

Meridian Healthcare Limited

Sunnyside

Inspection report

Sunnyside Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection of Sunnyside was carried out over two days on the 7 and 8 January 2015. Our visit on the 7 January 2015 was unannounced.

Sunnyside is a care home without nursing owned and managed by Meridian Healthcare Limited. It is a two storey building, set back from a main road in Droylsden, close to the Manchester border. The home offers accommodation for up to 43 older people some of whom

are living with dementia. Accommodation consists of single bedrooms and 16 have en-suite facilities. There were 38 people living at the home at the time of our inspection.

We last inspected Sunnyside in June 2013. At that inspection we found the service was meeting all the essential standards and regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The care records we viewed were detailed and demonstrated to us that people's health was monitored and referrals were made to other health professionals as appropriate.

During the inspection we saw staff were attentive, patient and kind when supporting people. Staff were unhurried in their approach and people were treated with respect and dignity. People seemed to be relaxed and content and were seen freely moving around the home. The people we spoke with told us they were happy living at Sunnyside and the staff were 'wonderful.'

In addition we saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

A visiting relative told us they were confident that their relative was kept safe and said I have no qualms at all. If I did I would go to the manager she is really really good.

Staff recruitment records demonstrated that appropriate safety checks had been undertaken on staff before they started to work at the home.

There were systems in place to monitor the quality of the service and the manager operated an open door system where people were encouraged to raise any issues or concerns they had.

There were service contracts in place to ensure equipment and services were in good working order and safe to use.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

A safe environment was maintained for those people living and working in Sunnyside.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff were able to accurately describe the actions they would take if they suspected abuse had taken place.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staff were provided in adequate numbers to meet the need of people living at Sunnyside.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service and regular training meant they could update their skills.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiropodist and the person's own general practitioner (GP).

Nutritional assessments had been carried out and people received meals they liked or preferred. Appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

The registered manager had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

The atmosphere in the home felt relaxed and friendly. Staff interaction demonstrated that people had good relationships with the staff and staff knew people's individual needs and personalities. We saw staff providing support in a kind, unhurried and friendly manner.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

People's privacy and dignity was respected by staff.

One visiting healthcare professional told us that they really liked the home and thought the staff were "fabulous."

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Prior to people moving into the home the registered manager or the deputy manager visited people to carry out an assessment of their needs. People were also given the opportunity to visit and meet the staff and spend some time with the people already living there before a decision was made.

Where a person had limited capacity or were unable to verbalise their views and opinions, the registered manager would speak or arrange to meet with the person's family to obtain a social history and personal information about that person. This enabled the care plan to be developed based on the individual needs and preferences of that person.

We saw there was a complaints procedure in place which was also on display and was included in the statement of purpose which was given to people on admission to the home.

People had opportunities to participate in range of appropriate activities.

Is the service well-led?

The service was well led.

The service was led by a registered manager and had been in post since May 2014.

We saw the manager had good relationships with people living at Sunnyside, staff and visitors.

People were encouraged and supported to provide feedback about the service being provided. We saw that meetings were held with staff, people who used the service and their relatives and an opportunity was given to complete a satisfaction survey questionnaire about the quality of service being provided.

Quality assurance systems were in place to ensure that an appropriate standard and quality of care was maintained.

Good



Sunnyside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7 and 8 January 2015. Our visit on the 7 January was unannounced.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested information from the local authority commissioning team and used the information we gained to plan our inspection.

The inspection was carried out by one adult social care inspector who was accompanied on the 7 January 2015 by a specialist advisor who had knowledge of dementia care.

During this inspection we spent time in the home observing care and support being delivered to people in the communal areas. We were taken on a tour of the home and looked at a sample of records which included six care files, staff training records, three personnel files, maintenance records, a selection of audits and quality monitoring documents, medication records and policies and procedures.

We spoke with people living at Sunnyside, two visitors to the home, three members of care staff, the registered manager, the deputy manager, the operations director, the operations manager and one visiting healthcare professional.

Is the service safe?

Our findings

The people living at Sunnyside who we spoke with told us they liked the staff and felt safe. Some comments included: “The staff really do look after me,” “The girls are lovely” and “It’s excellent here.”

