

Whitworth Care Trust

Sunnyside Rest Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an inspection of Sunnyside Rest Home on 11 and 13 March 2015. The first day was unannounced. We last inspected Sunnyside Rest Home on 12 April 2013 and found the service was meeting the current regulations. However, during this inspection we found the provider was required to make improvements to recruitment of new staff. We also recommended staffing levels were assessed and reviewed particularly at weekends.

The home is registered to provide accommodation and personal care for up to 11 older people. At the time of the

inspection there were eight people accommodated in the home. The home is located in a residential area near to the centre of Whitworth. Accommodation, bathrooms and communal areas are provided at ground floor level throughout.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

As Sunnyside Rest Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At the time of the inspection, one person had an authorised DoLS. Staff had completed training and had a working knowledge of the Mental Capacity Act 2005.

We found the arrangements for managing people's medicines were safe. We found records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

Staff had completed relevant training for their role and they were well supported by the management team. However, we found the recruitment and selection policies and procedures did not fully reflect the current regulations and not all checks had been carried out

before new staff started work in the home. We were also found there had been no analysis of the staffing levels particularly at weekends when staff carried out domestic and cooking duties in addition to caring for people living in the home.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not always been followed. We also recommended the provider review the level of staffing at the weekends.

The registered manager had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

Requires Improvement



Is the service effective?

The service was effective. People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Good



Is the service caring?

The service was caring. People told us they were happy living in the home and staff were kind and considerate. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and we saw they respected people's rights to privacy and dignity.

Good



Is the service responsive?

The service was responsive. People were satisfied with the care provided and were given the opportunity to participate in a range of activities which were arranged on a daily basis.

People were involved with planning and reviewing their care and arrangements were in place to find out about people's individual needs, abilities and preferences.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Good



Is the service well-led?

The service was well led. The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service for people living in the home.

Good



Summary of findings

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Sunnyside Rest Home

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 checked 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.

This inspection took place on 11 and 13 March 2015 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also asked for feedback from the local authority contracts unit.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with three people who used the service and four relatives. In addition we spoke with the registered manager and five members of the care team.

We looked at a sample of records including four people's care files and other associated documentation, two staff recruitment files, minutes from meetings, complaints records, eight people's medication records, policies and procedures and quality audits.

Throughout the inspection we spent time in the home observing the interaction between people living in the home and staff.

Is the service safe?

Our findings

We looked at two new staff members' files to assess how the provider managed staff recruitment. We found the recruitment procedure included the completion of an application form and a face to face interview. However, we found there were some gaps in the recruitment records, for instance one member of staff had not provided a full employment history. We also found a reference was missing from the records for one member of staff and the recruitment policy and procedure did not reflect the current regulations. The shortfalls we found with the recruitment of new staff breached Regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had obtained a Disclosure and Barring Service (DBS) check before people commenced work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. New staff completed a 12 week probationary period after which their work performance was reviewed. We saw detailed employment review records during the inspection.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Information about which staff were on duty was displayed on a white board for people's information. Staff spoken with confirmed they usually had time to spend with people living in the home and people told us staff were available whenever they required assistance. During the inspection we observed people's needs were met promptly. However, one relative and two members of staff expressed concern about the level of staff at weekends. They told us there were two members of care staff, but the staff also had to prepare and cook meals and complete any necessary cleaning. We found there was no analysis of the staffing level requirements, so it was difficult to determine how the level of staff had been calculated. We discussed these findings with the registered manager who assured us the staff levels would be reviewed.

All of the people spoken with told us they felt safe and secure in the home. One person told us, "I feel very safe, all the staff are lovely and look after me very well." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff also had access to internal policies and procedures and information published by the local authority. There had been no safeguarding alerts or allegations during the last 12 months. We noted from looking at the staff training records all established staff had received training within the last year.

Risks to people's health and safety had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. We noted from looking at people's care files that risks had been considered before people moved into the home and again during the care planning process. This included a history of risks, triggers, the level of risk and key actions. We noted people had been consulted and had signed to indicate their participation and agreement. The type of risks considered and assessed included the risk of falls, poor diet and nutrition, the formation of pressure ulcers and the use of equipment. Other areas of risk included fire safety and the use of chemical substances. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the registered manager. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence.

We looked at how medication was managed in the home. All people spoken with told us they were satisfied with the support they received to take their medicines. Staff

Is the service safe?

designated to administer medication had completed a safe handling of medicines course and undertook tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We found all records seen were complete and up to date. Whilst there were no controlled drugs prescribed at the time of the inspection, suitable arrangements were in place should this type of medication be prescribed in the future.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider had robust arrangements in place for the ongoing maintenance and repairs.

We recommend that the service seek advice and guidance from a reputable source to review and assess the level of staffing provided in the home, particularly at weekends.

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. One person told us, "The staff are wonderful, they do everything they want them to do" and a relative commented, "The staff are absolutely spot on. I can't speak highly enough of them."

All staff had undergone an induction programme when they started work in the home and received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control, food hygiene, emergency first aid and safeguarding vulnerable adults. In addition, care staff undertook specialist training on caring for people with a dementia and diet and nutrition. The registered manager had effective systems in place to ensure staff completed their training in a timely manner, which included staff training records and an overall staff training matrix.

