Parfen Limited

Sunnyside Residential Home

Inspection report

Adelaide Street
Bolton
Lancashire
BL3 3NY

Tel: 01204653694
Website: www.sunnysideresidentialhome.com

Date of inspection visit:
03 May 2016

Date of publication:
17 May 2016

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

The unannounced inspection took place on 03 May 2016. The last inspection was carried out on 30 March 2015 when the service was found to require improvement.

Sunnyside provides residential care for up to 27 older people and is situated about two miles away from Bolton town centre. On the day of the inspection there were 24 people using the service as two were currently in hospital and one had passed away recently.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe at the home. The premises were safe and secure, but the internal fire escape staircase was in need of some improvement. Health and safety measures were in place.

There were sufficient staff to meet the needs of the people who used the service. The recruitment procedure was robust.

There had been no recent safeguarding concerns but staff demonstrated knowledge of the procedures and were confident to report any concerns.

Systems relating to medicines were robust and medicines were administered safely.

The home had been audited by infection control three times in the last year. Actions had been put in place following the first audit and the second audit had shown significant improvements. A third audit was undertaken by a specialist nurse on the day of the CQC inspection and the home had continued to improve in this area, achieving a score of 85%.

There were robust induction procedures and staff training was thorough and on-going.

Care plans included appropriate health and personal information and referrals were made appropriately to other agencies.

People's nutritional and hydration needs were addressed and people were given a choice of food and drinks. Monitoring was carried out where there were nutritional risks to ensure these were addressed in a timely way. People's specific dietary needs were catered for.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of both MCA and DoLS.

Without exception people who used the service, relatives and friends and health and social care professionals we spoke with were positive about the care and treatment at the home.

We observed care interventions and interactions between people who used the service and staff throughout the day. The atmosphere was friendly and relaxed and staff were kind, caring and polite.

People's privacy and dignity was respected.

People were given choices around their daily routines, such as when they wanted to get up and go to bed and what they wanted to wear, do and eat.

There were a number of activities on offer and people were frequently taken out of the home if they wanted this.

The care was person-centred and each file included information on the individual's personality, moods, background, interests and preferences.

There was a complaints policy, but no complaints had been received recently. The home had received a number of thank you cards.

Notifications were sent in to CQC appropriately.

The registered manager had an open door policy and people who used the service, relatives and staff all felt comfortable to speak to her at any time.

Staff supervisions were undertaken regularly. A member of the management team was on call at all times, when not on shift, to ensure support and assistance was given as required.

A number of quality audits and checks were carried out to help ensure continual improvement in service delivery.

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.

People said they felt safe at the home. The premises were safe and secure, but the internal fire escape staircase was in need of some improvement. Health and safety measures were in place.

There were sufficient staff to meet the needs of the people who used the service. The recruitment procedure was robust.

There had been no recent safeguarding concerns but staff demonstrated knowledge of the procedures and were confident to report any concerns.

Systems relating to medicines were robust and medicines were administered safely.

Is the service effective?

Good

The service was effective.

There were robust induction procedures and staff training was thorough and on-going.

Care plans included appropriate health and personal information and referrals were made appropriately to other agencies.

People's nutritional and hydration needs were addressed and people were given a choice of food and drinks. Monitoring was carried out where there were nutritional risks to ensure these were addressed in a timely way. People's specific dietary needs were catered for.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of both MCA and DoLS.

Is the service caring?

Good

The service was caring.

Without exception people who used the service, relatives and friends and health and social care professionals we spoke with were positive about the care and treatment at the home.

We observed care interventions and interactions between people who used the service and staff throughout the day. The atmosphere was friendly and relaxed and staff were kind, caring and polite.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were given choices around their daily routines, such as when they wanted to get up and go to bed and what they wanted to wear, do and eat.

There were a number of activities on offer and people were frequently taken out of the home if they wanted this.

The care was person-centred and each file included information on the individual's personality, moods, background, interests and preferences.

There was a complaints policy, but no complaints had been received recently. The home had received a number of thank you cards.

Is the service well-led?

Good

The service was well-led

Notifications were sent in to CQC appropriately.

The registered manager had an open door policy and people who used the service, relatives and staff all felt comfortable to speak to her at any time.

Staff supervisions were undertaken regularly. A member of the management team was on call at all times, when not on shift, to ensure support and assistance was given as required.

A number of quality audits and checks were carried out to help ensure continual improvement in service delivery.

