

Bluebell Care Services Limited

Sunnyside Nursing Home

Inspection report

41 Marshall Terrace
Crossgates
Leeds
West Yorkshire
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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 ●

Summary of findings

Overall summary

The inspection took place on 23 May 2017 and was unannounced. The last comprehensive inspection took place in November 2014, when the provider was meeting the regulations.

Sunnyside Nursing Home provides accommodation for up to 36 people who require nursing or personal care. The home is situated in the Crossgates area of Leeds and is close to local shops and community facilities.

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

Staff we spoke with confirmed that they had received training in safeguarding adults from the risk of abuse. Staff were able to explain the types of abuse and what action they would take if they suspected abuse.

We looked at staff recruitment files and found the provider had a safe and effective system in place for employing new staff. We saw sufficient staff were employed to ensure people's needs were maintained.

We saw that medicines were managed in a safe way. Medicines were stored, administered and records were maintained which confirmed that people received their medicines as prescribed.

Risks associated with people's care and treatment were identified and plans were in place to minimise the risks occurring.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the Mental Capacity Act 2005. Staff confirmed they had received training in this subject.

People received a healthy and balanced diet which met their needs and took in to consideration their preferences. We saw that snacks and drinks were offered throughout the day.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

We observed staff interacting with people and we found they were kind, caring and compassionate. Staff

ensured that people's dignity was respected.

Care plans we looked at were indicative of people's assessed needs. Staff knew people well and ensured they met people's needs in a timely manner.

The service employed an activity co-ordinator who was available in this role thirty hours a week. This person organised events and social stimulation for people, based on their individual preferences.

The provider had a complaints procedure and people felt able to raise concerns if they needed to. The registered manager kept a log of concerns received and addressed them effectively and in line with the provider's policy.

People we spoke with told us the registered manager was supportive and they felt able to approach the registered manager and felt she listened to them and acted on what they told her.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

People were involved in the service and their views were sought. We saw evidence that people were involved in quality surveys and residents and relatives meetings and were able to comment about the service.

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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this.

People's medicines were managed in a safe way to ensure they were administered as prescribed.

We looked at recruitment files and found the provider had a safe and effective system in place for employing new staff.

Care plans we looked at identified any risks associated with people's care.

Is the service effective?

Good ●

The service was effective

Staff received appropriate training to assist them to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to maintain a healthy, balanced diet. Choices were available and drinks and snacks were provided throughout the day.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and we found they were kind, caring and compassionate.

Staff ensured that people's dignity was respected.

People were supported to maintain relationships with families and friends.

Is the service responsive?

Good ●

The service was responsive.

We looked at care records and found they were informative and reflected the care and support being given.

People took part in different activities and people received social stimulation.

The service had a complaints procedure and people felt listened to and able to talk with staff if they had any concerns.

Is the service well-led?

Good ●

The service was well led.

People told us that the service was well run and organised.

We saw regular audits took place to check the quality of service provision.

People were involved in residents and relatives meetings to ensure they had a forum to talk about the service.

Sunnyside Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 23 May 2017 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of our inspection there were 34 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and four relatives, and spent time observing staff supporting with people.

We spoke with two care workers, two nurses (one being the deputy manager), the registered manager and a director of the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One relative said, "I can relax when I go home, knowing [my relative] is safe, well cared for and happy." A person living at the service said, "I like my room, I feel safe in here."

Staff we spoke with confirmed that they had received training in safeguarding adults from the risk of abuse. Staff were able to explain the types of abuse and what action they would take if they suspected abuse. The registered manager kept a safeguarding log which recorded any incidents and the action taken. We could see from this record that the provider had acted swiftly and appropriately to protect people.

We looked at care plans and found that risks associated with people's care and treatment had been identified. We saw the plans included information regarding how to minimise the risk from occurring. For example, one person had a risk assessment in place as they were at risk of falls. Bed rails and bumpers were in situ to protect the person falling from bed. The provider had introduced improved oral health risk assessments in advance of the National Institute for Health and Care Excellence (NICE) guidance due later this year. These were used to inform care planning for oral hygiene.

We spent time observing staff interacting with people. We found there was sufficient staff with the right skills and abilities to meet people's needs in a timely way. Staff we spoke with told us they worked well as a team and felt there were enough staff working with them to support people. We spoke with people who used the service and they confirmed that staff responded to them quickly when they requested support. One person said, "Staff are always popping in to my room to see if I am alright."

We saw the provider had a system in place to ensure enough staff were available to support people. The registered manager maintained a dependency assessment, which was based on people's needs and reviewed on a monthly basis or before if required.