Induction training covered an introduction to the company, orientation to the service and mandatory training. On starting work in the home, new staff shadowed experienced staff to enable them to learn about their role and develop a relationship with people using the service.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and future training needs. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had the opportunity to attend regular meetings. Staff told us they could add to the agenda items and discuss any issues relating to people's care and the operation of the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA 2005 and had a working knowledge of the principles. One person had a DoLS authorisation in place and we noted all relevant documentation had been completed. Staff were aware of this authorisation and how to support the person in the least restrictive way.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very nice, there is always lots of choice and plenty to eat." We observed lunchtime on the first day and noted people were given support and assistance to eat their food. The meal looked well-presented and was plentiful. Staff engaged people in conversation and the atmosphere was pleasant and good humoured. The tables in the dining areas were nicely dressed, with place settings, tablecloths and condiments.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. Staff were aware of people's dietary needs and personal preferences. The registered manager confirmed people were given the opportunity to discuss their views and suggestions about the food on a regular basis. People's weight was checked at monthly intervals and this helped staff to support people to maintain a healthy diet. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Sunnyside Rest Home.

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, “All the staff are very caring. They tend to you whenever you need help” and another person commented, “The staff treat me very nicely. I have no grumbles at all.” Similarly relatives were satisfied with the care their family members were receiving, one relative said, “Everything is brilliant. I have no complaints whatsoever.” The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

The registered manager and staff were thoughtful about people’s feelings and welfare and the staff we observed and spoke with knew people well, including their preferences and personal histories. They understood the way people communicated and this helped them to meet people’s individual needs. People told us the staff were always available to talk to and they felt that staff were interested in their well-being. One person celebrated their birthday during the inspection and the staff had decorated the person’s room and bought a large flower display, the person told us, “The staff have made sure I’ve had a wonderful time. They really have made everything very special and I’m very thankful.”

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments, other personal belongings and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents’ meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People’s privacy was respected. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. There was also information on these issues in the service user’s guide. The guide was given to people before they moved into the home, so it could be used for reference purposes. A copy of the service user’s guide was also available in the entrance hall.

We observed staff encouraged people to maintain and build their independence skills, for instance in supporting people with their mobility. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people’s choices and opinions.

The registered manager had information on advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members. One person had been allocated an advocate as part of their Deprivation of Liberty Safeguard.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said “They have been very helpful, nothing is too much trouble.” Relatives spoken with told us they were confident their family member was receiving appropriate care. One relative commented, “Everything is very personalised and (family member’s name) has come on in leaps and bounds.”

We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and files contained a personal profile. The latter set out what was important to people, their hobbies, history and how they liked to be supported and cared for. People spoken with were familiar with their care plan and we noted they had signed their plans to indicate their participation and agreement. This helped to ensure staff were aware of people’s needs and individual preferences.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager told us people had been involved in their assessment of needs and he had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

We saw documentary evidence to indicate the care plans had been reviewed and updated on a monthly basis with people using the service and / or their relatives. The registered manager had systems in place to ensure the staff could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people’s well-being and any concerns they had.

Two healthcare professional staff spoken with during the inspection, confirmed staff were responsive to people’s needs. One professional told, “The staff are always on the ball, they contact us straight away if there are any problems or concerns.”

People had access to various activities and they told us there were things to do to occupy their time. Whilst an activity planner was displayed in the dining area, staff told us this was used as a guide and activities were arranged on a daily basis in accordance with people’s wishes. We noted a wide variety of activities were provided including, movement to music, hand massage and nail care, baking, reminiscence boxes, games and gardening. During our time in the home we observed staff helping a person to knit and chatting to people.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative said they had raised concerns in the past and these had been resolved within a timely period. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was included in the service user guide and incorporated the relevant timescales for the process. We looked at the complaints record and noted the registered manager had received one complaint in the last 12 months. From the documentation seen the issues had been investigated and resolved.

Is the service well-led?

Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person said, “I think the home is very well run. I often see the manager and he is always helpful” and a member of staff told us, “We have a good manager. He is approachable and he knows the residents very well.”

The service was led by a registered manager who had managed the home since May 2014. The registered manager told us he was committed to continuously improving the service and was actively involved in a project to relocate the home in a new building. He told us he was supported by his manager, known as the Care and New Business Manager, who often visited the home. The registered manager described his key challenges as the development of staff training and working on the relocation of the service. Throughout all our discussions with the registered manager it was clear he had a good knowledge of people’s current needs and circumstances.

The staff members we spoke with said communication with the registered manager was effective and they felt supported to carry out their roles in caring for people. All staff spoken with told us they were part of a strong team, who supported each other.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

People, with the help of their relatives were given the opportunity to complete a satisfaction questionnaire every

three months. The registered manager explained that a different theme, for instance catering, choice and quality of life. This approach was designed to check different aspects of the service. We looked at the collated results of the surveys and noted people had made positive comments. For instance one person had written, “Overall, I am happy living here” and another person commented, “Staff are lovely and kind.”

People were able to attend monthly residents’ meetings. These were run by the staff and people were able to discuss anything they wished. We saw minutes from recent meetings and noted a wide variety of topics had been discussed.

There were a number of assurance systems in place to assess and monitor the ongoing quality of the service. These included audits carried out on a weekly and monthly basis. These encompassed all aspects of the operation of the home for instance care plans, infection control, medication, staff training and health and safety and included action plans in order to address and resolve any shortfalls. The registered manager also completed and submitted a monthly service report to head office. This helped the provider to monitor activity in the home. We saw a sample of completed audits during the inspection.

The home was subject to quality monitoring checks by the Care and New Business Manager who undertook monthly provider visits. As part of the visit, audits and action plans were checked and feedback was sought from people living in the home, relatives and staff. We saw the Care and New Business Manager had compiled detailed reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (1) (2) (3)).</p>