The Provider had a whistle blowing policy, a safeguarding adult’s policy and access to the Tameside Multi Agency policy in connection with safeguarding vulnerable adults. Staff spoken with told us they had received safeguarding adults training and were aware of the policies and procedures in place. Staff were able to tell us what they would do in the event of witnessing or suspecting that abuse had occurred. One staff member said “These people are like your second family, it is all about communicating with them that makes them feel safe”.

The manager told us that safeguarding adults training was part of their mandatory training and the computerised training record identified when each member of staff was due for their refresher training which helped to ensure all training was up to date.

We looked at the training record (matrix) which indicated that staff had received training in connection with safeguarding adults from abuse and we saw this training was included during the induction process which all newly recruited members of staff must undertake. This would help to ensure that staff understood their responsibilities to protect people from abuse and what action to take if they were concerned about poor or unsafe practices in the home.

We saw there were policies and procedures in place relating to staff recruitment. We looked at three employee files that demonstrated pre-employment checks had been undertaken before staff began working at Sunnyside. These checks included a Curriculum Vitae (CV) and / or a fully completed application form that included details of the person's education and previous employment history. Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check. The DBS aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It has replaced the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) checks.

Checks also included a minimum of two references, including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address.

We saw that set interview questions were used and the responses given by the candidate were recorded. This helps to ensure that interviews are open, transparent and effective in selecting suitable people for the required role. We were told that new staff received a full induction and we saw evidence of this in the form of completed induction training modules.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff of duty to meet people’s needs. We saw that people’s needs and dependency levels were assessed by the registered manager and a staffing tool was used to help calculate the number of staff hours needed. Staff told us they thought there was enough staff to meet people’s needs. Because Sunnyside is part of a larger organisation the registered manager told us they had access to their own bank staff and casual staff employed to work across a number of the other homes. The registered manager said that in the event of a staffing emergency they would use the services of an agency but that agency staff were kept to an absolute minimum. This means that staffing levels could be maintained with consistency, which ensured there were sufficient staff to meet people’s needs, by carers that were known to them.

We looked at the medication administration in the home. The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into separate compartments according to the time of day the medication is prescribed. Some medication was not included in this system and was dispensed in separate bottles or boxes. We carried out a table count for some boxed medication and we found it corresponded with the medication administration record (MAR). Medication was appropriately stored in locked trolley in a locked room.

It was noted on the MAR that the instructions for some medicated creams were not clear. For example, for one person it stated ‘apply 3 times a day’ but there were no instructions as to where the cream should be applied and no cross reference to where this information could be found. When we looked at this person's care file it was clearly detailed in their care plan. The registered manager

Is the service safe?

said she would contact the GP's to request their instructions were made clearer on the prescription or ensure the information was recorded on the MAR and/or the MAR's clearly cross referenced to where the specific instructions could be found.

We saw that one person was prescribed a drink thickener to help reduce the risk of aspiration. We saw that the MAR did not accurately reflect the number of thickened drinks that the person had taken over a 24 hour period. The MAR indicated that the person had received four thickened drinks over a 24 hour period. A member of staff and the registered manager both stated that four drinks was not an accurate reflection. The day following the inspection we received confirmation from the registered manager that the issue had been appropriately actioned. This was by the implementation of an updated fluids record chart that also included instructions on the required consistency for fluids.

We were told by staff and saw evidence on the training record that staff designated to administer medication had received appropriate training and had access to policies and procedures.

The registered manager confirmed that she thought some people were prescribed psychotropic medication but there were no separate records for these people. Psychotropic medication is used to help aid a positive impact on people's mood and behavior. It was discussed with the registered manager and the operations manager that the Prime Ministers Challenge on Dementia; Nice Guidelines; Alzheimer's society guidelines, and current research have all identified that anti-psychotics are not licensed for use in the treatment of dementia (except for risperidone); that their efficacy substantially reduces after three months and they carry a high risk of cardiovascular incidents when used in dementia patients. Therefore it was discussed and the registered manager agreed that good practice would be to monitor the effects of these drugs on people and ensure that the GP regularly reviews their use.

The temperatures of medicine refrigerators and the room temperatures were appropriately monitored and recorded. This meant that staff could be sure that medicines were being kept at the right temperature and were safe to use.

We found appropriate arrangements were in place for the storage and management of controlled drugs which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the register.