We saw that medicines were managed in a safe way. Medicines were stored appropriately in locked medicine trollies which were kept in a locked room. We saw records which indicated that the temperatures were taken of the room and the fridge, used for storing medicines which required cool storage. This ensured that the temperature was maintained at acceptable levels.

The provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). Controlled drugs books were in place which was used to record all controlled medication. This was double signed when staff administered the medication in line with current guidance. We checked CD amounts for three people to ensure they reflected what was recorded. We found these to be accurate.

We looked at Medication Administration Records (MAR's) and found they were completed accurately. At the time of our inspection there was no one who had been prescribed medicines on an 'as and when' basis. However, the provider had a system in place to record the reason this would be required, and how to record the effectiveness of the medicine.

Staff who were responsible for administering medicines completed relevant training. Competencies of their practice were completed on an annual basis to ensure they were competent.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post. Staff we spoke with told us that they received an induction when they commenced employment at the service.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and understood their needs. One person said, "Staff are well trained and know what they are doing. They understand me and respect my preferences." One relative said, "I feel supported and involved in [relatives] care."

Staff we spoke with told us they received training relevant to their role. Staff told us that training was provided by e-learning and face to face training. Staff told us that the training was informative and interesting. One care worker said, "We are learning all the time and have lots of opportunity to complete training."

Staff files we looked at contained training certificates and each staff member had an individual training plan based on their needs. The registered manager shared with us a training matrix. This was a record of training completed and when this was required to be repeated in line with the provider's policy.

We spoke with staff and found they felt supported by the registered manager and deputy manager. Staff told us and we saw records that showed supervision sessions took place on a regular basis. Supervision sessions were one to one sessions with their line manager to discuss their work. We also saw that staff appraisals took place on an annual basis.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at care records and found that where people lacked capacity, best interest decisions had been made and consent forms had been completed.

People were supported to eat and drink enough to maintain a healthy and balanced diet. We observed breakfast and lunch being served in the dining room. The environment was calm and pleasant. Food served looked nutritious and appetising. People told us that they enjoyed the food provided. One person said, "The

food is lovely, I have a small appetite so I am not so bothered about it, but I enjoy the food here." Another person said, "The food is excellent. I get what I ask for and it is beautifully cooked."

We saw drinks and snacks were available throughout the day. Jugs of water and juice were available and in people's rooms. The service operated a 'coffee shop' which operated Monday to Friday between 1pm and 4pm. The provider had employed a member of staff so that people could be served drinks such as latte, cappuccino and hot chocolate. Cakes were also on offer. This was very popular with people and their relatives and supported food and fluid intake.

We looked at care plans and found that people were referred to healthcare professionals when required. This was done in a timely manner. For example, we saw that opticians, dieticians, occupational therapists and physiotherapists had been requested when people required their support.

The provider had introduced a detailed falls analysis and audit. This was to ensure that people were referred to health care professionals without delay and had access to aids and equipment when required.

The service was taking part in a 'Telehealth' trial since December 2016. This was a system that provided immediate access to nurse prescribers and supporting clinicians out of hours. It also provided additional support to nursing staff, and gave people who used the service access to have 'face time' directly with the external health care professional. Direct referrals could then be made for GP visits or ambulance attendance if required.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were all caring and supportive. One person said, "They [the staff] are absolutely wonderful, they look after me and I feel like a princess. I have all my nice clothes and everything I need." Another person said, "It's brilliant here, the staff are really good." A relative told us, "[My relative] is happy here and calls it their home. This means so much to me, just knowing they are happy. Staff respect privacy and always knock on the bedroom door."

Staff we spoke with were committed to providing a homely atmosphere where people felt happy and relaxed. Staff knew how to respect people's privacy and dignity and knew people well. One care worker said, "I make sure I know the person well before providing personal care. I explain what I am doing and try to reassure people. It's all about building up a relationship of trust."

We observed staff interacting with people and found they were kind, considerate and caring. Staff maintained good relationships with people and their families. Several people we spoke with told us that they shared lots of friendly banter with the staff. Key workers and named nurses were allocated to people to develop relationships and be involved with care planning. The home had a dignity champion who was responsible for ensuring dignity was respected.

We observed staff interacting with people and maintaining their dignity. We saw staff spoke with people quietly when they were talking about personal care and staff closed bathroom doors when carrying out tasks. People we spoke with told us that they felt their privacy and dignity was well maintained. One person said, "The carers are nice, they talk lovely to me and we have a chat. They [the staff] all treat me with respect." A care worker said, "We have a good relationship with people. Each person is an individual, but we know what makes them happy and how best to relate to them."

