Millennium Care Services Limited

Sunnyview

Inspection report

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Date of inspection visit:
14 November 2016
17 November 2016
24 November 2016

Date of publication:
01 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Sunnyview on 14, 17 and 24 November 2016. The first and last days of the inspection were unannounced. This meant on those days the service did not know we were coming.

Sunnyview was last inspected in December 2015 and was rated as 'good' overall, with 'outstanding' in the responsive domain. This inspection was prompted in part by notification of an incident following which a person who used the service sustained a serious injury. This incident may be subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

The information received by the Care Quality Commission (CQC) about the incident indicated potential concerns about the way the service managed risk to people. This inspection included an examination of those risks.

At the time of our inspection, six people were being supported at the home; one person was in hospital.

The home did not have a registered manager. The last registered manager left in December 2015. A new home manager had been appointed and was about to apply to be registered at the time of this 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 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.

Most risks to people had been managed properly, however, we noted the risk assessments and care and support plans of some people with identified risks did not include the information staff needed to manage these risks. Most checks on the building and utilities were up to date; however, we found electrical hazards identified in December 2015 had not been addressed for over 11 months.

We observed medicines administration was person-centred. Documentation relating to medicines management was not always correct and there had been persistent issues in 2016 with medicine stock-checking and reconciliation.

Support workers and one relative told us there had been issues with low staffing levels, particularly at weekends. The home manager acknowledged this but said the registered provider was making efforts to recruit more staff. People we spoke with at Sunnyview said there were enough staff.

Most aspects of recruitment were done correctly, although records showed one support worker had not provided a full employment history, as is required by the regulations.

Staff could describe the different forms of abuse people living at Sunnyview might be at risk of. They said they would report any concerns to managers or the local authority safeguarding team.

Incidents and accidents which had occurred at the service since the last inspection had been managed, investigated and documented correctly. We saw evidence they had been followed up by the home manager.

We found the home was clean and tidy.

Most staff had received the training they needed to meet people's needs, although identified some gaps. Support workers had access to supervision, however, this had not been according to the registered provider's policy of six per year in 2016. The registered provider was reviewing their appraisal policy at the time of the inspection.

The service was compliant with most aspects of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although we noted people's families had not been involved in best interest decision-making on their relatives' behalf.

People were happy with the meals they were provided with at Sunnyview and told us they could choose foods they liked. Support workers encouraged people to eat a healthy diet.

Records showed and people told us they were supported by the service to maintain their general health.

Detailed records were kept when support workers used physical restraint to help people experiencing behaviours which may challenge others. Staff had received the training they needed to do this safely.

People and their relatives told us staff were caring and respected people's privacy and dignity. We saw support workers encouraged people to maintain and increase their independence.

The service tried to involve people in designing their own care and support plans. People had access to independent advocates when they needed them.

People had detailed assessments of their needs, personal histories and support plans to guide staff to help meet those needs. We found issues with how information from other healthcare professionals had been incorporated into people's care and support plans and stored.

People's care files included no information about their future plans, goals or aspirations. Their 'circle of support' plans did not include their friends and families.

A comprehensive transition plan had been developed and implemented for a person who came to Sunnyview shortly before the inspection from another long term placement. Some people's hospital passports were either blank or lacked detail.

People told us they had enough activities to keep them busy and they could choose what they wanted to do. They also had the opportunity to go on holiday every year if they wanted to.

No complaints had been received by the service since the last inspection. People and relatives said they felt able to complain if they needed to. There was an open and positive culture at the home.

The home manager lacked oversight of various aspects of the service. Services have a legal duty to inform CQC about certain events or incidents that occur, for example, when abuse is suspected. The manager had not notified us about four such occasions in 2016. We recommended the registered provider ensures appropriate support and training is provided to the home manager so they can develop the skills and

knowledge they need to become the registered manager.

People had opportunities to feedback about the service at regular house meetings. Staff at the home had regular team meetings. The registered provider had surveyed people, their relatives and staff in 2016 and were in the process of disseminating the results.

Support workers understood the visions and values of the service. They enjoyed their roles and said working with the people at Sunnyview gave them job satisfaction.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

Medicines were not always administered and managed safely.

Risks were not all assessed and managed effectively.

There were problems with low staffing levels at the home. The home manager said the registered provider was taking steps to address this.

Support workers described how they kept people safe from harm and said they would report any concerns appropriately. We saw incidents and accidents had been recorded and managed properly.

Is the service effective?

Requires Improvement

The service was not always effective.

Most staff had received the training they needed to support people, although we identified areas where staff training was out of date.

The service was compliant with most aspects of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although, where appropriate, people's families had not been involved in making best interest decisions.

