Sunnyside Care Homes Ltd

Sunnyside Care Homes Limited - 410-412 High Road

Inspection report

410-412 High Road
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Ratings

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

Overall summary

This unannounced inspection took place on 14 and 16 September 2015.

Sunnyside is a seven bed service providing support and accommodation to people with a learning disability. At the time of the inspection five people were living there. It is a large house in a residential area close to public transport and other services. The house has special adaptations to the bath and shower rooms. There is a lift and the service is accessible for people with physical disabilities or mobility problems. People live in a clean environment that is suitable for their needs.

There was a registered manager in post. However, the registered manager had not been at the service since early June 2015. An experienced manager from another of the provider's services was managing the service in the interim. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 and associated Regulations about how the service is run.

In August 2015 there was a serious incident at Sunnyside and a person sustained life threatening injuries. The circumstances of the incident are under investigation so we cannot refer further to it in this report.

There had been concerns about the quality of the service and the provider was taking action to address these. People told us that their concerns had been listened to. They added that they had seen improvements since the interim manager had been at the service. They had confidence in him and felt that there would be further improvements under his leadership.

Not all aspects of the service provided were safe. In August 2015 the fire service carried out a fire safety visit and issued the provider with an enforcement notice due to the seriousness of their concerns. The provider was addressing the issues identified. For example, smoke detectors had been replaced and staff had received additional fire safety training.

Systems were not in place to adequately minimise risk and to ensure that people were supported as safely as possible.

Staff were attentive and supportive. They engaged with people and chatted with them throughout the day. People were supported by kind, caring staff who treated them with respect.

People received their prescribed medicines safely.

People's care plans contained a lot of information about their needs and preferences. These were being reviewed and updated to ensure that staff had current and sufficient details to enable them to provide a responsive service that fully met people's needs.

Systems were in place to support staff to gain the necessary skills and knowledge to meet peoples assessed needs, preferences and choices but staff training was not always up to date.

People were supported to make choices about what they did and what happened to them. They took part in activities of their choice in the community and in the service but these were limited and repetitive and needed to be developed further.

People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe.

People were supported to eat and drink enough to meet their needs. They told us that they liked the food.

Although people spoke positively about the improvements that had been made by the interim manager social care professionals were concerned that there was not a full time manager in post to oversee the service.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

People were happy to talk to the interim manager and to raise any concerns they had. They had confidence that he would deal with any issues.

The provider and the management team monitored the quality of service provided to ensure that people received a safe and effective service that met their needs. When shortfalls had been identified action had been taken to address these.

The environment was suitable for the people who used the service but needed redecoration to make it more homely and welcoming.

At the time of the visit staffing levels were sufficient to meet people's needs.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Inadequate

The service provided was not safe. Systems were not in place to adequately minimise risk and to ensure that people were supported as safely as possible.

A safe environment was not maintained. In particular fire safety arrangements were below the required standard resulting in the fire service taking enforcement action against the provider.

People received their prescribed medicines safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Is the service effective?

Requires improvement

The service provided was not always effective. Although staff were happy with the training and support provided we found that staff training was not always up to date.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Before staff provided care and support they took time to explain to people what was going to happen. Staff were attentive to people's needs and spent time chatting to them and doing activities with them.

Is the service responsive?

Requires improvement

The service provided was not consistently responsive. People expressed concerns about the responsiveness of the service but indicated that this had improved.

People who used the service and their relatives were involved in developing their care and support plans. These were being reviewed to ensure that they were comprehensive and person centred.

Summary of findings

People took part in activities of their choice in the community and in the service but these were limited and repetitive and needed to be developed further.

Is the service well-led?

Requires improvement 

The service was not consistently well-led. Although feedback about the interim manager was positive people expressed concerns that there was not a full time manager in post.

People were happy to talk to the interim manager and to raise any concerns they had. They had confidence that he would deal with any issues.

Staff told us that the interim manager was accessible and approachable and that they received good advice and support from him.

The provider sought people's feedback on the quality of service provided and had listened to and addressed people's concerns.

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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.

This unannounced inspection took place on 14 and 16 September 2015 and was unannounced on 14 September 2015. The inspection team consisted of a lead 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 service.

At the last inspection in September 2013 the service met the regulations we inspected.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with and spoke with four of the five people who used the service. We observed the care and support provided by the staff. We spoke with six members of staff and the interim manager. We also telephoned three people's relatives and received feedback from three social care professionals. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

Inadequate

Is the service safe?

Our findings

In August 2015 there was a serious incident at Sunnyside and a person sustained life threatening injuries. The circumstances of the incident are under investigation so we cannot refer further to it in this report.

