

Aiveda Limited

Sunnyside Residential Home

Inspection report

Crewkerne Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sunnyside Residential Home is a care home for up to 14 people. The home specialises in the care of older people. At the time of this inspection there were 12 people living at the home.

At the last inspection in August 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People were supported by sufficient numbers of staff to keep them safe and meet their needs. There were policies and procedures in place which minimised the risks of abuse to people. Where concerns had been raised the registered manager had worked in partnership with relevant organisations to make sure people were safe. One person told us, "I feel safe. I have that feeling that whatever happens they will take care of me."

People were supported by staff who had the skills and knowledge to effectively meet their needs. When required, staff assisted people to access health and social care professionals to ensure they received the care and treatment they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff at the home were kind and caring. People's privacy was respected and people were able to socialise or spend time in the privacy of their rooms. One person told us, "I like it here. I can have privacy when I want it. You can please yourself." People were involved in decisions about their care and were able to make choices on a day to day basis.

People received care and support in accordance with their individual wishes and needs. People were able to follow their own routines and make decisions about how they spent their time. There were organised activities arranged each day which people could take part in if they wished to. One person told us, "There's always plenty to do here."

There was a registered manager in post who was well supported by the registered provider. 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. There were systems in place to monitor the quality of care provided and to seek people's views. The registered manager was very visible in the home and people felt able to raise concerns. One person said, "I would complain if there was anything to complain about but I always feel very well looked after."

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sunnyside Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 10 October 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At the last inspection in August 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home, one visitor, three members of staff and the registered manager. Before the inspection we received feedback from one health and social care professional. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, two staff personal files and records relating to the quality monitoring in the home.

Is the service safe?

Our findings

The home continued to provide safe care to people.

People told us they felt safe at the home. One person said, "I'm quite safe here. Nothing to worry about." Another person told us, "I feel safe. I have that feeling that whatever happens they will take care of me."

To minimise the risks of abuse to people the provider had a robust recruitment process which ensured all new staff were thoroughly checked before they began work in the home. These checks including seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal history and their suitability to work with vulnerable people. One new member of staff confirmed they had not been able to start work until the registered manager had received all the appropriate checks and references.

People were further protected because all staff knew how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns raised would be dealt with promptly to make sure people were safe. Where allegations had been made to the registered manager they had worked in partnership with relevant authorities in an open and transparent manner to make sure a full investigation was carried out.

People were supported by adequate numbers of staff to keep them safe and meet their needs. Each person had a call bell which they could ring if they required assistance. People said staff responded promptly to any requests for help. During the inspection we observed that staff responded to requests quickly meaning people did not wait for extended periods of time when they needed support. Care staff also supported people to take part in activities on a daily basis. The registered manager informed us that additional staff could be made available to meet people's specific needs. A health and social care professional confirmed this had happened for one person they had been involved with.

Risks to people were assessed and action was taken to minimise risks where possible. For example; where someone was assessed as being at risk of falls, a falls prevention checklist was carried out and appropriate equipment was made available to them. Records of accidents showed no one living at the home had a high number of falls showing the prevention measures in place had been successful in minimising risks.

People received their medicines safely from staff who had received appropriate training and guidance to carry out the task. People told us they felt confident about how their medicines were handled. One person said, "They seem very good with the pills. It's one thing I don't need to worry about." Another person told us they were experiencing pain and discomfort and staff were liaising with their GP to find the right medicine for them. They said, "They're sorting it out with the doctor. They know I need something stronger."

The home used printed medication administration records supplied by the dispensing pharmacy. Records we looked at were correctly signed when they entered the home and when administered or refused by people. This enabled staff to have a record of medicines on the premises. Where the staff needed to write

additional information on the charts these were not always signed and witnessed. The signing and witnessing of hand written entries helps to minimise the risk of errors by providing a second check to make sure they are written correctly.

Is the service effective?

Our findings

The home continued to provide effective care to people.

People were supported by staff who received adequate training to make sure they had the skills required to meet their needs. Where people had particular healthcare needs, such as diabetes, staff received additional training. This ensured they were able to effectively support people with their individual needs. People thought staff were competent in their roles. One person said, "I feel very well looked after. The staff are all very good."