People enjoyed the meals at Sunnyview. They were supported to attend healthcare appointments and maintain their general health.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff at Sunnyview were kind and caring. We observed staff and people interacting in a warm and familiar way.

People had access to independent advocates. The service

encouraged people to be involved with care planning and provided documentation in an easy to read format.

Staff supported people to maintain and increase their independence. People were also helped to see their friends and family.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs assessments had been used to develop their support plans. We saw guidance from other healthcare professionals staff needed to meet people's needs was not always incorporated into their support plans.

Not all people at the home had a completed hospital passport or support plans for their future goals and aspirations.

People were happy with the activities they took part in and could choose what they wanted to do. They could also go on holiday every year if they wanted to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The system of audit at the home was sporadic and had not been used to follow up issues with medicines which had occurred in 2016.

Four statutory notifications to CQC had been missed in 2016. The home manager lacked oversight of various aspects of the service.

Culture at the home was positive. People, their relatives and staff were provided with opportunities to feedback about their experiences of living and working at Sunnyview.

Staff at Sunnyview provided support according to the vision and values of the service. They told us they enjoyed working with the people who lived there and got job satisfaction from the role.

Sunnyview

Detailed findings

Background to this inspection

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

This inspection took place on 14, 17 and 24 November 2016. The first and last days were unannounced. The inspection team consisted of two adult social care inspectors on the first day of inspection and one on the second and third days.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection.

Prior to the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Wakefield, the local authority safeguarding team and the Clinical Commissioning Group. They did not share any concerns with us. After the inspection we also contacted four other healthcare professionals involved with people using the service. Those that responded also had no concerns.

During the inspection we spoke with three people who used the service, three support workers, the home manager, and the head of care homes and clinical and quality manager from the registered provider. After the inspection we contacted four people's relatives for feedback.

As part of the inspection we looked at six people's care files, including their risk assessments and support plans. We also inspected two support workers' supervision documents, recruitment records for two support workers, two people's medicines administration records, accident and incident forms, and various policies and procedures related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Sunnyview. One person said, "It's a safer house for me", and a second commented, "I feel safe." Relatives we spoke with also felt their family members who lived at Sunnyview were safe. One said, "[They're] well looked after so I think [they'll] be very safe there."

This inspection was prompted in part by an incident whereby a person who used the service sustained a serious injury. As this incident may be subject to a criminal investigation the inspection did not examine the circumstances of the incident. However, we did examine how the service managed risk to people in general.

We noted people's files contained risk management plans. Linked to these were care and support plans which detailed actions to be taken in order to manage the risk identified. Most risks to people had been managed appropriately, however, we noted some examples where people were at risk but care and support plans did not include the information staff needed to manage these risks.

For example, one person had a medical device which needed to be used at specific times. We found instructions produced by a specialist nurse for the use of this device had not been included in the person's care and support plan, and were stored in a separate file to their support plans. Support workers we spoke with could describe when they would need to use the medical device; however the person's care and support plan should have contained this information.

Another person had a risk management plan for choking but did not have a care and support plan for staff to follow to help manage their risk. We asked three support workers if this person needed the support detailed in their risk management plan to eat safely and all said the person did not. This meant support workers were not supporting the person to eat safely even though it had been identified they were at risk of choking. A second person was also at risk of choking. We saw it was only noted briefly on their needs assessment document and in their health and wellbeing care and support plan. This was despite a speech and language therapist providing detailed instructions on how to support the person to eat and drink safely. We saw these instructions were kept in a separate file to the person's other care and support plans. The person also did not have a risk management plan or care and support plan for choking. This meant the service was aware people were at risk but did not always plan adequately to manage those risks.

Issues with risk management breached Regulation 12 (1) and (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the home manager and the head of care homes for the registered provider. Prompt action was taken and risk management plans and care and support plans were put in place for these people before the end of this inspection.

We inspected how the service administered and managed people's medicines. Most people's medicines were supplied in blister packs but some were in boxes and bottles. We saw medicines were stored safely in locked medicine cabinets in people's rooms or in a staff room. We observed a medicines round and saw the

support worker checked the blister pack against each person's medicines administration record (MAR) prior to giving the person their medicines. They also explained to the person what each medicine was for and chatted in a relaxed and familiar manner. One issue we noted was the support worker signed each person's MAR prior to the person taking their medicines. This is not correct practice as a person may choose to refuse their medicine or there may be another reason why a medicine is not taken by a person. We fed this back to the home manager who organised a supervision session with the support worker during the inspection. This meant medicines were administered in a person-centred way and the home manager took action to ensure correct administration procedures were followed.