Sunnyside Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 03 May 2016. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and one expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of service.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed information we held about the home in the form of notifications received from the service.

Before our inspection we contacted Bolton local authority commissioning team to find out if they had any concerns about the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

One the day of the inspection we spoke with three health and social care professionals who visited the home regularly to ascertain their experience of the service. We spoke with fifteen people who used the service, four relatives and four members of staff, including the registered manager and the deputy manager. We looked at records held by the service, including four care plans, four staff personnel files, training records, supervision notes and audits. We looked around the home and observed how staff cared for and interacted with people who used the service.

Good

Is the service safe?

Our findings

People who used the service consistently told us they were safe, well cared for and happy. One person said, "Yes I feel very safe they look after my stuff for me".

We spoke with four relatives who were visiting people who used the service. All relatives advised us they believed their relative to be safe well cared for and happy. One visitor told us, "I can relax because I know [relative] is safe and well cared for by the staff who are just lovely".

We noticed on arrival that the signing in book was not always used by all visitors. This may mean that all people in the building may not be evacuated safely in the event of a fire. We mentioned this to the registered manager, who agreed to keep a better check on this.

Health and safety checks were in place, such as regular fire equipment and alarm tests, emergency lighting tests and means of escape tests. We saw that staff had regular update training in fire safety. The service had personal emergency evacuation plans (PEEPs) for each person who used the service, which set out the level of assistance each individual would require in the event of an emergency. There was a colour code used on the front of each care plan which also denoted the level of assistance people would need.

Equipment, such as the passenger lift, wheelchairs and hoists, were serviced regularly and well maintained to help ensure they could be used safely. However, the signage in the lift was confusing as the second floor button was indicated with an upside figure '1' The registered manager informed us that they had raised this with the lift company and were awaiting new buttons being fitted.

The internal fire escape was the only way to access the different levels of the home if the lift was out of action. While this was not an issue during the visit, the way the fire escape was decorated and maintained was not to the standard which would have been expected of a frequent use stair case used by people who used the service. While people were discouraged from using the fire escape as a stairway, we did see one person using it as a stairway. We spoke with the registered manager about this and she agreed to discuss it with the provider to see if the staircase could be improved.

There were sufficient numbers of staff on duty to meet the needs of the people who used the service on the day of the inspection. We looked at staff rotas and saw that these indicated that enough staff were on duty at all times, including three staff at night time. Staff told us that they covered for each other for annual leave and sickness absence. The registered manager also said that she had plans to implement a bank of staff to ensure there was always someone to call on if needed.

We looked at four staff files and saw that the recruitment procedure was robust. Each staff file included an application form, references, proof of identification and disclosure and barring checks (DBS). DBS checks help ensure people are suitable to work with vulnerable people.

There were appropriate policies and guidance in place with regard to safeguarding adults. Staff were aware

of the policies and of the local authority procedures and were confident they would recognise any signs of abuse and report them promptly.There had been no recent safeguarding issues.

We saw that there were appropriate policies and guidance at the service with regard to medicines. The systems for ordering, storage, administration and disposal of medicines were robust and staff were aware of these. There were systems in place for medicines given as and when required (PRN) and covert medicines, that is medicines given in food or drink. However, there was no one at the home who required covert medicines currently.

All senior staff were qualified to administer medicines and there was a protocol in place for reporting any medicines errors. There had been no recent errors with regard to medicines. We observed people who used the service being provided with medication, which was done safely and in accordance with good practice guidance. When asked people advised us they always received their medication at the correct time.

The registered manager told us they had experienced a few issues with the pharmacy duplicating prescriptions, but they had implemented a better system to address this. Medicines were given safely and stored in a locked treatment room for safety. Regular checks were carried out to ensure any issues were picked up and addressed promptly and the local pharmacy undertook six monthly medicine audits.

The home was clean and we saw evidence of a regular cleaning regime with well stocked stores of cleaning material on all floors. We saw a range of functional cleaning equipment that was available to the domestic staff and carers. We observed senior staff and carers taking responsibility for cleaning and tidying rooms and corridors as required. We observed a senior member of staff, on noticing a toilet with toilet paper on the floor, after a person who used the service had vacated the room, put on some rubber gloves and clean the toilet. It was clear that staff took a collective responsibility for cleanliness with no demarcation of roles.