During this inspection we undertook a tour of the home including some bedrooms, communal toilets and bathrooms and spent some time in all communal areas of the home. We saw the environment was well maintained and we spoke with the general assistant who described some of the safety checks they carried out to ensure people were cared for in a safe and suitable environment. They told us, and we saw documentation which indicated that regular checks carried out included the fire alarm system, means of escape, emergency lighting and water temperatures within the home. This ensured people were cared for in a suitably maintained environment.

We saw there were systems in place to manage the on-going maintenance of the home.

The building was bright and airy and there were no locked doors within the building. Some of the doors did have keypads but the registered manager said that these doors were left open and only ever used in an emergency, so that people had free access around the building and to a pleasant, safe, enclosed garden area. There were a number of lounges and dining areas which people could choose to use at will. There was also a ventilated smoking room.

There was adequate signage to help people find their way around the building and people's bedroom doors were numbered and had a name plate.

Bedroom doors were lockable and for people who wanted to and could use a key were supplied with one.

We found the home to be clean and well maintained with the exception of one person's wheelchair which was dirty in appearance with what looked like encrusted food. During the course of the inspection we received confirmation that the chair had been thoroughly cleaned.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people.

There were policies and procedures to minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment, such as gloves and aprons, around the home.

Is the service safe?

We were told that each person requiring the use of the hoist did not have their own hoist sling although they were regularly laundered. We observed that hoist slings were stored on top of each other which posed a risk of cross infection. Best practice guidance in the Department of Health Prevention and control of infection in care homes – an information resource (February 2013) recommends that hoist slings are not shared between residents. The registered manager said that she would ensure they would be stored on separate hooks to reduce the risk of cross infection and the operations manager said he would discuss individual hoist slings for people with the providers of the service.

In the care files we looked at we saw risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs. We viewed care records which contained risk assessments in areas such as skin integrity, nutrition and falls. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely. In one care file we saw clear guidance on how staff should respond when the person became distressed. We discussed the use of restraint with some members of staff. We were told that they had never seen any call for restraint.

Is the service effective?

Our findings

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at people's care plans and found that they contained information on their dietary needs and the level of support they needed to ensure that they received a balanced diet.

We saw that people's weight was regularly checked and where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to a general practitioner (GP) and dietician when required. However we did see in one care file that the person required thickened fluids but it was unclear as to where the instructions had come from and what the exact consistency of the drinks should be. The day following the inspection we received confirmation from the manager that they had contacted the speech and language therapist (SALT) to provide clarity and appropriate documentation had been implemented in the care file to reflect this.

During the inspection visit we observed the lunchtime meal being serviced in two separate areas of the home. Lunchtime was a relaxed and unhurried event. Those people that were able spoke with each other, and with staff who responded appropriately, which resulted in the mealtime being an enjoyable and social experience. We saw that the lunchtime meal looked appetising and portion sizes were ample. We saw that choices of meals were available for people to choose from. People living at Sunnyside told us they liked the food. One person said "The food is lovely, the breakfasts and dinners are great."

Staff spoken with told us the food was very good and there was plenty of it. We were told that drinks and snacks were available on request. We saw evidence of this during the course of the inspection. We also saw a 'drink station' on the main corridor. This was a table with a jug of juice and glasses so that people could help themselves to a cold drink whenever they wanted one.

A visiting relative was complementary about the food and told us that before her relative came to live at Sunnyside they had been refusing to eat and had lost weight but since being at the home they were now eating well and were gaining weight.

We saw people were registered with local GP's and there was documentary evidence to show people had access to a variety of health care professionals. One visiting professional told us that staff always followed their advice.

The visiting relative told us that when their relative was unwell the home were "On the ball in getting a doctor."

Staff we spoke with told us that they received good support from the manager and training was very good. We saw that staff had an individual training plan and the registered manager said she operated an open door policy and staff could discuss their training needs with her at any time.

The registered manager supplied us with the training record for all staff. This record indicated what training staff had participated in to date and included when refresher training was due. We saw training included moving and handling, infection control, health and safety, fire drills, basic food hygiene, safeguarding and pressure relief. We saw that 84% of care staff had successfully completed a National Vocational Qualification (NVQ) at Level 2, 28% at level 3 and the registered manager and deputy manager had successfully completed at NVQ level 4. In what in addition a further two care staff were enrolled to undertake NVQ level 2 and two care staff were enrolled to undertake NVQ level 3.

The manager also described 'HARMONY' training. The training is a Meridian Dementia programme that included care workshops covering dignity in care, depression, communication and Dementia care. We were told that seven care staff were currently part way through the training and it is their intention that all staff will undertake the training.