Records showed there had been repeated issues with medicines management at the service in 2016. In May 2016 a joint audit by the head of care homes and quality and clinical lead for the registered provider highlighted training needs in terms of stock checking and record-keeping. Records showed support workers received supervision about this issue. In June and July 2016, further incidents occurred where medicines had been found on the floor. This had led to further staff training.

Because of this we checked the recording of 'as required' medicines to see if they tallied with what was in stock. 'As required' medicines are taken by people when they need them, rather than on a regular basis, and so are administered from boxes rather than blister packs. We checked the stock levels and records for one person's 'as required' Lorazepam, a sedative medication some people take for the management of anxiety symptoms. Records we saw were not complete and loose tablets had been counted as part of the tally by different support workers, instead of being returned to pharmacy. In addition, we saw the record for one tablet administered was blank, which meant it was not possible to evidence when it had been taken by the person. We checked the person's mood management and mental health daily records and could find no information to show when this Lorazepam tablet had been administered there either. We noted another example where these records did not reconcile with the Lorazepam tablet tally.

We checked to see if people had medicines protocols for their 'as required' medicines. Medicine protocols describe when a person should be administered their 'as required' medicines. We saw people's clinical files included medicine protocols for their 'as required' medicines. However, we noted a medicine protocol for the person administered Lorazepam described above stated their maximum daily dose was 4mg per day. This was not correct as it did not take into account the 2mg the person received daily as a regular medicine; it could therefore result in the person receiving up to 2mg over the prescribed amount of Lorazepam per day. This meant the issues identified by the service previously with the safe management and recording of medicines were ongoing. We fed our findings back to the home manager and head of care homes for the registered provider. They told us they felt frustrated as the same issues had been found again and booked further medicines training for support workers. The head of care homes for the registered provider said they would consider taking disciplinary action to manage future incidents.

These issues with medicines management and documentation resulted in a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected records relating to the maintenance of facilities and utilities at Sunnyview. These showed the correct checks were made on gas and water, and there was a risk assessment for fire and general hazards around the home. The home also had contingency plans for any emergencies that might occur. One finding which concerned us was a report following an electrical installation inspection carried out at the home in December 2015. The report listed six areas described as 'potentially dangerous – urgent remedial action required' within the home. When we asked the home manager and head of care homes for the registered provider if these issues had been addressed; they did not know. After the inspection the head of care homes for the provider sent us certificates which evidenced the remedial work had been completed on 18

November 2016, which was half way through our inspection. This meant potentially dangerous electrical hazards had been present at the home for over 11 months.

The lack of action taken to remedy potentially dangerous hazards resulted in a breach of Regulation 12 (1) and (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff we spoke with during the inspection told us there had been issues with staffing at Sunnyview over recent months, as four support workers had either left the company or moved to other roles within the company. Comments from staff included, "Sometimes we can't meet people's needs because we're short staffed", "It's always been a problem, staffing", and, "We ring round (other services run by the same registered provider) for cover. It's a problem at weekends." The home manager stated, "I won't say sometimes we don't struggle (with staffing) but it's never unsafe." One relative also commented on the staffing levels at the home, telling us, "I've been told by quite a few members of staff there's not enough staff at weekends to take [my relative] out."

We spoke with the home manager about staffing levels. They confirmed there had been issues, particularly at weekends, due to staff leaving and highlighted the impact this can have on a small home with a small staff team. The home manager explained the dependency tool used to calculate the number of staff required on duty to meet people's needs. This was based on the number of hours people were funded to receive support. The home manager produced analysis which showed whether staffing levels had been greater or less than those calculated as required by the dependency tool. We saw there were occasions when there had been understaffing by up to 13% but also times when the home had been overstaffed according to the dependency tool by up to 20%. On the days of our inspection we observed there were sufficient staff on duty to meet people's needs.

The home manager described the efforts being made by the registered provider to recruit staff to Sunnyview and said they were in the process of conducting interviews for new support workers. Support workers we spoke with said they were tired due to being asked to cover shifts. When we asked the people living at Sunnyview if they thought there were enough staff they told us there were. One person said, "Yeah there's enough, it's fine. They help me." This meant the home had struggled with staffing levels but efforts were being made to recruit more support workers and the people did not report being affected.

We checked whether staff newly recruited to the service had been vetted properly before they started. We inspected two support workers' recruitment records and found they each contained an application form, health questionnaire, proof of address, copies of photographic identification and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions. We noted one support worker had not provided a full employment history as is required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and this had not been documented as explored with them at their interview. After we fed this back to the home manager they attempted to obtain a full work history from the support worker, but we saw it still did not include any history before the support worker was 32 years old. This meant a full employment history had not been obtained prior to a support worker had commenced work at the home.