Positive caring relationships were developed between staff and people who used the service and their relatives. Care plans we looked at contained information about people's life history. This detailed information about family members, holidays and any other significant information about people. The home had several areas where people were able to spend time with their families and enjoy each other's company. One area was the 'coffee shop' which was extremely popular and gave an environment where people were able to entertain their family and friends. The service also had an accessible garden area which was well maintained.

The home offered advanced care planning to ensure people's wishes and preferences for end of life care were respected. Support for people during end of life was provided by ensuring appropriate equipment and medicines were available to ensure people were comfortable and pain free. The home also accessed specialist palliative care services when required.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us they felt involved in their care or that of their relative. One relative said, "We are kept informed about everything involving [our relative]. The staff are fantastic." A person who used the service said, "I am happy with the way I am cared for. The staff are great."

We looked at care records and found that they contained information about how to care and support each person. We saw that staff delivered care in line with this information. For example, one person had a care plan in place to instruct staff in how they should be mobilised. This person required the use of a mechanical hoist and sling to move from chair to bed. The care plan gave details of what equipment was required and how to carry out the task safely.

The home held a Monday club on a weekly basis. The purpose of this club was to invite relatives, visitors and members of the community to visit the home for basic health checks (weight, blood pressure), entertainment and afternoon tea. This encouraged social interaction and community links.

People who used the service contributed to raise money each year for a charity chosen by them. This included an annual walk a mile wheelchair push, afternoon teas craft sales and raffles.

The service had an activity co-ordinator who was available on a flexible basis thirty hours a week. We saw that a schedule for activities was in place which was based on the preferences of people using the service. On the day of our inspection we saw the activity co-ordinator engaging with people on a one-to-one basis. In the afternoon they facilitated a game of bingo. We spoke with people who spent time in their bedrooms and they confirmed that they knew the activity co-ordinator and that they spent time chatting with people in their rooms. This showed that people were not socially isolated. One person said, "We are kept busy. There is always something going on." One care worker said, "We have good links with the community and people get involved. We have local churches that visit."

The provider had a procedure in place for dealing with complaints. The procedure was displayed in the main entrance of the home. We also saw that a suggestion box was available for people to comment about the service. We saw that people had a 'welcome file' in their bedrooms and this also contained information regarding how to make a complaint.

People we spoke with and their relatives told us that they felt comfortable to raise any concerns and to speak with staff if they had a concern. One relative said, "There is always a nurse around and I would speak with them if there was a problem. They listen to me and they are very responsive."

The registered manager kept a record of complaints and we saw that these had been dealt with in line with the provider's policy.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who was supported by a deputy manager, team leader and a team of nurses. People we spoke with felt they could speak with the management team and felt they were approachable. One person said, "I have every confidence in the management. This home is organised."

People we spoke with told us they received information about the service and were well informed. People told us that regular residents and relatives meetings were held so that people could discuss issues but also be part of developing the service. One person said, "We have a meeting once a month." A relative told us, "I attend the meetings and find them useful."

We saw that a quality survey took place on an annual basis. The last one was completed in February/March 2017. Following receipt of completed questionnaires, the registered manager had evaluated the survey and identified aims for 2017. These actions were complete.

We spoke with staff who felt supported by the management team and meetings took place regularly to ensure they were involved in service delivery.

During our inspection we saw evidence of clear leadership. Staff were aware of their roles and knew when to ask their senior for support or to make a decision. The registered manager and deputy manager led by example and were involved and knew people and their relatives well.

The provider had systems in place to monitor the quality of the service. The registered manager completed several audits such as medication, infection control, staffing, care records and health and safety. We saw that the audit system identified areas to improve and these were actioned appropriately. For example, we saw in a care plan audit that certain information was missing from a person's file. We looked at this file and found that these actions had been resolved. The registered manager completed an annual review of the audits to ensure they were suitable and to comment on the findings.

The registered manager worked closely with other professionals to develop new initiatives. This included working in partnership with organisations such as the local authority and the clinical commissioning group. The main purpose of this was to support care provision and develop the service. The provider was also compliant with ISO9001. This is an international standard which specifies requirements for quality management systems.

In addition to audits completed by the registered manager, the provider also completed a monthly audit. This included looking at areas such as nutrition, care planning, premises, staffing, assessing and monitoring of complaints and infection control. The outcomes of these visits were discussed with the registered manager who was responsible for taking any action regarding any concerns raised.