

Sunnyside Private Nursing Home Limited

Sunnyside Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunnyside Nursing Home is a family-owned care home providing personal and nursing care over 3 floors to up to 40 adults, some of whom were living with dementia. At the time of our inspection there were 33 people using the service.

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

People were protected from the risk of abuse. Where safeguarding concerns had been identified, the provider had taken prompt and appropriate action to address concerns and put robust systems in place to mitigate further risks and protect people from avoidable harm.

Medicines were managed safely and people who used the service received these as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's safety and wellbeing had been appropriately identified, managed, and mitigated. The provider had processes for recording and investigating incidents and accidents. We saw that these included actions taken and lessons learned.

There were enough staff on duty to meet the needs of people who used the service. There were procedures to help make sure staff were suitable and had the skills and knowledge required. These included recruitment checks, regular training, and supervision.

There were systems in place for the prevention of infection and cross contamination.

People and relatives were happy with the care they received and spoke highly of the registered manager and staff whom they said were kind and caring.

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

Rating at last inspection

The last rating for this service was good (published 14 November 2017). At this inspection the service has remained good.

Why we inspected

We undertook this focused inspection because of the length of time since the last inspection.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunnyside Nursing Home on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunnyside Nursing 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sunnyside Nursing 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 Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included information received from the local authority, complaints and information from the provider about significant events, such as safeguarding alerts, accidents and incidents.

During the inspection

We spoke with 5 people who used the service and a visiting relative. We carried out observations to see how people were being cared for and supported. We spoke with staff on duty who included care workers, nurses, the registered manager and the owner. We also spoke with a visiting healthcare professional.

We looked at the care records for 5 people who used the service. We looked at records of complaints, accidents, incidents, meeting minutes, quality audits, action plans and the recruitment, training and support records for 5 members of staff.

We conducted a tour of the environment, in particular looking at how infection prevention and control was managed and we looked at medicines management. After the inspection, we contacted 8 external professionals to ask for their feedback on the service and received a reply from 3. We also sought feedback from the staff team by issuing questionnaires and received a response from 8 staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe living at the service. Their comments included, "I'm happy and safe with the carers" and "Everybody's friendly. I'm very happy and safe here." Relatives agreed and said, "[Family member] is much better here than at home. [They are] well looked after" and "The staff are very kind and caring. They all want to see [family member] happy."
- There was a safeguarding policy and procedure in place and staff were aware of these. There had been some recent safeguarding concerns which had been identified following a whistleblowing received by the provider. We discussed these concerns with the registered manager and were satisfied that the provider had worked with the local authority to carry out a thorough internal investigation and had taken appropriate action to safeguard people who used the service.
- Staff we spoke with confirmed they had received safeguarding adults training. They were able to describe signs of abuse and understood their duty of care to report concerns. Staff confirmed they were expected to report any bruising, redness or pressure ulcer, complete a body map and write a report.

Learning lessons when things go wrong

- Lessons were learned from accidents and incidents to help prevent these from happening again. The provider analysed all incidents, accidents and safeguarding concerns that occurred at the service to find out what went wrong and how to prevent these from happening again in the future.
- We saw following each incident or accident, there were meetings with staff to discuss what happened, why it happened, what the consequences were, and what could have been done differently.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed, managed, and mitigated. Risk assessments were detailed and were reviewed and updated when people's needs changed. Risk assessments considered all areas of the person's care such as the use of bed-rails, choking, moving and handling, falls and skin integrity. For example, a person being cared for in bed was at high risk of developing pressure ulcers. Their risk assessment looked at all areas which could contribute to skin deterioration. The person had been provided with pressure relieving equipment and was being regularly re-positioned.
- The provider used a Malnutrition Universal Screening Tool (MUST) where people were identified at risk of malnutrition. This helped them measure and monitor this risk and take appropriate action in the event of a concern. People were supported with weighing regularly so the staff could identify any loss or gain and act without delay.
- Dependency assessments were in place. These looked at each person's individual needs in all aspects of their care, to determine the level of care they needed to meet their needs. This was regularly reviewed to

help ensure there were always enough staff on duty to meet people's needs.

- All safety checks were undertaken regularly including fire checks and these were up to date.
- Fire alarm tests and fire drills were undertaken regularly to help ensure the staff would know what to do in the event of a fire. People had personal emergency evacuation plans in place, and these were up to date. They contained relevant information about the person, their needs and how staff should support them to safely evacuate in the event of a fire or emergency.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff on duty at any one time to meet the needs of people who used the service. Throughout our visit, we observed there were staff available to meet people's needs.
- The registered manager told us they sometimes required the need for agency staff but ensured they used a regular agency who provided regular staff who knew people well.
- The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed inductions, where they shadowed experienced staff and their skills and abilities were assessed by senior staff. These systems helped assure the provider staff were suitable and could carry out their roles.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines including controlled drugs (CDs) were stored securely and at appropriate temperatures.
- Some people at the home were prescribed medicines for pain and constipation to be given on a when-required basis. There were protocols in place to give these medicines consistently and as prescribed.
- There was a medicines management policy and procedure in place and the staff received training in these. The provider assessed staff competencies in relation to medicines administration regularly.
- A person received their pain medicine via a transdermal patch. A transdermal patch is a patch that attaches to skin and contains a medicine. The drug from the patch is absorbed into the body over a period of time. We saw there was clear guidance for staff to follow and a chart to evidence the location of each patch to help ensure the staff changed the location each time. Each administration and removal of the patch was dated and signed.
- People who required topical medicines such as creams and ointments to be applied were receiving these

safely and as prescribed. The staff completed a cream chart each time these were applied, and a body map indicated where the cream should be applied.