Support workers we spoke with could describe the ways in which people living at Sunnyview might be vulnerable. They told us they would report any safeguarding concerns appropriately. One support worker said, "I'd immediately let my line manager know. If I didn't feel confident my concerns were taken seriously I'd call safeguarding (the local authority)", and a second said, "I'd definitely say something, even if it was another member of staff." This meant support workers were aware of people's vulnerabilities and knew how to report any concerns correctly.

As part of the inspection we checked to see if any incidents or accidents that had occurred had been managed, investigated and documented properly. We reviewed all the reports made for incidents in 2016 and found they had been recorded in detail and there was evidence they had been investigated and followed up appropriately by the home manager.

People told us they thought the home was clean. They were supported to help clean their rooms and manage their own laundry. We also saw there was a rota in the kitchen for the jobs people did at mealtimes. Minutes of house meetings showed infection control issues and hand-washing were regularly discussed. Personal protective equipment was available for staff to use when assisting people with personal care. On the days we inspected we found the home to be clean and tidy.

Requires Improvement

Is the service effective?

Our findings

People told us the staff knew how to support them, and their relatives agreed. Support workers we spoke with told us their access to training was good. One support worker said, "It is really good for training."

The service had a training matrix that showed which courses staff had attended and when. We saw staff had attended most mandatory courses such as fire safety, food hygiene, medicines management and first aid. Support workers we spoke with told us they had received safeguarding training, although the training matrix showed five members of staffs' safeguarding training had lapsed prior to our inspection. The home manager was not aware of this and confirmed refresher training had not yet been booked for them. They told us the booking of training and management of the training matrix had been delegated to a support worker and whilst they had oversight of this, they had not been aware some training was overdue. This meant the home manager had not checked to make sure support workers had received the training they needed to meet people's needs. Prompt action was taken to resolve our concerns and the staff that needed safeguarding training received it prior to the end of our inspection.

Support workers told us and the training matrix confirmed they received some specialised training to meet the needs of people living in Sunnyview. This included autism, when and how to use physical restraint and mental health training. The staff team had also received training from a specialist nurse around supporting a person newly moved to the home with certain aspects of a medical condition. The service ensured support workers were assessed for their competence with medicines administration and money management and we saw this was documented. We noted support workers had not received training in other physical health issues such as diabetes, supporting people with swallowing issues or those with special diets, which would be relevant to the people at Sunnyview. This meant the support workers received basic mandatory training and some specialised training to meet people's needs, but this focused mainly on people's behavioural needs rather than their health needs.

Support workers we spoke with told us they felt supported by the home manager, and the home manager told us they felt supported by senior managers from the registered provider. One support worker said of the home manager, "[the home manager] is good, [they'll] always be there if you need [them]", and a second said, "[They're] all right. [They] listen to me."

Records showed staff received supervision but not on a regular basis. The registered provider's policy was for support workers to receive supervision six times a year. The home manager said of supervision, "It's usually every two months. That's what we aim for." Supervision documents we saw were detailed and showed staff providing supervision had given positive feedback to staff when it was appropriate. Support workers told us, "I've had a couple of supervisions, I wouldn't say regular", "I've had two this year (supervisions). Maybe three", "It's (supervision is) six-monthly I think." One support worker's records showed they had received four supervisions in 2016, although three of these were in response to issues which had arisen or changes in home policy. The head of care homes for the registered provider told us the provider's supervision and appraisal policy was under review at the time of the inspection, and as a result no staff had received an annual appraisal in 2016.

We discussed staff support with the home manager. They told us 2016 had been a busy year at Sunnyview and issues with other commitments, staff sickness and staff vacancies had made it difficult to ensure all support workers received regular supervision. The home manager said this should become easier when new support workers were recruited. This meant support workers felt supported and received supervision, although not on a regular basis.

The registered provider had a senior support worker training and development plan which some support workers at Sunnyview were in the process of completing. This included courses on information technology, advanced safeguarding and providing supervision to other staff. Feedback we received from support workers about this development opportunity was positive. The home manager was also complimentary about the training and support they had received from senior managers and the registered managers of other homes run by the same registered provider as they prepared to apply to be registered manager of Sunnyview.

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. In a registered care home or hospital, the process for this is to use the Deprivation of Liberty Safeguards (DoLS).

People at Sunnyview had a range of needs and abilities. Most could make basic decisions, such as what to eat or wear, but not bigger decisions, such as how to manage their money or safely evaluate risks to themselves. Records showed people's capacity to make certain decisions had been assessed, and when their capacity was lacking, decisions had been made for them in their best interests. Decision-specific assessments we saw included medicines management, leaving the home unaccompanied and consent to care. We saw decisions made in people's best interests had also been considered in terms of their human rights under the Human Rights Act 1998 to identify any potential conflicts. Overall the service complied with most aspects of the MCA although we noted people's families had not been involved in making any of the documented best interest decisions that had been made on behalf of their relatives, where appropriate. We fed this back to the home manager who said families would be involved in future as these decisions were reviewed to make sure they were still appropriate.

