

Mrs Jennifer Grego

Sunnyside

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sunnyside is a residential care home providing personal care to up to four younger people with a learning disability, mental health condition or sensory impairment. At the time of this inspection, the service was supporting two people.

The home had been designed taking into account best practice guidance and the principles and values underpinning Registering the Right Support. For example, the home was small and located in a village location that assisted the people who lived there to participate easily in their local community.

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

The service had made improvements since our last inspection although further improvements were required, particularly around risk management and infection prevention and control. For example, we found some areas of the home not as clean as expected and staff were not always following the government's guidance on social distancing and the use of personal protective equipment. Further consideration was also needed in relation to managing people's risks and staffing gender and levels at night

However, the outcomes for the two people who used the service were good and staff had supported them to live independently. One person said, "I feel happy here, the staff are kind to me." The relatives we spoke with confirmed this as did the health and social care professionals. Staff supported and engaged with people and helped them live meaningful lives with the support of professionals.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

All those we spoke with talked positively of the management team and the improvements they had made. Staff felt valued and supported and relatives told us the home was good at communicating with them. The manager understood their regulatory responsibilities and the importance of leading their staff team. However, the quality monitoring system had not completely identified and rectified the few concerns we found during this inspection.

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

Rating at last inspection and update:

The last rating for this service was inadequate (report published 1 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since our last inspection in October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We received concerns in relation to the management of risk. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to continue to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Sunnyside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, one working remotely and one on site.

Service and service type

Sunnyside is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had employed a manager, but they were not registered with CQC; they will be referred to as the 'manager' throughout this report. This means that only the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ascertain any health and safety information in relation to COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and observed the care and support the second person received. We spoke with the operations manager. We made observations on the environment and viewed care and support records for both people who used the service; their records relating to medicine administration were also viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a number of management records including policies and procedures, staff recruitment records, quality assurance documents and maintenance checks. We spoke with one professional who regularly visited the service and two relatives. Five staff were also spoken with including the manager, one senior support worker and three support workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were still not always safe and we were not fully assured regarding people's safety.

Staffing and recruitment

- At our previous inspection in August 2019, we identified that the ratio of male to female staff had not been fully considered in relation to the needs of one person who used the service. We also noted that having only one staff member on at night put both people, and staff, at increased risk due to incidents of behaviour escalation; we continued to have some concerns at this inspection.
- For one person who used the service, we saw that their continence care plan recorded that female staff must always be available to assist if needed. Rotas showed there were regular occurrences where only male staff were on shift at night. However, staff told us this person was independent through the night and did not need support.
- Incident forms showed that there were times when staff had to manage a person's escalating behaviour alone due to them occurring at night when the service employed only one staff member. Whilst evidence showed that staff managed these incidents well and appropriately, this could put the person, and the staff member, at increased risk of harm.
- Safe recruitment practices were in place to ensure staff were suitable to work with the people who used the service.

Preventing and controlling infection

- The service had identified, assessed, managed and regularly reviewed the risks associated with infection and, specifically, Covid-19. However, we found that the actions stated to mitigate the risks were not always being followed meaning we were not fully assured.
- For example, some staff were wearing cloth masks rather than the recommended fluid-repellent surgical masks and we witnessed senior staff not always adhering to social distancing guidance.
- The service did not have any dedicated areas for the donning and doffing of personal protective equipment (PPE), the name given to the procedure for safely putting on, and the removal of, PPE. Hand washing facilities were limited for staff and were not contained within the same area where PPE was stored which would have further mitigated the risk.
- Although there was no information on the service's Covid-19 procedures at the entrance to the home, the inspector was screened on arrival to ensure they had no symptoms of the virus and relatives we spoke with understood the visiting policy. Guidance for staff and easy-read information for people who used the service was also available.
- More frequent cleaning was in place and most areas of the home appeared clean. However, heavy debris was found under the soft furnishing seating and we found toilet brushes sitting in contaminated water.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that, although further improvement was required, the provider was no longer in breach of regulation 12.