Two people who used the service told us that they felt safe there. The three relatives we spoke with also felt that people were safe. However not all aspects of the care provided were safe.

People had not been cared for in a safe environment and this placed them at risk in the event of a fire. In August 2015 following a fire safety inspection of the premises the fire service found that some areas of fire safety fell below the required standard and due to the seriousness of the concerns served an enforcement notice on the provider. At this inspection we found that the provider was taking action to address the concerns raised before the required date. However the provider's health and safety checks were not robust as these issues had not been identified in their health and safety or fire safety monitoring.

People who used the service had not been adequately protected from risks. A social care professional told us that there had been a number of incidents at the service. They said, "We have had a very high number of incidents at this home. While the home has responded well and put measures in place after incidents there does seem to be an issue with proactively identifying risks ahead of time. In line with this we have found some of the risk assessments for our client to be lacking in detail and therefore opening them up to risk." This was supported by the fact that there was a very serious incident at the service in August 2015 and after this the guidelines to staff about the use of the kitchen had been tightened up to prevent reoccurrence.

Another social care professional told us, "The risk assessment for [the person we place at the service] was of a very poor quality, and had no specific details about the use of the kitchen." They went on to say that the person's use of the kitchen was referenced in their support plan as being dealt with in the risk assessment but this was not the case. We found that risk assessments were being "redone" but this had not been completed. In addition some of the new risk assessments were very general and were not relevant to each person's individual needs. For example, the actions to minimise the risk when people were using the service's vehicle were to wear a seat belt and to check the vehicle was safe. There was nothing about lessening risk due to the behaviours that they at times exhibited. Systems were not in place to adequately minimise risk and to ensure that people were supported as safely as possible.

The issues highlighted above evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored in appropriate individual cabinets in each person's room. Additional stock was securely stored in the office. There were also appropriate storage facilities for controlled drugs if required. Keys for medicines were kept securely by the shift to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

Staff received medicines training to give them an understanding of the medicines administration process. They had also received training to enable them to administer a specific medicine in the event of a person having a prolonged seizure. Staff competency to administer medicines was assessed and monitored by the manager to ensure that medicines were being administered safely and appropriately. Shift leaders checked daily that medicines records tallied with the amounts in stock.

We saw that the medicines administration records (MAR) were detailed, had been appropriately completed and were up to date. Records included information on what the medicine had been prescribed for and instructions on how and where to apply creams and lotions. They also included protocols to guide staff as to when to administer medicines that were prescribed on a 'when required' basis.

The above systems ensured that people received their prescribed medicines safely and appropriately.

The service had procedures in place to make sure any safeguarding concerns were appropriately reported. Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe from abuse. They felt that any concerns would be listened to and dealt with by the interim manager. We found that earlier this year a safeguarding issue had not been responded to appropriately. However, when this was reported to the provider they ensured that the necessary action was taken and worked with the local authority safeguarding team to address this.

Inadequate

Is the service safe?

Systems were in place to safeguard people from financial abuse. We saw that monies were individually and securely stored and that access was restricted. There was evidence that the provider carried out random audits to check monies held. We checked the monies and records for three people and found that the amount of cash held tallied with the records.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. Staff recruitment records were held at the provider's head office but pro forma information, signed by human resources personnel, was available at the service. We looked at three of these and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. A newer member of staff confirmed that they had been interviewed, two references had been taken and that they had not started work at the service until after checks had been completed. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action in response to the events to prevent any reoccurrence.

From our observations and from looking at staff rotas we found that staffing levels were sufficient to meet people's needs. We saw that staff were vigilant in their observation of people and prompt to respond to their needs.

Requires improvement

Is the service effective?

Our findings

Relatives told us that there had concerns about the effectiveness of the service but that this was improving under the guidance of the interim manager.

We found that the service was not always effective.

Staff told us that they received the training they needed to support people. One newer member of staff said, "The training is good. It encompasses everything and brings everything together." Other staff told us that training was relevant to the job they did and that training for specific conditions such as brain injury and diabetes had been included. We saw that staff had received a variety of training including safeguarding, moving and handling, food hygiene and health and safety. Staff training records indicated that some staff training had expired, was due for renewal, in progress or not yet completed. We found that the interim manager had reviewed staff training and a member of staff said that people were being monitored to ensure that they updated their e-learning. Other training was being arranged and staff had recently received fire safety training in line with the requirements of the fire service enforcement notice. Systems were in place to support staff to gain the necessary skills and knowledge to meet peoples assessed needs, preferences and choices and to provide an effective service. However this needed to be more robustly implemented to ensure that training was up to date.