All but one person at Sunnyview was either subject to constant supervision or had their liberty deprived in some other way to keep them safe, which meant a DoLS was required. We saw these had been applied for appropriately and support staff we spoke with could describe what people's restrictions were.

Some people at Sunnyview could on occasion exhibit behaviours which may challenge others. Records showed support workers had received the correct training and we saw all incidents which had required the use of physical restraint were documented in detail and followed up correctly.

Records showed people were supported to attend healthcare appointments. These included GPs, practice nurses, specialist nurses, dentists and outpatients appointments. Each visit was documented in people's health file.

People told us they were happy with the support they received to maintain their general health. One person

said, "I go to the doctors for tablets. I went to the dentist last week." On the whole, relatives we spoke with were satisfied with this aspect of support for their family member, although one described having to ask for a GP appointment to be made for a minor ailment of their relative's on more than one occasion. This had since been addressed. This meant people were supported by staff to maintain their general health, although one relative had experienced issues with how quickly the service had responded to their concerns.

People told us they enjoyed the food at Sunnyview. They also said they could choose what they wanted to eat. One person said, "The food is nice. If I don't like what's on I can choose something else." Minutes of house meetings showed people discussed meal options and food choices on a regular basis. The home manager told us the three-weekly menus were changed with the seasons to make sure people could have salads in the summer and hot foods in the winter. We saw people who needed help to manage their weight had been supported to attend healthy eating classes. One support worker explained how they had devised a chart with two healthy pudding choices per day for one person attending the classes. They told us the options were, "Healthier but still nice." Support workers told us they gave advice to people about making healthy food choices. The home manager said, "We try to steer and offer healthy options. We suggest treat days." People could also accompany staff to the supermarket to shop for food if they wished.

We observed mealtimes at Sunnyview and saw support workers sat and ate their meals with people. People could also choose to eat at one of two dining areas. Tables were set nicely and people had access to condiments. All the staff we spoke with could describe people's food and drink likes, dislikes and preferences. This meant people were happy with the meals they had at Sunnyview, they had choices and staff knew what they liked.

Good

Is the service caring?

Our findings

People and their relatives told us the staff at Sunnyview were caring. One person said, "Yes, they're kind to me", and a relative told us, "I think the staff are really good."

Support workers we spoke with could demonstrate they knew people really well as individuals. They could describe people's likes, dislikes and preferences. There was a warm and relaxed atmosphere at the home and we heard plenty of laughter and banter between the staff and people, which was reciprocated. One person told us, "We have a laugh and joke."

We observed the home manager and senior managers from the registered provider also knew people well. During the inspection a person came into a meeting we were having with the home manager, head of care homes and clinical and quality manager. They were in a happy mood and indicated they wished to sing a song with the home manager. At that point the meeting was halted while the home manager and clinical and quality manager sang a song with the person for five minutes, until the person chose to leave the room. This showed us the people came first to staff at all levels in the organisation.

People were supported to maintain their dignity, and we saw their privacy was respected by support workers. Those who needed support with personal care received it in private and people could choose to lock their bedroom doors and have the key if they wished. One person's relative told us, "[My relative] likes having a key to [their] room", and described how staff had asked the person's permission before going into their bedroom. During the inspection we saw support workers spoke respectfully to people and knocked on their bedroom doors if they wished to speak with them. Support workers also encouraged people to make choices over the clothing they wore, although would make decisions for them in their best interests to maintain their dignity if this was required.

We asked people if they had been involved in designing and reviewing their care and support plans. One person told us they had; they said of this, "I'm happy." Other people we spoke with could not say if they had been consulted about their care and support plans. We spoke with the home manager who showed us each person had a care plan which was in an easy to read format. Easy to read documents produced for people with learning disabilities contain simple, short sentences and pictures. The home manager explained how the care plans had been discussed with people in meetings, but not all people had the capacity to be involved in their development or review. This meant staff at the home tried to involve people in care planning by producing information in a format they were more likely to understand.

People at Sunnyview had access to advocates when they needed them. Records showed some people had advocates who visited them at the home. The service had also requested advocates on people's behalf when people lacked capacity to make certain decisions for themselves. Support workers we spoke with knew which people had advocates and when and how to make new referrals. One told us, "You can do it through the social worker or go directly to the independent provider (of advocates)." This meant people had access to independent support and advice when they needed it.