- All medicines were given appropriately and safely. There was no missed signatures or errors. The staff carried out regular checks and audits of people's medicines and these were effective. The staff counted medicines at each administration and recorded this on medicines administration record (MAR) charts. A healthcare professional commented, "The record keeping with reference to medication administration is excellent and the paperwork prepared by the nursing home is always on time and very helpful to allow us to dispense the medication accurately and safely."

Preventing and controlling infection

- People told us the home was cleaned regularly and they were happy with the cleaning standards. One person told us, "Pretty clean, they usually put a spray around when they come in and clean the toilets" and another said, "Very clean and tidy here."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, people, relatives and staff told us there was a good culture at the home and people were happy. However, following a whistleblowing concern, the registered manager identified that a negative culture had developed within the night staff team. This had resulted in serious safeguarding concerns in relation to the care people received.
- We saw the provider took immediate action such as ensuring people were safe and suspending relevant staff. They ensured they followed their disciplinary procedure which included referring relevant staff to the Nursing and Midwifery Council and the Disclosure and Barring Service. All concerns were appropriately reported to the local authority, CQC and the relatives.
- The registered manager met with all staff to discuss the concerns and put robust systems in place to help ensure such shortfalls would not happen again.

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

- The provider understood their responsibility in relation to duty of candour. They informed the relevant bodies of all incidents, accidents and complaints and responded to these in a timely manner.
- The registered manager was honest and open when mistakes were made, or incidents happened. They told us they ensured they shared this information as necessary and apologised. Documents we viewed confirmed this.

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

- Staff and management were clear about their role in the home. They had designated responsibilities and staff told us how management and staff worked well as a team.
- The registered manager undertook regular out of hours visits of the service to check that people were being cared for as expected. They also checked if call bells were being answered promptly, how staff interacted with people, and if their needs were met appropriately.
- The registered manager undertook audits of all areas of the service, including medicines, care plans, infection control, health and safety, emergency equipment and risk assessments. They also checked the cleanliness of the home and if good infection control practices were carried out. Any concerns were noted and discussed with staff straight away.

- Staff received appropriate training and support when this was required. The staff told us they felt supported in a positive way and this helped them improve and enjoy their work. A staff member told us, "Staff morale is good. I am trusted in my job role, and I feel the manager is happy with what I do" and another said, "It's a good place. I enjoy working with the team and my residents and having a great manager like [Registered manager]." We saw examples of this including a member of staff being mentored and closely supervised to help them improve their practice.

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

- People told us they were involved in their care and trusted the management. One person told us, "The manager always comes and helps me, the nurse always comes and chats with me" and another said, "[Registered manager] really cares about [their] staff and residents. [They are] not the sort who sit in [their] office, [they] do it all." A relative echoed this and said, "Love them. They're always friendly and tell me about [family member]. That's why it's better than at home."
- The provider had started a dementia support group where people and their relatives could meet in an informal way. A relative told us, "The dementia group that has just started, I think it's wonderful. It's on the last Friday of every month, it's so great to share experiences."
- They had also started a newsletter so people and relatives could be informed of any news, events and activities. A relative told us, "We're invited to family events. They've just started a newsletter and it's great, they have photos, they're up on the board and I was asked permission for [family member's] photo to be in the newsletter."
- There were regular meetings which included meetings for care workers, heads of departments, nursing staff, kitchen staff, cleaners meeting and general staff meetings. We saw meetings were thorough and well organised. Important subjects were discussed, for example, recent safeguarding concerns, incidents and accidents, people's care and anything that required improvements.

Continuous learning and improving care

- The owner and registered manager were committed to learning from mistakes or shortfalls so people would receive good care. A healthcare professional told us, "Everyone is really nice and helpful. I think the place is good. I would definitely be happy for a loved one to live here."
- The staff were dedicated and provided good care to people. One staff member told us, "I've known my residents for years now and each one is special in their own way in my eyes. It's not about a job at Sunnyside, it's about the life inside which motivates me to be part of the team."
- People's care plans were clear and person-centred. They described any limitations the person may have in different areas of their daily lives, what the goal was and how to support them to achieve this.
- People had 'Recommended summary plans' for emergency care and treatment (ReSPECT). These highlighted the person's health and current conditions, how they preferred to be treated in the event of an emergency and clinical recommendations. They also had 'This is me' documents in place which gave a summary of the person, their background, likes and dislikes and how to meet their needs.

Working in partnership with others

- The owner was involved in the service and worked well with the registered manager. They told us, "[Registered manager] has really good nursing and clinical skills. [They] build up a really good rapport with people and relatives. We work together to address shortfalls and have learned from the recent concerns. We accept we missed something. We have an action plan in place."
- The provider worked closely with healthcare professionals such as the pharmacist, physiotherapist, GPs and speech and language therapists. Their comments included, "[Registered manager] and [their] team are excellent health care professionals to work with and they are caring and responsive to the patient's needs"

and "From my observations the whole team from nurses to carers are caring and supportive to residents."

- The provider sought feedback from people, relatives and staff through meetings and surveys. We saw feedback was positive and any concerns were addressed without delay.