One person's room on the first floor had a slight odour of urine. We were advised that the individual had a problem with incontinence. The domestic staff advised us that she would shampoo the floor as required to reduce the odour and stated that she had the necessary equipment in house. We noticed that the flooring was carpet and questioned if that was the appropriate flooring for that person. This was raised with the registered manager at feedback and we were advised that the flooring in the bedrooms was being changed from carpet to laminate floors on an on-going basis as rooms were refurbished. We could see evidence that some of the rooms had already had this done.

The home had been audited by infection control in the last year and scored 53%, actions had been put in place and a second audit had shown significant improvement and the score was 82%. A third audit was undertaken by a specialist nurse on the day of the CQC inspection. The home scored 85% demonstrating that they had sustained the improvements made.

Good

Is the service effective?

Our findings

One person who used the service said, "They look after me very well, the food is good and everything".

One health and social care professional said, "They [the service] refer appropriately and follow advice and instructions. I never have any concerns. They communicate well and if they need any advice they are straight on the phone". Another professional told us, "They [the service] regularly refer and use the correct protocol. They work closely with us and a plan is followed through to the best outcome. They have the service user's best interests at heart".

Throughout the day we observed staff moving and handling people in accordance with current guidelines. The environment at Sunnyside was safe, with outer doors being locked to ensure people within the home were kept safe. People were able to walk around inside the home as they wished and there was a conservatory and a garden area for people to enjoy. However, there could have been more signage to orientate people living with dementia within the home.

We saw evidence within the staff personnel files of a robust induction programme. The registered manager told us she was in the process of implementing a new induction booklet for staff. Training was accessed via an outside company and a significant amount of training had been undertaken by staff in the last 12 months. This included moving and handling, food hygiene, infection control, first aid, pressure sore prevention, dementia, wheelchair safety and awareness, diabetes, falls management, and safeguarding. More safeguarding training and Mental Capacity Act (2005) (MCA) had been arranged for the near future. Staff we spoke with demonstrated a good understanding of their roles and responsibilities, care planning, dementia care, MCA and DoLS and safeguarding.

We looked at four care plans which included a range of health and personal information. Each file included care plans regarding issues such as nutrition, mobility, communication, falls management, medicines and moving and handling. Appropriate risk assessments were in the files and were updated on a monthly basis, or when changes occurred. These records were complete and up to date. Records of professional visits, such as GP or district nursing visits, appointments and correspondence were kept in the files.

There was specific information within each file about their particular health conditions, for example, the type of dementia they were living with. This helped guide staff in understanding people's presentation and behaviours and in turn helped ensure care was given appropriately to each individual. Files also included hospital transfer forms containing some health and personal information. These helped ensure continuity of care when people moved between services.

Where necessary food and fluid diaries were kept and weights were recorded on a regular basis. One individual had recently returned from hospital and was currently on bed rest. The service had set up a food and drink diary as the person had a poor appetite and took a significant length of time to eat their meals at times. They felt that, because the person was in bed and not present in the dining room at meal times at the moment, different staff members may be assisting with meals and it would be beneficial for them to know

whether the individual had eaten their previous meal in order to ensure they were having the correct nutrition.

People who used the service were provided with drinks throughout the day. We observed people asking for drinks, ranging from water to tea, and these being provided. We observed twelve people having lunch in the large dining area and three in their chairs in the TV lounge. Others had their lunch in the small dining room. People were given a choice of where to have lunch. One person, who was in the small dining area, stated "I like to have my meals on my own". People were given a choice of a hot meal of beef or a salad, and a choice of mashed potatoes, chips or vegetables. They were also given a choice as to the portion size and the option of hot or cold drinks.

Staff were very careful to ensure that people obtained the choices of meal they wanted and were given their specific dietary requirements. We suggested when giving feedback that a pictorial menu, picture books or other dementia friendly aides may have assisted in allowing people to communicate their preferences. The registered manager took this suggestion on board.

Condiments were supplied both on the tables and to people who wanted to eat in their chairs. People were given the choice of having a clothes protector or not. Staff asked for consent before serving food or putting clothes protectors on. They used phrases such as "Do you want your tea putting here?"; "Can I fasten this for you?" ;"Would you like me to cut that up for you?".

People who used the service stated that they enjoyed the food. They were not rushed to eat or clear the table. We observed staff assisting an individual with eating, which was done in a dignified and private manner in the lounge. The person was not rushed and the staff member spoke to her while assisting her to eat.