Throughout the inspection we noted documents and other material containing people's personal information was stored securely. This meant the service respected people's confidentiality.

People were supported by the service to maintain links with their friends and families. We saw this was recorded in people's care and support plans. Some people had person-centred plans for accessing the community and developing a community presence, if they needed this type of support. People told us they saw their family members regularly and relatives we spoke with agreed. One person liked to telephone a relative every day, often twice a day. We saw they asked the home manager to dial the number and then took the telephone handset away from the office and brought it back when they were finished. One relative described how they were made to feel welcome by staff at Sunnyview; they said, "I can visit anytime. I can make myself a drink if I want to." This meant people were supported by staff to keep links with their family and friends.

We noted one person had a care and support plan for passive touch. They were a very affectionate person who greatly appreciated hugs and kisses in order to feel safe, and would display these behaviours towards staff and visitors. The service had developed the care and support plan for the person to guide staff in terms of what was appropriate when returning affection; this even included the person being tucked into bed at night and receiving a goodnight kiss from a member of staff of the same gender. This meant the person was free to behave according to their nature and received the affection they needed to feel safe from staff in return.

People told us and we saw they were supported to maintain and develop their independence. Support workers described how they encouraged people to do as much as they could for themselves. This included choosing and shopping for their own clothes and other items, making drinks and snacks, and undertaking household chores. People's rooms we saw (with their permission) were also decorated and furnished according to their tastes and really showed their personalities. A healthcare professional involved with people using the service told us, "The service users that I co-ordinate there have always reported being happy and settled there and staff are keen to promote independence."

Requires Improvement

Is the service responsive?

Our findings

People at Sunnyview told us staff knew them well as individuals and what support they needed. Our observations during the inspection supported this.

We reviewed the care and support plans and health files of six people during the inspection. Each person had a detailed assessment document which considered the person's needs in 15 care aspects, including life skills, personal care, relationships and cultural identity, and mental health conditions. The level of detail contained in these documents was considerable, particularly the personal histories which were recorded. Understanding a person's history can help support workers get to know individuals better and thereby develop more effective therapeutic relationships. People also had 'circle of support' plans. Circle of support plans usually provide a visual guide to who is most important to an individual. We noted the circle of support plans people at Sunnyview had only listed support workers at the home; they did not include people's friends, family members, acquaintances or advocates. After the inspection the registered provider informed us this document was only intended to record which staff were the person's 'core team' at the home. They said they had developed a new document which included this information. This meant at the time of this inspection people's care files did not contain information about who the most important family members, friends and acquaintances were.

Personal needs identified in the assessment documents were used as the basis for care and support plans which set out an intended outcome or goal and a plan of action to achieve it. Most care and support plans contained sufficient detail to guide staff, for example we saw good care and support plans for diabetes, personal hygiene, healthy eating and exercise, and smoking. Records kept alongside people's care and support plans were completed daily by support workers. We saw these evidenced people were supported according to their plans. As discussed earlier in the report, we noted information received from other healthcare professionals relating to individuals' specific health conditions was not included or referred to in the service's care and support plans, and was stored separately in people's health files. This meant support workers following care and support plans would not be aware of some people's health needs.

We discussed our concerns about the way advice from healthcare professionals was stored and conveyed to support staff with the head of care homes for the registered provider and home manager. The head of care homes said information from healthcare professionals usually sat behind care and support plans, but a decision had been made to incorporate it into the plans from then on. They agreed the current system of information storage did not make it easy to find, and told us, "All the information is there, it's just fragmented." The head of care homes went on to explain the registered provider was in the process of reviewing all the registered provider's risk assessment and support plan documentation with a consultancy firm; they told us, "We want to make it smarter." This meant the registered provider had already identified issues with the way the service planned to meet people's needs and was in the process of developing solutions.

People's care files contained a section on goals, although we noted all but one of the six files we inspected were blank. It is important for people to be supported to identify dreams and aspirations if they wish, in

order to help them work towards them, for example, moving onto supported living or taking up a new hobby. The person with an identified goal wished to develop independence with their medicines and we saw there was a detailed plan in place for how to achieve this. We asked support staff about how this person received their medicines and observed support staff giving the person their medicines. None of the staff knew of the goal plan or were following it. We fed this back to the home manager who took prompt action to review the plan and speak with staff before the end of our inspection. This meant people did not have identified goals and aspirations they were being supported to work towards, if they wished to.