The registered manager told us that they were in the process of implementing Dementia care workshops for staff and family members to attend. At the time of the inspection one workshop had taken place.

The registered manager told us that all new members of staff completed an induction programme which was produced by the organisation but was based on Skills for Care Common Induction standards and included shadowing experienced staff. We saw several completed induction modules on the files we looked at.

The registered manager told us that staff received regular supervision, an annual appraisal and regular team meetings. Staff spoken with confirmed this.

Is the service effective?

The registered manager told us that there was a qualified first aider available on each shift and it was her intention to implement a system to easily identify who the first aider was on duty at any one time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

Before anyone is admitted to a residential facility there should be an assessment of whether they have the capacity to consent to this, and the care and treatment they will receive. If they are deemed not to have the capacity to make this decision then the process of establishing “best interests” as defined by the act should be followed.

Whilst the organisation’s assessment template included the four basic questions what are the questions in relation to capacity it only calls for a tick box yes/no response and there was no recorded evidence of best interest’s decisions. In some cases this had been undertaken by the local authority prior to the person moving into the home. This was confirmed by one relative spoken with.

This was discussed with the operations director, operations manager and the registered manager and it was agreed that prior to people moving into Sunnyside these documents would be requested from the local authority or they would undertake their own assessments and have a best interests meeting.

The current documentation provided by the organisation caused some confusion for staff. For example one document looked at “ticked” three out of four assessment boxes as “no” in relation to capacity, but then detailed the outcome as “Has capacity”. The registered manager explained this was a result of the person having “fluctuating capacity.”

It was discussed with the operations manager and the registered manager that if the document used was decision specific rather than just a tick box and there was space to detail how the person could be assisted to make a decision it may make it clearer for staff to understand and would demonstrate how the overall decision had been made.

At the time of this inspection there were two people who were subject to a DoLS and a further two applications had been made. These were not viewed during this inspection. The registered manager had undertaken MCA and DoLS training and demonstrated a good understanding.

Is the service caring?

Our findings

The people we spoke with who lived at Sunnyside told us the staff “Are very very kind” and “They [the staff] do anything for you, in fact it’s a lovely place altogether.” When asked, people told us that staff respected their privacy and dignity.

People living in the home looked well cared for. We saw that people were clean, neat, appropriately dressed and well groomed.

We saw people were able to freely move about the home without restriction and we saw staff stop and talk to people as they passed.

We observed people being treated with kindness and respect during the inspection. Interactions between people who lived at the home and staff were warm and positive. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind and patient, and continually communicated with people. For example we observed one person being brought to the lunch table in a wheelchair. At the table they given time and to transfer independently to the dining chair. This was a long process, but the carer stood by patiently, encouraging but not hurrying them. In this way the member of staff preserved dignity and promoted independence.

During the lunchtime meal we saw staff offering choice in where people sat, who they sat with and what they wanted to eat and drink. We saw staff gave quiet encouragement to those not eating, but those that were eating were left to do so in their own way. One carer said they aimed to be “attentive but not intensive”.

Our observations showed us people were offered choices and were treated with kindness. We saw that staff had a good understanding of people’s individual needs, personalities and personal preferences.

During the inspection we witnessed staff support a person in a caring and reassuring way when they became agitated and distressed following a fall.

One visiting professional told us about a person who had recently returned to the home following a hospital admission. We were told that the person “Was visibly happy to be back here from hospital. Staff here know them so much better than nurses in hospital. I really like it (the home) I think they are fabulous”.

The visiting relative we spoke with was positive about the care their relative received. They said their relative “Loves his carers.” We were told that they had settled in very well and the staff had been “Really nice.” We were told that their relative had three or four carers they saw consistently and they shared their reading interests and talked to them a lot about it. This consistency of staff helps to form good relationships between the people living at Sunnyside and the care staff.

The visiting relative told us there was open visiting and “At a moment’s notice they will ring me if they have any concerns.”

Staff told us that privacy and dignity was always respected and choice was encouraged. We were told that staff were happy working at Sunnyside and that there was a high standard of individualised care given to people. We were told that one member of staff visited the home on a voluntarily basis on their days off to offer a “manicure” service.

In the care plans we looked at we saw they contained information about people’s individual personal preferences about their day to day care and how they would like that care to be delivered. We saw that efforts had been made to obtain personal information about the person so that care could be tailored to meet their individual needs and preferences.