People had access to healthcare professionals according to their individual needs. Records showed people saw professionals including, doctors, nurses, dentists and chiropodists. One person told us, "A nurse visits me every day. They arranged it all." One health and social care professional told us that the registered manager sought advice from them and acted on any advice given.

Staff supported people to attend appointments outside the home if they wanted them to. One person told us they had an appointment coming up at the local hospital. They said, "[Registered manager's name] has offered to come with me. She's very kind. I will feel much better about it all if I'm with someone I know."

Everyone at the home was able to make decisions about their day to day lives and all said they were never forced to do anything. One person said, "No one makes you do anything." Another person told us, "I wouldn't change anything. I do just as I like." One member of staff said, "Of course we try to encourage and advise people with things but no means no."

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. Staff knew how to support people who lacked the capacity to make decisions for themselves. Staff told us if someone was not able to make a decision they would consult with their families and professionals to make sure any decision made was in their best interests. This showed staff understood the principles of the MCA. All staff had been given a small card to keep in their pocket which set out the main principles of the act as a reminder in their everyday work. One member of staff showed us their card and said they found it very useful.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had policies and procedures in accordance with the law and the registered manager had made applications where necessary.

People told us they were happy with the food served at the home and said there was always a choice of

meals. People had their nutritional needs assessed to make sure they received meals that met their needs and preferences. One care plan we read said the person required their meal to be cut up and served in a bowl to promote their independence. At lunch time we saw these instructions had been followed and the person was able to eat their meal independently.

Staff respected people's choices about the food they ate. For example; It was recommended by health professionals that one person had a specialist diet. The person had full mental capacity to make choices about their food and chose not to follow the recommendations. The registered manager told us staff made sure the recommended diet was available but respected their decision.

Is the service caring?

Our findings

The home continued to be caring.

People were cared for by staff who were kind and caring. Comments from people included; "Staff here will do anything for you," "Staff are very nice" and "Staff are always nice to you and always kind." Interactions we observed were friendly and polite. People appeared very comfortable and relaxed with the staff who supported them.

People had been able to form friendships with other people at the home. In the communal lounge and dining room we saw people sat together and chatted happily. This all helped to create a happy and friendly atmosphere.

Staff supported people to keep in touch with friends and families. Everyone we asked said they were able to have visitors at any time. One person said, "Sometimes I have a room full, it's lovely." There was a cordless phone in the office and we saw staff taking this to people in their rooms so they could speak to friends or family in private.

The registered manager had started to organise social events that friends and family could take part in. Families were sent information about planned events in advance and they were well advertised in the home. Up and coming events included Halloween celebrations, an American themed Thanksgiving party and Christmas and New Year parties. The registered manager also invited visitors to have meals with their family members when they came to the home. On the day of the inspection one person had lunch with their relative. A table had been set in a small lounge so they could enjoy time together. The registered manager said they aimed to create a homely atmosphere where people could continue to extend hospitality to people outside the home.

People were supported to celebrate special occasions such as birthdays. On the day of the inspection one person had a birthday, staff had bought flowers and a card and a cake had been baked. This helped people to feel special and valued. A visitor said, "They are really kind. One of them, on their day off, made the birthday cake."

People's privacy was respected and people were able to socialise or spend time in the privacy of their rooms. One person told us, "I like it here. I can have privacy when I want it. You can please yourself." Another person said, "This is my room. My private space." We observed staff always knocked on bedroom doors and waited to be invited in which showed they respected people's personal space.

People were fully involved in all decisions about their care and told us they made choices on a day to day basis. One person said, "If I want a bath I tell them and I can have one. If I want to stay in bed I can do that too." Each person had a care plan which was regularly up dated and reviewed with them. Care plans we saw had been signed by each person to say they understood and agreed with their plan of care.

Is the service responsive?

Our findings

The home continued to provide responsive care to people.

People received care and support in accordance with their individual wishes and needs. Each person had their needs assessed before they moved in to make sure staff were able to meet their needs and expectations. From the initial assessments care plans were drawn up with people to show how their needs would be met. Staff said, and we saw, they wrote daily records to show any changes to people's needs and mood. Where people's needs or wishes changed staff updated their care plan and adapted the care they provided. Staff said they also had a handover meeting each day where they were kept up to date on any changes. This all helped to make sure people received care that met their up to date needs.