Accidents and incidents were documented in people's files and body maps used to ensure clarity regarding injuries. We saw that accidents and falls were monitored and appropriate referrals to other agencies, such as the falls team, or for equipment were made.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff members we spoke with were able to explain the principles of the MCA and how this related to people who used the service. On the day of the inspection a best interests meeting took place, including relevant professionals and family members, to discuss a person's future living arrangements. Staff were aware of the meeting and understood why this was taking place and the importance of making decisions in people's best interests.

There were currently 16 people at the home who were subject to a DoLS authorisation. Staff were aware of who these people were and what the meaning of these authorisations was. They were able to explain techniques they used to distract or deal with people who wanted or tried to get out of the building. We saw that people were regularly offered outings with a member of staff to ensure that they were able to get out in a safe and supported way. Appropriate notifications about DoLS authorisations had been sent to CQC.

Care files included Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms where appropriate. These were completed accurately and there was reference to these and DoLS authorisations at the front of the files for easy identification by staff.

Good

Is the service caring?

Our findings

Without exception people who used the service, relatives and friends and health and social care professionals we spoke with were positive about the care and treatment at the home. A person who used the service told us, "I'm fine. No complaints. They [the staff] would sort out any problems, they are very decent". Another said, "I'm very happy, well looked after no problems". A third person commented, "I'm very happy here. They are lovely people".

One relative we spoke with said, "[My relative] is always clean and tidy, I don't think I've seen him or anyone else unclean or scruffy" . They went on to say, "Staff are very accommodating I come and have a meal with [my relative] once a week. If I've any questions they always help". Another relative said, "I looked at a few places and decided on this because it's such a happy atmosphere. They are very good with [my relative] and her medication as sometimes she won't take it". Two further visitors told us, "We weren't sure if this was the right place for [our relative], but [relative] is very happy here and sees this as home. The appearance of this place doesn't do the care [relative] receives justice".

One health care professional we spoke with said, "I think they [the service] are lovely. The care is amazing. I would definitely put my relative in here". Another told us, "They take people here that other homes would not. There is a caring and homely attitude. The staff talk to people like human beings, as though they are family".

We observed care and communication between staff and people who used the service throughout the day. Detailed conversations with people who used the service were difficult due their varying communication skills. We, therefore, spent much of the inspection observing people and conversing with them as the opportunities arose.

People who used the service were seated in either the TV lounge, dining area or conservatory/smoking area. They had a choice of where to sit and we observed people both being asked where they wanted to be and also asking to be moved to other rooms. The seating in the lounge was by way of chairs placed against the wall to form a square with a large space in the centre of the room. Although people appeared contented with the seating arrangements, they were not conducive to encouraging conversations between people and those seated on the wall where the TV was situated could not see the screen clearly. We discussed this with the registered manager at feedback and she advised us that the chairs were regularly moved around to accommodate the activities in progress, TV watching or conversations.

All those we were able to have a conversation with advised that they were free to sit where they wanted and could go to their rooms if they wanted. They told us they were free to smoke in the smoking area and observations confirmed this.

People who used the service were observed to be clean and tidy and appropriately clothed. Staff were invariably patient, kind and courteous and there was a clear team effort and approach in providing care. We saw domestic, kitchen and care staff, including senior care staff, working closely together. One example

being when a care worker called for assistance giving personal care to a person who used the service, three members of staff were required to deal with the person. The domestic took over observing people in the lounge pending the return of the care staff. The domestic was conversing with people who used the service, using their names and was obviously aware of the needs of individuals.

Staff interactions with people who used the service were kind, friendly and inclusive, we observed staff talking to each other and including people who used the service in the conversations. Staff were often observed singing as they performed their duties with people who used the service joining in. Dignity and privacy was respected and staff were careful to ensure they were discreet when offering and administering personal care. Without exception when asked if they were happy at work the staff responded positively. There was an obvious and observable happy and relaxed atmosphere in the home.

Good

Is the service responsive?

Our findings

We asked a person who used the service what they enjoyed most about living at the home. They told us, "The freedom I've got here. I've more freedom to do as a want here than in other places I've lived, all the staff are lovely people." Another person said, "I'm free to go where I want, I'm very happy here". A third person told us, "I get involved with the games, I used to go to church on my own on the bus but I've not gone recently, I've not been feeling well". A fourth person commented, "People come and do games, I watch the telly". A fifth said, "Skittles is may favourite game. I'm looking forward to the summer so I can sit out in the garden".