In the care plans we looked at we saw a form titled ‘consent form.’ The form had been signed by the person living at Sunnyside to indicate they had been consulted and agreed to the content of their care plan. However we did see that one of forms had been signed by the person’s relative on their behalf. The MCA states that families can never give consent to the care and treatment of a relative without statutory authority to do so. The registered manager said that the relative’s signature was not to give consent it was rather to evidence that they had seen the care plan and were happy with its contents. The operations manager said that the title of the form would be amended to reflect that relatives had been consulted about the care plan rather than given their consent.

People were provided with detailed information about the home in the form of a Statement of Purpose. This document ensured people were aware of the services and facilities available in home including the philosophy of care and access to advocacy services.

Is the service caring?

We were told that information regarding independent advocacy services was available to people on request.

In the care files we looked at we saw that there were end of life care plans that outlined the end of life preferences for that person or that some people had declined to discuss this area of their care.

Is the service responsive?

Our findings

The registered manager told us that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet the needs of people considering moving into the home. We saw evidence of this in the care files we looked at. The registered manager said that where possible people were encouraged to spend some time at the home having lunch and meeting staff and other people living at the home before making a decision about moving in.

We saw there were policies and procedures that covered accepting emergency admissions to the home. The registered manager and the deputy manager explained the process for emergency admissions which included obtaining as much information about the person from the placing social worker and/or the hospital they were being admitted from to be sure that they could appropriately meet the person needs.

In the care files we looked at we saw comprehensive assessments. They included information on whether the person wanted to have their own room key, whether they were left or right handed, gender preferences for personal care, hobbies, interests, spiritual choices as well as numerous personal choices on lifestyle and day to day activities. For example likes and dislikes, such as rising and bed times, whether a night light was preferred. The care plan was then formulated from this information. There was a record of these care plans being reviewed on a monthly basis.

One example of personal choice being respected was that breakfast was still being served to one person at 10.35am. The registered manager explained that this person does not like to get up before 10.00am hence the late breakfast. We were told that lunch was also flexible to accommodate people's choice, especially as at 11.00am a drink and snack was served so some people then preferred a later lunch.

There was a chalk board in the main dining room displaying the day's menu. The registered manager explained that everybody was consulted the day before to discuss their food choices for the next day. We were told that all but one person were able to express a choice, and if anyone wished, their choice could be changed at the meal time. This was observed during the inspection when one person said they did not like what they had ordered. Staff

discussed this with them and were able to offer an acceptable alternative to them. When we spoke to the person about this and they laughed and said how "fussy" they were. This indicated that they were comfortable in expressing their choices and those choices were accommodated.

We saw that memory boxes were in the process of being installed outside each bedroom. These are a glass fronted cabinet in which people place personal, notable belongings for example photos or knick knacks which helped to create ownership, and facilitate recognition of peoples rooms which then helps to enhance the persons independence.

The registered manager told us that she had identified that the all white toilet suites in bathrooms did not maximise some people's independent use of the facility because the toilet was not easily identifiable as they were all one colour. Due to this they have begun painting one wall behind the toilet in a dark blue, which then highlighted the toilet and helped to facilitate independent use of the facility.

We saw on the main corridor a monthly activity program and photographs of recent events. Activities on offer included armchair aerobics, baking, bingo, arts and crafts and movie nights. The registered manager said that activities took place most days and were facilitated by the staff on duty rather than by a designated activity coordinator. During the course of this inspection we saw some people enjoying a game of carpet bowls and a sing along. One person told us "There is a girl who does games but I don't really want to do them."

The registered manager described outings to the local pub once a month, visits to the Daisy Nook Garden Centre where people had coffee and cake, trips to the local shops and there had been two trips to Blackpool during 2014. The registered manager and the operations manager also described trips to the 'sun room' at a nearby a sister home. It was explained that six of the organisation's establishments had created a blackened out room which had artificial sunlight. We were told that this provided the health benefits of sunshine without the dangers of direct exposure to sunlight. The sun room was decorated to represent a beach complete with deckchairs and sand. When people visited they were offered ice cream, none alcoholic cocktails a 'mocktail' and the opportunity to sit in the sun and enjoy a holiday atmosphere.

Is the service responsive?

Throughout the building we saw rummage boxes and fixed activity boards, which were colourful, inviting and stimulating for those people living with a dementia. They included the use of locks, bolts and light switches which are familiar objects for people.