People told us they enjoyed the activities they did and had enough to do. One person said, "I go to healthy eating and arts and crafts", a second told us, "I like dancing", and a third person who preferred to stay in the home much of the time said, "I watch telly." During the inspection we noted people were busy with activities. One person was still in education on weekdays and others chose activities based around the number of hours they were funded for. People attended dance classes, art groups and day centres. They also went out shopping, for walks and drives with staff, and had one meal out a week at a café or restaurant of their choice. Support workers told us how immensely proud they were of one person at Sunnyview who had recently applied for and secured a local voluntary job. Minutes of house meetings showed people's preferences for activities were discussed regularly at this forum. This meant people had access to activities which they could choose for themselves.

We noted people's activities care and support plans were all the same and did not contain person-centred detail about what individuals liked to do; instead they focused on how support workers should record and evaluate the activities people did. People did have activity planners which showed they were busy for all or part of most days. We raised this with the head of care homes for the registered provider; they told us the activities care plans contained details to guide staff on how to properly record the activities people did so the service could learn people's preferences. The head of care homes said the care and support plans for activities would be modified to include person-centred information about individuals.

An activities plan had been used to explain to one person what they would be doing each day, but staff said at times this had led to the person becoming confused due to the level of detail it contained. In response, support workers explained how they had broken the plan down into single activity sheets which were then used to clarify with the person what was happening next. We heard a support worker referring the person to a pictorial activity sheet when they asked what was happening that day. This meant the service modified documentation so people could better understand the activities they could take part in.

Each person at Sunnyview had the opportunity to go on holiday each year. People could choose or were supported by staff to choose where they wanted to go. Minutes showed holidays were discussed at house meetings and past holidays were celebrated in a book in the home's reception area. Two of the people at Sunnyview regularly went on holiday together; other people chose to go away by themselves with staff. We noted people's care files did not contain any plans or information about holidays people had been on or their likes, dislikes and preferences. The clinical and quality manager told us plans were made for people's holidays each year and then taken from their files when they came back. They agreed care and support plans should be developed to include people's holiday preferences.

An important aspect of service provision for people with learning disabilities is planning for any transitions in services or times people may need to be admitted to hospital. This is so people can feel comfortable where they are and staff there can understand the person's needs and how to meet them. One person had recently moved to Sunnyview from another service where they had lived for a long time. The home manager explained how the move had involved a detailed assessment so they could be sure the service could meet the person's needs and an extended transition process. This included visits and increasingly longer stays at

the home so the person could get used to their new home and the home's staff could get to know the person. When we inspected the person appeared happy, and support staff could describe the person and their needs in detail. This meant the service had managed the transition of a new person into the home well, to make it as smooth as possible for the person and support staff.

During the inspection we noted two people at the home did not have hospital passports in their health files. A second passport we saw was incomplete and a third did not contain sufficient detail about the person for hospital staff to understand their needs. Hospital passports are documents which summarise a person's care and support needs and their likes, dislikes and preferences in an easy to read format. This meant people may not be supported appropriately should they be admitted to hospital or other care setting.

No complaints had been received by the home manager since our last inspection in 2015. The home manager could explain the complaints policy and how any complaints would be investigated and documented. People we spoke with, and their relatives, said they would complain to the home manager or other support staff if they needed to.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and support workers gave us positive feedback about the home manager. One person told us they would go to the home manager if they were worried about anything. A support worker said, "[The home manager's] really good to talk to. [They're] new at it and we're all helping each other."

The previous registered manager had left the service in December 2015. The current home manager had started at Sunnyview as the deputy manager in October 2015 then had become the home manager in December 2015. At the time of this inspection the home manager was in the process of applying to become the registered manager of the home.

As part of this inspection we reviewed how the home manager and registered provider audited the service for safety and quality. We found various audits had been completed in 2016 but this had not been on a regular basis. In some instances the home manager had delegated responsibility for audit to support workers and did not maintain oversight of the outcomes. For example, in the six months prior to this inspection medicines were audited twice by the head of care homes for the registered provider (May and September 2016) and once by the chief executive (August 2016). Issues were found in the May 2016 audit and further medicines issues occurred in June and July 2016 which required staff training and supervision, and yet despite this, no medicines audits were undertaken by the home manager. The home manager said this had been delegated to a support worker and they were not aware the audits had not been completed. This meant regular audits of medicines at the home had not been undertaken even though repeated issues, which we found again during this inspection, had been identified. The home manager responded promptly to our concerns. Prior to the end of this inspection a second senior support worker started training to undertake the medicines audit role over which the home manager said they would have oversight.

Incidents that had occurred were investigated and documented by staff at the home. However, we noted there was no documented analysis of them by either the home manager or registered provider in order to look for any trends or to identify possible preventative measures. The head of care homes for the registered provider explained the previous electronic spreadsheet audit tool used for this had become overwhelmed as the number of services run by the registered provider had grown. They said the registered provider was in the process of developing a new tool for this purpose. This meant at the time of this inspection there was no trend analysis of incidents at Sunnyview.

