

Parfen Limited

# Sunnyside Residential Home

## Inspection report

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14 January 2021  
29 January 2021

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Sunnyside Residential Home is a care home providing personal and nursing care for up to 27 people over three floors. At the time of the inspection, 21 people were living at the home.

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

Infection control practices were not robust, which presented a high risk to people's welfare and safety. We issued a letter of intent requesting an action plan from the provider, to evidence steps they would take to mitigate the immediate risk. An action plan was provided in a timely manner and evidence was provided to show new systems being implemented.

People's risk assessments did not always provide clear guidance, with vague terminology used rather than clear instructions for staff to follow. Staff did not always follow guidance recorded in risk assessments. In some instances, risk assessments had not been completed at all. Daily records provided limited information about what people had done throughout each day. Gaps in daily checks, such as room temperatures were significant. Accidents and incidents were not always recorded to evidence what the cause and what actions had been taken and why. People reported feeling safe at the home and staffing levels were sufficient to meet people's needs; staff had been recruited safely.

Medication records did not consistently have the correct information recorded in them. Care plans did not always reflect how often medications should be administered. Medication stock amounts, recorded on people's medication administration records (MAR), did not always reflect the actual amount of medication people had.

Quality assurance and auditing systems were not robust and did not reflect our findings at this inspection. Audits were not in place in several areas such as safeguarding and daily records. The provider had no quality assurance policy and oversight of the management of the home was limited. Staff unanimously reported support and oversight was needed at provider level, to ensure guidance, support and auditing was in place for the registered and deputy manager.

Analysis of accidents and incidents was not completed; this meant learning had not been identified to improve people's care when things had gone wrong.

People and relatives felt well supported; the management team and care staff received praise for providing person centred care and communicating with transparency. Notifications had been sent to relevant bodies in a timely manner and the management team had been proactive in seeking support from colleagues across health and social care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 June 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. A targeted inspection was carried out on 21 August 2020 and the provider was found to have made improvements and they were no longer in breach of regulations. At this inspection we found that improvements had not been sustained and the rating has deteriorated to inadequate.

### Why we inspected

We received concerns in relation to the building looking unkempt, lack of heating and areas of the home being dirty, people were reported to be wrapped in blankets and cardigans due to the cold. Concerns were also made regarding staff not wearing personal protective equipment (PPE) appropriately and having limited interaction with people throughout the day.

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 requires improvement to inadequate. This is based on the findings at this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunnyside Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance. We issued a notice of proposal to cancel the providers registration to carry out their regulated activity at Sunnyside Residential Home. The provider did not submit any representations against this proposal.

### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Sunnyside Residential Home

## **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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 due to the COVID-19 pandemic to ensure we had prior information to inform our risk assessment and so we could promote safety. Inspection activity started on 14 January 2021 and ended on 29 January 2021. We visited Sunnyside Residential Home on 14 January 2021.

### What we did before the inspection

Prior to the inspection we reviewed information we already held about the home, which had been collected via our ongoing monitoring of services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with seven people and four relatives about their experience of the care provided. We spoke with eight staff including the registered manager, deputy manager, senior care and care staff, kitchen and domestic staff. The registered manager was also registered as the nominated individual. The nominated individual is responsible for supervising the management of the home on behalf of the provider.

We observed staff providing care, to help us understand the experience of people who used the service.

We reviewed a range of records including four people's care plans and daily records. We reviewed multiple medication records and looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, staff rotas and records relating to daily care and incidents. We spoke again with the registered manager.

# 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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments did not always provide staff with clear guidance on how to mitigate risks to people's safety. Risk assessments did not always have the correct information recorded in them and in some instances, risk assessments had not been completed at all.
- The provider did not have an up to date legionella risk assessment. We discussed this with the registered manager, who provided evidence to demonstrate a legionella risk assessment had been arranged following the inspection.
- At the time of inspection, the homes heating system had not been working for several months. People had been provided with electric heaters in their rooms and heaters were present in communal areas. Daily room temperature checks should have been completed as part of the risk management plan. However, records indicated these had not been completed consistently, in some instances for several months.
- Accidents and incidents were not always recorded appropriately. We identified several incidents in people's daily records which required documenting. However, when we requested incident reports for each occurrence, none had been completed. This meant we could not be certain people were always receiving the support they needed.
- Accidents and incidents had not been analysed or audited to identify any trends or promote learning to prevent a reoccurrence. Further information on this is recorded in the well-led section of this report.

Management oversight did not ensure consistent and accurate records were in place or identify errors in staff practice. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Other health and safety certificates were present and the provider had started to make improvements relating to fire safety, which had been identified as part of the last fire risk assessment.