The registered manager was in the process of establishing links with the community and was currently working with the local girl guides who were now visiting the home.

The registered manager had extended an open invitation for relatives to come to the 'Wednesday night club' to join in or help aid relative involvement. Relatives were also invited to the residents meetings. These meetings were held approximately every quarter and minutes were taken. We were told that people's views were listened to and acted upon. For example there were a number of men living at Sunnyside and at their request a garden had been created and a potting shed had been installed for their use. In this way people are supported to follow their interests and take part in social activities that they prefer.

We saw people making full use of the reception area. There was a buzz of activity in the reception where people sat in the armchairs and passed the day chatting to each other, with staff and visitors to the home. It felt social and relaxed.

The registered manager said they operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately.

There was a complaints policy on display on the main corridor, on the back of each person's bedroom door and was also included in the statement of purpose which was given to people on admission. The complaints policy included relevant contact details and there were also feedback cards in the main reception area if people wanted to give comments about the service.

We looked at the records of complaints made since January 2014. There was a clear record of the complaints/concerns raised but we saw that in some cases an acknowledgment letter had not been sent to the complainant. This was discussed with the registered manager who said she would ensure that this was implemented for any further complaints raised.

The operations manager told us that as well as the registered manager reviewing the complaints made they also maintained an overview of the complaints received by Sunnyside. This showed us there were systems in place to enable people to make complaints if they wished to do so.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission (CQC) and they were supported by a deputy manager. In addition we met with the home's operations manager who described the quality assurance systems in place.

During the inspection we saw the registered manager and the deputy manager were actively involved in the day to day running of the home. This was evidenced by how many people came in and out of the office throughout the day, and clearly felt comfortable to do so.

From our conversations with the registered manager and deputy manager it was clear they knew the needs of the people who lived at Sunnyside and the atmosphere was easy going, calm, but also active and social.

A visiting professional told us "I have been coming here for five years; I have never once had a problem. They are very receptive."

We saw the home had systems in place to monitor and review the service provided. These included audits of medication administration, people weight, hospital admission, accidents/incidents, safeguarding referrals, pressure ulcers and complaints.

The registered manager said that she undertook the monthly reviews of people's care plans. However there was no formal audit process of the peoples care plans. This was discussed with the registered manager who said that she would look at implementing a formal audit process for the care plans which would evidence exactly what was audited, any shortfalls found and what action was taken.

In addition to the audits and checks carried out by the registered manager the operations manager told us they visited the home two or three times a month to offer support and to ensure that standards were maintained. A monthly compliance visit was undertaken by the operations manager and a report of the visit would be produced. Any shortfalls would be brought to the attention of the operations director, the registered manager and the heads of departments. The registered manager would action any shortfalls identified and send a response back to the operations manager.

In addition the service provider's quality assurance department undertook an annual visit to monitor and review the service delivery. They would produce an action plan based on the results of the visit with timescales attached that the registered manager would implement it. Any evidence of this??

The registered manager told us that they had an open door policy and carried out a 'walk around' each day to speak with people and assess the environment, equipment and staff interactions.

We were told that satisfaction surveys were given to people living at Sunnyside or were given to their relatives or advocates if that was more appropriate to seek their views of the service being delivered. The results were analysed by the providers of the service on an annual basis and a report produced.

The staff employed at Sunnyside were sent an annual questionnaire to obtain their anonymous views of the service. The completed questionnaires were sent back to the quality assurance department at the service provider's head office and a report produced on the collated results. The report was sent to the registered manager who would implement an action plan if necessary to address any issues raised.

Staff team meetings were held approximately every quarter and minutes were taken. The intention of these meetings was to obtain people's views on the quality of the service being delivered and to act as a forum to raise and discuss any issues people may have. In addition to the formal staff meetings the registered manager attended the daily staff handovers whenever possible so she was aware of on going issues within the home.

We asked to see the policies and procedures for the home. We were told that the company quality department reviewed and updated policies and procedures on an annual basis or more frequently if needed. There was a policy and procedure folder that was available for staff to access. Staff spoken with were aware of this folder and how to access it.

The Care Quality Commission (CQC) had been notified of relevant incidents in a timely manner. These are incidents that a service has to report and include deaths, allegations of abuse, serious injuries and events that stop the service running safely and properly.