Services have a statutory responsibility to inform the Care Quality Commission (CQC) about certain events or incidents that occur, for example, serious injuries or when abuse is suspected. We checked the accidents and incidents that occurred at Sunnyview in 2016 and found four instances when there had been verbal or physical abuse between people at the home. Records showed each situation had been managed correctly, however, notifications had not been made to CQC as is required by the regulations. We raised this with the home manager; they demonstrated their awareness of the requirement to make statutory notifications and said failure to inform CQC had been the result of an oversight.

We noted health and safety environmental audits were completed in January and April 2016. The latter,

completed by directors from the registered provider, had identified issues with carpeting and with the driveway. We saw this had led to improvements being made. No other health and safety audits had been documented for 2016 so we spoke with the home manager. They told us they carried out a weekly health and safety walk around of the property but did not keep any records of this. Support workers audited people's money and financial records on a monthly basis and the home manager said they had oversight over this, but kept no records of the checks they made. Care and support plans were evaluated by support workers on a monthly basis and the home manager said they audited all care files on a quarterly basis but did not document it. This meant the home manager could not evidence their oversight of safety and quality auditing at Sunnyview or show how it had been used to identify areas for improvement. The home manager said they would review how audit was undertaken at the home as part of their own professional development and seek guidance from senior managers and registered managers from other homes run by the same registered provider.

Issues with oversight of safety and quality at Sunnyview breached Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the registered provider ensures appropriate support and training is provided to the home manager to ensure they have the necessary skills and knowledge to undertake the role of registered manager for Sunnyview.

During the inspection we found the culture at the service was open and as a result the home had a warm and happy atmosphere. People and support workers told us they felt able to discuss any concerns with the home manager. Feedback we gave during the inspection was taken on board and acted upon promptly and appropriately, and the home manager emphasised their commitment to providing the best quality service to the people. We noted in the reception area to the home there was a large bound book which contained photographs of the people living at Sunnyview and celebrated their successes. The head of care homes for the registered provider told us it was located there so everyone coming into the home could see the pride the service took in the achievements of people living in the home. This meant the service had a positive culture and valued the people who lived at Sunnyview.

The registered provider had undertaken a survey in each of its homes, including Sunnyview, in 2016. This had involved seeking feedback from people, their relatives and staff. People had been asked what they thought about staffing levels, their access to activities, the atmosphere at the home they lived in and whether they felt safe from harm. Relatives were asked about staffing levels and staff training. Staff were asked how they felt about working for the service, what they thought of the rota system and what they would change about the service to make it better. The head of care homes for the registered provider told us the results were about to be cascaded to people and staff. In addition, a senior managers' meeting was planned the following month to discuss how to incorporate the findings into the service's strategy going forward.

People and staff also had opportunities to feedback at regular meetings held at Sunnyview. Records showed people had a house meeting once a month, and had discussed topics such as activities, hand hygiene, respecting each other, fire safety and stranger danger. People told us they were asked if they were happy at these meetings and if they had any ideas or suggestions to make the home better. This meant people had regular opportunities to voice their opinions about the service.

Staff meetings for the whole team of support workers were held on a regular basis at the home, and there were additional meetings between the home manager and senior care workers as required. Minutes showed staff had discussed morale at the home, professionalism and people's holidays. One support worker told us,

"We all have us (sic) chance to talk about ideas at staff meetings", and a second said, "You can get things off your chest." The home manager had also arranged for a role play session for support workers to practice taking people to healthcare appointments, so staff would know best how to advocate for people in these situations. This meant staff meetings were used as an opportunity to discuss issues relating to the home, and for learning.

We asked the home manager about the vision and values of the service and how these were communicated to the support workers. The home manager explained these were discussed in staff meetings and during supervision, and records we saw supported this. We asked support workers about the vision and values of the service and why they worked at Sunnyview. Replies included, "I believe in equality and human rights. I believe people need a voice", "I'm a caring person. I like working with these people. I get job satisfaction at the end of the day", and, "It's rewarding. You can fulfill someone's life here. I really like what you get out of it." This meant the support workers understood the vision and values of the service and we saw they put them into practice as they provided support to people at Sunnyview.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not always assess and plan to manage risks to people effectively. 12 (1) and (2) (a) and (b) Medicines were not always documented and managed safely. 12 (1) and (2) (g) Due to an oversight, hazards identified at the home in 2015 had not been addressed for nearly a year. Regulation 12 (1) and (2) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found issues with the oversight of safety and quality at the home. Regulation 17 (1) and (2) (a) (b) (f)