- The completion of incident forms had improved although further improvement was required in the level of detail, particularly around what action staff had taken to de-escalate people's behaviour prior to the use of medication. Furthermore, no analysis of incidents had occurred in order to identify any potential trends which may have contributed to the event. However, records showed appropriate action had been taken to manage and mitigate incidents as they occurred.
- The service had identified that the deterioration of one person's health condition contributed to an escalation in their behaviour. Whilst the service was monitoring this health condition and good information was in place for staff to support the person with this, information did not clearly show who was responsible for contacting a medical professional should it be needed.
- For the second person, the service had identified and assessed the risk of tying ligatures as a form of self-harm, however not all ligature points had been considered within the environment. However, since our last inspection, the service had purchased ligature cutters in the event this occurred.
- In order to support people and keep them safe, we found detailed risk assessments and positive behaviour plans in place that gave staff good information on how to support people's health, safety and wellbeing. One relative we spoke with told us, "Staff are on top of [person's] behaviour, they have found ways to cope with it, it's really positive and they know how to nip it in the bud".
- Systems were in place to manage the risks associated with the premises and equipment. This included regular servicing and checks on equipment such as the heating system and fire-fighting equipment. However, we did find some limescale on taps which increases the risks associated with Legionella.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people who used the service. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Processes were in place to identify, record, report and help mitigate the risk of abuse.
- Staff had received training in safeguarding and were able, through discussion, to demonstrate their knowledge. Staff knew how to report potential abuse both inside, and outside, of their organisation.
- Staff had access to information for the local authority safeguarding team and the manager had produced small prompt cards that staff could carry to remind them of their responsibilities around safeguarding.

Using medicines safely

- The medicine records we viewed confirmed people had received their medicines as prescribed. Although we found no concerns with the administration of medicines and that regular reviews were taking place with health professionals, risk assessments had not been reviewed in the timeframe specified by the provider. However, a health professional we spoke with told us, "Staff have been excellent regarding [person]"

medicine and I've been impressed with how they have always contacted me about it when there is an issue or sorted it out."

- At the time of the inspection, no medicines required refrigeration however the temperature of the fridge to be used for this, should it be needed, had been running above safe levels and no action had been taken in response.
- Medicines were safely stored, and best practice guidance followed. For example, carried over amounts of medicines were recorded from month to month to ensure an accurate count of medicines was always available and reasons recorded should a medicine not be administered.
- Staff had received training in medicines and had their competency to administer medicines assessed on a regular basis to mitigate the risks associated with misadministration.
- The service completed regular checks on medicines and systems were in place to assist the safe storage, management and administration of medicines.

Learning lessons when things go wrong

- The improvements found at this inspection demonstrated the provider learned lessons when things went wrong.
- Following the death of a person at another of the provider's homes, the coroner had made recommendations to mitigate future occurrence. We saw that these recommendations had been implemented at this service which demonstrated the provider used the learning across all their services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to tailor care to meet people's individual needs. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider was no longer in breach of regulation 9.

- People received care and support to meet their individual needs from staff who knew them well. One professional told us, "[Person] is a real success story and their care has been extremely well managed." Whilst a relative said, "They know [person] really well. [Person] is happy there."
- People had detailed and accurate care plans in place that reflected their needs and the support they required.
- Care plans had been regularly reviewed and people had been involved in these.
- Since our last inspection in August 2019, the service had introduced documents that would assist staff unfamiliar with people's needs in the event they needed to transfer between services. This ensured people would receive appropriate support in such an event.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection the provider had not consistently worked within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider was no longer in breach of regulation 11, although further improvements were required.

