They take me to the doctors if I am not well." A health professional told us, "If there is a problem, they will ring me."

Records showed that people had access to a GP, hospitals, nurses and other health professionals. There was a health action plan for each person with a hospital passport. A hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Staff knew if people were not well especially for people that were unable to explain if they were not well. People's health action plan detailed how people would behave if they were in pain or not well. Records confirmed that people were supported to attend routine health appointments and check-ups as part of the care and support provided.

Good

Is the service caring?

Our findings

The person we spoke with and relatives told us staff were caring. One person told us, "She [care staff] is a lovely person. I love [name of care staff]." A relative told us, "They are really friendly." A social professional told us, "I did feel she was well cared for." A health professional told us, "Residents seem happy when I visited the home." Staff told us they enjoyed looking after people. A staff member said, "I have been caring for them a long time, they are like family."

Staff had positive relationships with people. A staff member told us, "I will look at their care plans and see what they liked and then spend time with them, talking about their interests to build their trust and confidence with me." We observed that staff had a positive relationship with people. We saw staff dancing with a person and regularly held conversation with people with humour. People also came into the registered manager's office to sit down and speak to the registered manager and deputy manager.

People where possible, and their relatives had been included in making decisions about how best to support people. Care plans included information on how to involve people with decision making such as for one person with communication difficulties, information included when picking an item, that staff should show different items for the person to choose from. Records showed that people where possible, had signed their care plans to indicate that they were involved with the care plans and have agreed with the contents of the support and care. A recent survey feedback evidenced a person commenting, 'I am given the choice to choose, what I want to eat, wear and what I want to do for activities.' We observed that people's rooms were clean and had been personalised according to their preferences. There were pictures of people's family members and items of their preference in people's rooms.

Staff ensured people's privacy and dignity were respected. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity. A relative told us, "They respect [person] privacy and dignity as much as they can."

Staff told us they supported people to be independent and make choices in their day-to-day lives. Observations confirmed people were independent and we saw people being encouraged to have meals independently and doing gardening. Care plans included what people preferred doing by themselves and for staff to encourage or prompt to carry out certain tasks independently.

People were protected from discrimination within the home. 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. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. The person we spoke with and relatives confirmed that people were treated equally and had no concerns about staff approach.

People's ability to communicate was recorded on their care plans and there was information on how to

communicate with people. For example, one person's care plan included for staff not to be loud and to speak slowly and clearly. Care plans also included how people expressed their emotions when they were happy or sad. We observed that staff communicated well with people and were able to engage in conversations with them.

People's preferences with end of life support had been recorded in their care plans. Information included how people wanted to be supported during end of life and funeral arrangements. People and their relatives were involved in making decisions with end of life.

Good

Is the service responsive?

Our findings

During our focused inspection on 20 June 2016, concerns raised at our last comprehensive inspection with activities and the home not being consistently responsive had been addressed. Health professionals told us that the home was responsive and we found people received personalised activities. During this inspection, we found these improvements had been sustained.

The person we spoke with and relatives told us that the staff were responsive to people's needs. The person told us, "She [care staff] asks me what I want." A relative said, "They do take on board what I say. [Person] had a single bed before, I asked for a double bed and they did it." A health professional told us, "They are responsive, they are very good."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A staff member told us, "She [person] likes movies; I take her to the cinema twice a week." A relative told us, "They [staff] know [person] well."

People's needs were assessed and care delivered to meet those needs. Each person had an individual care plan which contained information about the support they needed. Care plans were individualised and included details of people's family members, medical conditions and next of kin contacts. There was a section called, 'My life story so far' which provided information on people's background. There was a comprehensive support plan on how to support people with bathing, nail care and dressing in a person centred way. Care plans also included people's routines throughout the day and night. These plans provided staff with information so they could respond to people positively and in accordance with their needs. People had dedicated talk time with staff, where they could raise issues. Records showed one person wanted to go to the theatre and holiday and this had been organised by the staff. One staff member told us, "The care plans are very helpful." Care plans were current and reviewed regularly.

There was a daily log sheet which recorded information about people's daily routines such as behaviours, activities, food intake and the support provided by staff during day and night.

Activities were taking place that people enjoyed and were included in their care plans. There was a weekly activities programme in place. People, relatives and staff confirmed that people did regular activities that they enjoyed. One person had been enrolled in college and the person told us they enjoyed going to college and learning. There were photos displayed at the home that showed people doing different activities. The person we spoke to told us, "I go to Zumba, radio class and pub nights." A relative told us, "She does do lots of activities there. They take her to music class, which she likes." Records showed people had been to Butlins and Blackpool. One person wanted to go Butlins again and this had been arranged for September 2017. We observed one person doing gardening and DIY, their care plans showed they enjoyed doing this and also liked trains. We observed staff take the person out to the local train station. People also participated in music classes and Zumba. The home also had arrangements in place with an external organisation to take people out for activities should staff be unavailable to take people out.

Records showed that no formal complaints had been received by the home. There was a complaints policy in place. Staff were aware of how to manage complaints. The person we spoke to and relatives told us they had no concerns but knew how to make complaints and were confident this would be addressed.

Good

Is the service well-led?

Our findings

During our focused inspection on 20 June 2016, concerns raised at our last comprehensive inspection with a full time manager not being in post had been addressed. The manager had applied for registration with the CQC and a deputy manager had been appointed to ensure there was always a managerial overview of the home if the manager was away. During this inspection the home was managed by the manager who had been registered with the CQC and the deputy manager.

The person we spoke with and relatives told us the home was well managed. The person told us, "Yeah, he [registered manager] is nice." One relative told us, "[Registered manager] is good." Another relative told us, "The home is well managed." A social professional told us, "I found him [registered manager] really effective, very good."

Staff told us that they were supported in their role, the home was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. One staff member told us, "[Registered manager] is very good. He is very supportive" and "She [deputy manager is brilliant, she does things straight away." Another staff member told us, "[Registered manager] is a good manager. Things have improved tremendously since he has been here."

There were systems in place for quality assurance. Audits were carried out using the CQC's key lines of enquiries under the areas of Safe, Effective, Caring, Responsive and Well-Led. The audits focused on areas such as MCA, DoLS, activities, care planning and risk assessments. These audits were carried out by the registered manager and the operations manager every quarter. Areas for improvements had been identified during these audits and followed up with an action plan. Medicines audit were carried out weekly to ensure medicines were being managed safely. Monthly safety checks were being carried out on people's rooms, kitchen, bathrooms and windows to ensure the premises was safe.

Quality monitoring systems were in place. The home requested feedback from people and relatives in the form of a survey. The survey focused on staffing, communication, respect, activities and privacy and dignity. The results of the recent feedback were positive. The person we spoke with told us, "I completed a survey and I told them I am happy here." A relative told us, "They do ask for my feedback every year."

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. Minutes showed staff held discussions on staffing, training, people's feedback and incidents. A staff member told us, "We have staff meetings regularly; it gives us a chance to talk as a team on how we can help people."

Resident meetings were being held regularly. These meetings enabled people who used the home to have a voice and express their views. The person we spoke with told us that these meetings take place and said, "I can talk about what I want to do at these meetings." Resident meeting minutes showed people discussed staffing and planning meals and activities.