Preventing and controlling infection

- Staff did not work in accordance with the providers 'Coronavirus (COVID-19) Health and Safety Schedule', which outlined how staff should manage the risks relating to COVID-19. We asked the registered manager if this was the providers COVID-19 policy. The registered manager explained that it was.
- Infection prevention and control systems were not robust. We observed several members of staff not wearing, changing or disposing of PPE appropriately.
- When we arrived on site, we found used masks, gloves and aprons discarded in the homes parking area.
- Cleaning of frequent touch points, such as door handles or chairs had not been carried out regularly.



- Hand hygiene practice was not carried out appropriately. Staff did not always use hand sanitiser or wash their hands in between care tasks or after adjusting their PPE.
- COVID-19 specific risk assessments had not been completed for staff. We discussed this with the registered manager, they said, "I haven't done COVID-19 risk assessments, I'll have to start them next week."

Infection control practice was not robust and the provider had failed to manage the risk of infectious diseases appropriately. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- We discussed our findings with the registered manager who acknowledged immediate improvements were required. They responded to a letter of intent we issued by providing an action plan and evidence of the new measures they had implemented.

#### Using medicines safely

- Information in people's medicine care plans did not always reflect the information recorded on medicine labels and administration records. However, this had not impacted safe administration and we observed medication being administered as directed.
- Medicines were stored safely; fridges used for medicines which needed to be stored at specific temperatures were checked regularly.
- Clear guidance was in place for 'as required' medicines, such as paracetamol. These detailed how, when and why these medicines should be given. Please refer to the well-led section of this report for further information on 'as required' medicines.

#### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of what to do in the event of a safeguarding incident. One staff said, "I'd report it to the manager, and if it was about the management team, I would contact CQC, the numbers are in the office."
- People and relatives generally felt safe at the home. One person said to us, "It's the best one, the way the staff speak to you and make you feel safe."

#### Staffing and recruitment

- Staff training was not always recorded. However, staff feedback and prior knowledge from our discussions with the local authority evidenced this was a recording issue and staff had received appropriate training.
- Staff had been recruited safely with appropriate checks and a formal induction process completed consistently.

# 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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Auditing systems were not robust or in some instances in place at all. They did not always identify errors in records or staff practice and did not reflect our findings at this inspection.
- We found recorded stock amounts of medication did not always reflect the actual number of medication people had. The providers medication audits did not reflect our findings at this inspection.
- The provider had no quality assurance policy or system in place for auditing the management of the home.
- Staff we spoke with felt provider oversight needed to be implemented to provide support and guidance to the management team. One staff said, "I think they need someone coming in checking what they're doing and doing audits on the management and what we're doing."

Auditing and quality monitoring was not robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Continuous learning and improving care

- Analysis of safeguarding incidents was not in place. This meant learning, which could be used to inform improvements in people's care, was not identified.
- We discussed analysis and recording of incidents with the registered manager. They said, "I think we could do a summary or lessons learnt, a log that sort of thing."

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

- Person centred care was evident in people's care plans and from feedback provided by people, relatives and staff.
- When asked about person centred care, one person said, "They know that I like exercising, and they have really helped me to get out in the fresh air and do some exercises, which they don't have to do. It's only because I like to be active and independent. They make sure I can do what I like to do."

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

- Notifications had been sent to CQC in a timely manner. The local authority had been informed of

safeguarding concerns, accidents and incidents.

- Relatives were informed if something went wrong. One relative said, "We have great communication and any issues would get sorted out. The manager is on the ball and lets us know if there are any issues."

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

- Staff demonstrated a good understanding of how to support people with specific cultural needs. One staff said, "You need to make sure you've got the information about how to support that person recorded in their care plan. If that isn't there for us to follow, we'd speak with the persons family and friends and learn how to support them."
- The provider was pro-active in working holistically with external colleagues across health and social care. We observed several pieces of correspondence, evidencing the provider seeking guidance and support.
- Relatives felt included in people's care. One relative said, "We've attended meetings in the past and [person] has an annual review each year. I have also completed surveys in the past, when we've been asked for feedback."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed in assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated</p>

### The enforcement action we took:

Pursuant to Section 12(5)(a) of the Health and Social Care Act 2008 we propose to vary one of the conditions of your registration.

We propose to vary condition 2 which specifies the locations where you are authorised to carry on the regulated activity accommodation for persons who require nursing or personal care, so you are no longer authorised to carry on from Sunnyside Residential Home, Adelaide Street, Bolton, Lancashire, BL3 3NY.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

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