Earlier this year there had been a high dependency on agency staff, approximately 200 hours per week, and people had not received consistent support from staff that they knew and who were fully aware of their needs. However, the interim manager was addressing this and the use of agency staff had been reduced to approximately 50 hours per week to cover maternity and long term sickness. Regular agency staff were now used and people were now supported by a small regular staff team who knew them well and were able to tell us about their individual needs and preferences.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. Each person had a 'health action' plan and a 'hospital passport' in place. The health plans gave details of the person's health needs and how these needed to be met. Details of medical appointments, why people had needed these and the outcome were all recorded. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. Feedback from relatives was mixed regarding the effectiveness of the service to meet people's healthcare needs. One person felt that there was more that could be done to monitor their relative's health but acknowledged that there had been improvements recently. The other two people were satisfied with the way their relatives healthcare needs were met. One relative told us the staff were good on health issues and were "on top of things." People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Staff told us that since the interim manager had been overseeing the service they had received good support from him. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). A member of staff told us that the supervision was useful as they could voice any concerns and discuss how to make things better. Systems were in place to share information with staff including a communication book and handovers between shifts. Therefore people were cared for by staff who now received effective support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit one person had DoLS in place. Relevant applications had been made to supervisory bodies in relation to other people and the manager was awaiting their responses. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staff told us and records confirmed that people had differing nutritional needs. We saw that people were offered drinks and snacks of biscuits and fruit during the course of the day. When there had been concerns about a

Requires improvement

Is the service effective?

person's weight, appetite or eating, advice had been sought from the relevant healthcare professional. For example, one person had been seen by the speech and language therapist and another by the dietitian. People's care plans included information about the types of food they liked and needed and how they needed to be supported to eat. People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and drink. One person told us, "Food is great." People ate together in the dining area and staff sat with them and chatted to them. We saw that staff were attentive and supportive through the lunch period and ensured that everyone had drinks. When one person asked for more gravy this was made and there were second helpings available.

The service was provided in a large house in a residential area close to local shops and leisure facilities. There was a lift and also ramped access to the building making it accessible for people with mobility problems or who used wheelchairs. Specialised equipment such as hoists were used when needed. Each person had a single bedroom with ensuite facilities and these had been personalised for the individual. People lived in an environment that was suitable for their physical needs. The house looked very rather shabby and plain and was in need of redecoration. The interim manager told us that this process had started and that the dining chairs had been replaced and that the whole house was going to be repainted very soon. This will make the environment more homely and welcoming.

Good

Is the service caring?

Our findings

The service was caring. People were happy with the way in which staff treated them. One person told us, “I am very happy here. I love my key worker." Relatives told us that staff were caring. One relative said, “There are some lovely staff there. They are good and [my relative] is content.” Another said, “Staff treat [my relative] well. They are good to [my relative] and know them well.”

Throughout the inspection we saw that staff spent a lot of time with people. There were positive interactions between the staff and people who used the service. We saw that staff were patient and considerate. They took time to explain things so that people knew what was happening. When people needed support with their personal care this was done discreetly. We saw that people were treated with dignity and respect and that staff were attentive to their needs.

People received support from staff who knew and understood them. Staff told us about people’s individual needs, likes, dislikes and interests. They knew people’s individuals patterns, routines and methods of communication and described how those who could not speak expressed themselves. We saw that staff were friendly, chatty and caring towards people. They knew people very well and were aware of their families and backgrounds. They used this information to speak to speak about their families in a relaxed and natural manner.

People were treated with respect and dignity. We saw that staff wiped people’s faces when needed. Their privacy was maintained and we saw that staff closed doors when supporting people. Each person had ensuite facilities to their rooms and this gave them added privacy. One person preferred to use the downstairs toilet but did not like to have the door shut. They opened the door even if staff closed it. A screen had been purchased to protect the person’s privacy and dignity. However, the screen was not adequate and did not offer sufficient privacy. This was discussed with the interim manager who agreed to review this and arrange for a more appropriate solution.

People’s different cultural and support needs were identified and met. For example, one person was not given pork and was supported to wear traditional clothing for special occasions. Another liked Bollywood films and a third went to church on Sundays.

There had not been a need for anyone to be supported for end of life care. The interim manager told us that there was an end of life care policy and if the need arose they would support people.

Requires improvement

Is the service responsive?

Our findings

The service provided was not consistently responsive. A social care professional told us that there had been issues due to a lack of responsiveness. For example, not referring people to external services in a timely manner. However they went on to say, "Since the change in management the team has been very responsive to the issues raised and taken proactive steps towards resolving them. They have been open to learning from the safeguarding processes."