People who used the service were regularly given a choice by staff when asked about issues of their care. For example we overheard a conversation between a person who used the service and a member of staff. The individual asked, "Can I change the time I have my bath?". The staff member replied, "Yes, no problem. Do you want a bath or a shower". Another individual told us, "They ask me if I want a bath or a shower. I always say shower".

We looked at a number of people's bedrooms and there was evidence that they had a choice in colour schemes and decoration of their rooms. One person who used the service told us they had a key to their bedroom and could go and have some private time if they felt they needed it. People were given the choice of when they wanted to get up or go to bed.

There were a range of activities on offer at the home, including music for health sessions, bingo, quizzes and games. The registered manager told us they were aiming to set up a sensory garden in the future. A game of skittles took place on the morning of the inspection. One person who used the service had been taken to a local fish and chip restaurant for lunch recently, then a walk around town. They were looking forward to the next outing. Another person was being taken to Cleveleys for a short break, accompanied by a staff member. Others had walks around the local area with staff or visited family and friends. People who used the service were encouraged to talk about local shops and foods. This reminiscence helped to keep them stimulated and encouraged a sense of well-being.

The care files included personal information about each individual's background, family, hobbies, working life, personality and behaviour, likes, dislikes and preferences. This helped staff ensure care delivery was personalised. Staff members we spoke with knew all the people who used the service well and could explain about their personality traits, moods and choices.

We spoke with the registered manager about one of the individuals who was currently in hospital. This person had suffered a suspected stroke and was now unable to eat independently. The hospital were in the process of setting up a Percutaneous Endoscopic Gastrostomy (PEG) feed. This is used when a person is unable to eat their food orally and they receive it through a tube into their stomach. This situation had been discussed with staff and the district nursing service as the home were keen for the individual to come back 'home' rather than be moved on to a nursing home. Staff had all said they were willing to undertake training to ensure they could deal with the PEG correctly and the district nursing service were willing to support on a

daily basis. The person's future was yet to be decided, but the fact that the staff felt strongly about them coming back to a place they deemed as 'home' demonstrated a commitment to person-centred, compassionate care delivery.

The complaints policy was displayed in the foyer of the home. When asked if people who used the service would like to see any improvements none were suggested. People who used the service were unanimous in stating they had no complaints about the home, their care or the staff. One visitor mentioned that they had raised a concern about their relative's medicines. This was immediately addressed by the registered manager, who contacted the GP for a medicines review.

We saw a number of thank you cards received by the service recently. Comments included, "Thank you for all your care and kindness"; "[Our relative] was comfortable and content at Sunnyside and the staff were wonderful"; "We can't thank you enough for all your care. You are all so dedicated [relative] has been so happy staying with you".

Good

Is the service well-led?

Our findings

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

At the last inspection we discovered that, due to an oversight, notifications were not being sent in to CQC as required. Since that inspection these notifications have all been correctly submitted.

It was clear from speaking with people who used the service and relatives that they found the staff and management approachable and helpful. The three health and social care professionals we spoke with also told us they found the staff team, including the management, very approachable, helpful and accommodating. We observed the daily routine throughout the inspection and it was very clear that there was an open door policy as people who used the service, visitors and staff popped into the office regularly to speak to the registered manager, ask for advice, have some general conversation.

We asked staff members we spoke with about the management style at the home. Staff felt the registered manager and the deputy manager were both always approachable and easy to speak to. One staff member said of the registered manager, "She is brilliant, fantastic. She really cares a lot about residents and is brilliant with staff. We couldn't ask for better". Another staf member said, "We have a very good manager. We can speak to her about anything, as we can with the deputy".

Staff supervisions were undertaken on a regular basis where staff progress, professional development and training were discussed and training needs were identified. A member of the management team was regularly on call when not on shift. This meant staff were able to get advice and support any time they needed it. Many staff had been at the home for a significant length of time and staff turnover was minimal which helped ensure people received a consistent level of care.

Communication between the staff team was said by staff to be good. There was a handover at the beginning and end of each shift to ensure all staff were aware of any issues that had occurred during that shift. Formal staff meetings did not take place as it was felt that matters could be discussed at any time and it was more useful to discuss things as they arose.

There were a number of quality audits and checks in place at the service. These included monthly equipment and health and safety checks, daily room checks, care file reviews, medicines audits and falls audits. We discussed with the registered manager that, although falls, accidents and incidents were audited on an individual basis, to ensure that any issues such as equipment or referrals required were addressed, there should be a general overview to look for trends and patterns. Similarly an overview of concerns or complaints could be implemented. This suggestion was taken on board by the registered manager.