- Where people's capacity to make a decision had been in doubt, the service had completed assessments to ascertain this in a way that reflected the needs of the MCA.
- Best interest decisions had been made on people's behalf where needed and appropriate people involved in these decisions. However, records to demonstrate the extent to which people had been involved could have been more robust.
- Where needed, DoLS had been correctly applied for, and authorisation granted. No specific conditions were needed as a result.
- Staff had received training in the MCA and demonstrated their knowledge in this area through discussion.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider was no longer in breach of regulation 18.

- People received care and support from staff who had been trained, supported and had their competency to perform their role checked on a regular basis. Staff told us the training they received was good.
- Staff received specialist training to help support those that lived at the service. This included physical intervention, diabetes, epilepsy, autism awareness and positive behaviour support.
- Staff told us the induction they received prepared them for their role. They told us they were given time to read policies and procedures and people's support plans and had time to get to know the people they supported.
- The provider ensured staff performed their role as expected by monitoring their competency in such areas as moving and handling and medication administration and provided regular formal and informal support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service achieved good outcomes for people by working collaboratively with health and social care professionals.
- We saw that where professionals made recommendations, these were adopted and used to successfully better support people.
- Both professionals we spoke with were positive about the improvements the service had made. One told us, "The support staff will call me if they need to; they are very open and supportive."

Adapting service, design, decoration to meet people's needs

- People had been included in the decoration of the home and we saw, during our inspection, one person being supported to make choices on the decoration of their new bedroom.
- We found people's bedrooms to be personalised to their needs.
- The location and design of the home met the principles of Registering the Right Support meaning people's

home was in a community setting allowing them to participate in the local society.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet and we saw that the service sought nutritional support for people as required.
- Staff had supported people to attend classes for weight loss and assisted them to monitor their weight and follow a healthy diet.
- People had choice in what they ate and drank, and weekly meetings were held where people decided on the menu for the week ahead. One person who used the service said, "I help with shopping. The food is good. I cooked yesterday."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant further improvements were required, particularly around risk management and infection prevention and control.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have an effective quality monitoring system in place putting people at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that, although further improvements were required, the provider was no longer in breach of regulation 17.

- At the time of the inspection, a manager had applied to register with CQC, and this application was being processed. Since our last inspection, management had become more stable and the service was building an established staff team.
- The manager and staff demonstrated a good understanding of their roles and associated responsibilities. For example, the manager could describe what events they would need to report to CQC and understood the importance of leading and supporting their staff team.
- The quality monitoring system the provider had in place had been mostly successful in driving improvements and although more were required, risks to people had reduced.
- Improvements were needed in relation to infection prevention and control and risk management and the audits in place to assess these areas had not fully identified the concerns recorded in this report.
- Following the death of a person who used the service of another of the provider's homes, learning from that had been shared across all the provider's homes and staff demonstrated they understood this.

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

- All the people we spoke with in relation to this inspection spoke positively about the service, management team and staff and the outcomes they had achieved for people. They told us improvements had been made.
- One relative we spoke with described the impact the service had had on their family member. They told us, "When [person] comes home, they are always laughing; they're a happy soul." A professional said, "I do feel that it's an improving picture at Sunnyside. The service feels more structured and there is a manager in place. I have found the operations manager to be helpful and in control of things."
- Staff told us they felt supported and listened to by the management team and that suggestions for improvements were encouraged. One staff member told us, "[Management] are always there for us."

Another described the management team as, "Amazing" whilst a third said, "They are there if you have any questions and if I want more training I can ask, and they will sort it out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour requirement and explained to us it was about being 'open and transparent' with everyone associated with the service.
- We saw examples where the service had shared incidents with professionals in order to seek advice and recommendations in order to mitigate reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged people in a variety of ways and staff told us their views and suggestions were encouraged.
- We saw the service had formally sought feedback via questionnaires to health professionals and relatives and that responses were positive.
- Regular meetings were held for staff and the people who used the service so information could be shared, and views and opinions sought.
- During our inspection, we saw staff support one person to choose items for their new bedroom demonstrating people were involved in decisions about their environment and living spaces.