Each person had an individual care and support plan. As far as possible people who used the service and their relatives were involved in developing the plans. One person told us that they had planned their care with their key worker and that it was "in the orange folder." Relatives were invited to annual review meetings. One relative said that they had "made a plan" at the annual review. We saw that there was a lot of information in people's care plans about their needs and preferences and that some were more specific and up to date than others. The interim manager told us that they were reviewing the care plans to up to date them and to make them more person centred and comprehensive. We saw evidence of this in some of the files we looked at. Systems were in place to ensure that people had person centred, comprehensive care plans that reflected their needs and preferences and to give staff the necessary information to enable them to provide effective support to people.

Staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any change in people's needs and were then able to respond appropriately. This meant that staff had current information about people's needs and how best to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. One person told us that they had chosen new furniture for their room with the help of their keyworker. Staff told us that some people were able to say what they wanted but for others they could tell by facial expressions and behaviour if they were happy or wanted to do what was offered. We saw that people chose what and when to eat and how they spent their time. For example, one person wanted to do their exercises and another looked through a tool catalogue and talked to staff about tools.

People did activities in the service but although they appeared to enjoy what they did it was limited and repetitive. People did attend some outside activities. This included a visit to the leisure centre, Zumba and going to a club. They also took it in turns to help with the house shopping. A relative told us that they thought more activities were needed and added that they had confidence that the interim manager would arrange this. We saw that activities had been discussed with people at one of the 'residents' meetings and that this was an area that was being developed further.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. There was also a version with pictures and symbols to make it easier for people to understand. Relatives told us that they had raised complaints about the quality of the service provided and that they had not always been responded to satisfactorily. However, they went on to say that this had changed when the interim manager took over. One relative said, "You can ring him and he gets things sorted out." People benefitted from a service that listened to and addressed complaints and concerns.

Requires improvement

Is the service well-led?

Our findings

The service was not consistently well-led. The registered manager had not been at the service since June 2015. An interim manager had been overseeing the service for three days a week since then. Relatives told us that there had been concerns about the quality of care but that they had seen improvements since the interim manager had been overseeing the service. This was echoed by the social care professionals that gave us feedback. However, they were still concerned about the management of the service. One social care professional said, "There has been an issue with previous management where there is evidence that the service was not well led and procedures were not followed. The home now has interim arrangements where management support is provided by a part time manager and the locality manager. While this support appears to be good, there is still an issue with not having a full time dedicated manager in the role to lead the team." The other commented that they felt the interim manager was under too much pressure as they also managed another service. Since the inspection the provider has informed us that the registered manager is no longer working for the company. They said that the interim manager would now be at the service for four days each week, with additional input from the locality manager, and that they were making arrangements for the permanent management of the service.

Staff told us that the interim manager was accessible and approachable. They received good advice and support and were confident that any issues raised would be dealt with. One member of staff said, "[The interim manager] is clear about what he wants. He makes sure that the clients are the priority. There has been an improvement since he came." Another said, "The service is well led now but there are still things to be done. A third commented, "It's improved tremendously since [the interim manager] came." Staff also told us that when they had needed to raise concerns with the provider these were listened to and action taken.

The provider had a number of different ways in which they monitored the quality of service provided. There was a programme of monthly unannounced visits by the locality manager. Different topics were checked on each occasion linked to the areas covered in CQC reports, that is safe, effective, caring, responsive and well led. We saw from the reports of these visits that the locality manager had identified concerns about the management of the service and the quality of care provided. The provider had taken action to address the concerns and had put a service improvement plan in place to address the shortfalls that had been identified. There was also a separate compliance team who checked the quality of the service provided. We found compliance manager visits had taken place in February and June 2015 to review the service improvement plan.

The provider also sought feedback from people who used the service and stakeholders (relatives and other professionals) by quality assurance surveys. However the last survey had taken place in October 2013 and not annually in line with the provider's practice. The interim manager was in the process of arranging for a survey to be carried out and relatives confirmed that they had, in the past, been asked in the past for feedback about the service. They also confirmed that when they had raised concerns about the service the provider had taken action to address the concerns. Therefore, people were provided with a service that was monitored by the provider to check that it was appropriate and met their needs.

The interim manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finances. People were provided with a service that was monitored by the manager to ensure that it met their needs.

People were involved in the development of the service. They were asked for their opinions and ideas through 'residents' meetings and at their reviews. We saw that in the July meeting people had been asked about the menu and about activity planning. People were listened to and their views were taken into account when changes to the service were being considered.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to adequately minimise risk and to ensure that people were supported as safely as possible and in a safe environment. Regulation 12 (2) (a) & (b).