Staff made sure people had their needs reassessed if there were significant changes in their health or well-being. Where people's needs had exceeded the level of care the staff were able to provide they had been supported to move to more suitable accommodation. We were told by staff that one person had moved into a nursing home due to their increased level of need.

People were able to follow their own routines and make decisions about how they lived their lives. One person said, "I like to have breakfast in the dining room. There's never many people there though because most people don't get up as early as me." One person's care plan stated they liked to be assisted to go downstairs at 12 o'clock each day. On the day of the inspection we saw a member of staff go to them at this time and offer to take them downstairs. This person said to us, "Just my own little routine."

People were able to take part in daily organised activities or follow their own hobbies and interests. One person liked to lay the tables for lunch each day and another person had flower pots outside their window which they watered. In the afternoon of the inspection a small group of people played snakes and ladders with a member of staff. One person told us, "There's always plenty to do here." Another person said, "I do the things I like, there's people to talk to and I go to church."

There was information in the home to make sure people knew about daily activities, forthcoming events and how to make a complaint. The information regarding activities and how to complain was quite small meaning that some people may not be able to easily read it. We mentioned this to the registered manager who told us they would rectify this to make sure everyone was able to read it.

People all said they could talk with the registered manager or staff if they had any concerns about the care they received. One person said, "I would complain if there was anything to complain about but I always feel very well looked after." Another person said, "If you weren't happy you could always talk to someone."

Is the service well-led?

Our findings

The home continued to be well led.

Since the last inspection a new registered manager had been appointed. 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.

People spoke highly of the registered manager and we saw they were very visible in the home. People looked very comfortable with the registered manager and chatted happily with them. Discussions with people showed they had lots of opportunities to speak with the registered manager. One person said, "[Registered manager's name] is always about." Another person said, "She's very nice. A breath of fresh air and has made some really good changes."

Staff felt well supported in their roles and said there was good communication and teamwork. One member of staff said, "Everyone is involved in decisions and we work as a team." Another member of staff said, "I love it. We are like one big family."

The registered manager and deputy manager, at times, provided hands on care to people. This enabled them to work alongside other care staff to assess people's needs and also to monitor standards of care in an informal setting. Staff also received one to one supervision where any training needs could be identified and any areas for improvement could be discussed in a confidential manner.

People lived in a home where the registered provider was involved in the running of the service and visited on a weekly basis to support the registered manager and monitor quality. The registered manager was also supported by an administrator which enabled them to focus on the care being provided to people.

People could be confident that standards of care were monitored through audits and learning from incidents. For example; medicines audits had highlighted some gaps in recording. In response to these findings a new system of daily checks had been set up which had significantly improved the issue.

People lived in an environment which was maintained to a safe standard. A maintenance person was employed which made sure any essential maintenance was carried out in a timely manner. There were regular health and safety checks which ensured the building and equipment were safe for people, staff and visitors. These included checking fire detection systems and evacuation routes regularly. All call bells within the home had recently been replaced and each person had a pendant bell which meant they could summon help wherever they were in the building.

People were asked for feedback about the quality of the service by annual satisfaction surveys. All responses were analysed to see if any changes needed to be made to the running of the home or people's individual care. People also had opportunities to review their care plan with a member of staff which was another

opportunity to share their views. We saw results of the last survey which showed a very high level of satisfaction. The registered manager said they were planning to change the format of the questionnaire given to people to enable them to receive feedback on a broader range of topics.

Where changes were being proposed, such a re decoration of communal areas, people were consulted about colours and furnishings. The dining room had recently been decorated in accordance with people's colour choices. The registered manager said they wanted people to feel at home and make choices about all things. One person told us, "I feel very at home here. It was a big decision but it was the right one for me." A visitor commented, "There's definitely a more homely atmosphere now. " A member of staff said, "One of the biggest changes is people get a lot more choice about things now. I think it is making people happier."

As part of the quality monitoring within the home people and their relatives were encouraged to review the service on carehome.co.uk. Sunnyside was in the top 20 recommended care homes this year (2017) which shows how highly people rated the service.