

Sunnyhill Residential Care Home Limited

Sunnyhill Residential Care Home

Inspection report

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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

Sunnyhill Residential Home is a care home which provides accommodation for up to 21 older people who require personal care. At the time of the inspection 16 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Sunnyhill Residential Home on 8 November 2016. The inspection was unannounced. The service was last inspected in May 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "It is very good here. The staff are good," and a relative told us, "It is ideal (for my relative) because it is small. The staff are lovely."

People told us they received their medicines on time. Medicines were well organised, records kept to a good standard, and staff had received suitable training to administer medicines.

Staff told us they had confidence that management would take any allegations of abuse seriously, and subsequently take suitable action. Staff had been trained to recognise potential signs of abuse.

Staff had received training to provide care and support to people. Training included moving and handling, first aid and dementia. Most staff had obtained a National Vocational Qualification, or diploma in care, and new staff were supported to obtain this qualification. Staff said they felt supported by management to carry out their jobs, and felt they could raise any concerns or suggestions.

Personnel files contained information, such as written references and an enhanced Disclosure and Barring Service check, to ensure staff were deemed as suitable people to work with older people. Suitable recruitment processes, such as the completion of an application form, and a formal interviewing process were in place.

The service had appropriate links with medical services such as general practitioners, dentists, chiropodists and opticians. The registered manager of the service said these services were supportive, and people said they received enough support from these professionals. However some people's records outlining when they had seen a dentist and /or an optician could be improved.

People told us there were enough staff on duty, and people said they received timely support from staff when it was needed. Call bells were answered promptly and we observed staff being attentive to people's

needs.

There were activities available for people. Some external entertainers such as musicians and singers visited. An activities co-ordinator was employed to work three days a week.

Care records provided suitable information such as a care plan, daily records and risk assessments. Care plans were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People told us they were very happy with their meals and always had enough to eat and drink. Comments received about the meals included "They are lovely," and "Very good." People said they had a choice and received enough support when they needed help with eating or drinking.

People remarked if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. There were suitable systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs

Medicines were suitably administered, managed and stored securely.

Is the service effective?

Good ●

The service was effective.

People received good care from staff who were suitably trained and supported by managers.

People said they had enough to eat and drink, and were given suitable help from staff to maintain a balanced diet.

People had access to doctors and other external medical support from other medical professionals such as dentists, opticians, chiropodists and specialist nurses.

Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care from staff.

People were treated people with dignity and respect, their choices were encouraged, and privacy was respected.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Good ●

Sunnyhill Residential Care 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 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.

We visited Sunnyhill Residential Home on 8 November 2016. The inspection was carried out by one inspector and was unannounced.

Before visiting the home we reviewed all information we held about the service including previous inspection reports and notification of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the day of the inspection we spoke with three people who used the service. We spoke with two relatives and one visiting professional. We spoke with the registered manager, the area manager, and three members of staff. We also observed care practice in the lounge / dining room for a period of one hour. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at seven staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included, "I am safe here." One person said "I would tell them what I think," (if staff were unpleasant), and the person said they had confidence any issues would be resolved. A relative told us "Yes it is safe here." A professional told us, "No one is unsafe here." A member of staff said "I have never had any cause for concern about how people are spoken to or treated here."

Staff knew what signs to look for, and what action to take, if they suspected people had been subject to abuse. Staff told us managers would take suitable action if any allegations of abuse were reported. Staff had received suitable training about abuse, and safeguarding procedures.

Care files contained risk assessments for people. These covered issues such as risk of falls, poor nutrition and hydration, skin integrity and pressure sores. Risk assessments were reviewed monthly and updated. Staff had been suitably trained in safe moving and handling procedures, and people told us they always felt safe when staff helped them with their mobility.

Safe procedures about the handling of medicines were in place. People's medicine was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored securely in locked cabinets, and trolleys in the office. Records were completed appropriately. A suitable system for the return of unused medicines was in place. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Records showed staff had received suitable training about the storage and administration of medicines. We saw copies of reports, from the service's pharmacist which judged the medicines' system was operating effectively. We also spoke with the service's pharmacist and we were told the service managed medicines well, and always ensured any recommendations were implemented appropriately.

There was a system in place to record incidents and accidents. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service managed some monies for one person so they could buy luxuries, pay for hairdressing and other essentials. Monies were kept securely in the safe and a system was in place to record expenditure, and obtain receipts where this was appropriate. The registered manager regularly checked monies kept. Other people's monies were looked after by relatives or advocates. The service invoiced these people for any expenditure. Where necessary people had an external appointee, and staff within the service did not act as a signatory, or as an appointee for anyone who lived in the service. No valuables were kept on behalf of people.

Staffing levels were suitable to meet people's needs. Rotas showed there were three care staff on duty during the day (including a senior member of staff,) and two waking support staff at night. Ancillary staff such as a cook and a cleaner were employed. The owner employed an area manager who visited the service regularly. The service had a deputy manager post but this was currently vacant. People told us they believed

there were enough staff, and they received prompt support when this was required. However, one relative told us, "The home is slightly understaffed. For example there is not always someone in the living room." However, from our observations staff were attentive to people's needs and we judged staffing levels as satisfactory on the day of the inspection.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as an application form, two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. There were no unpleasant smells, at the service, during the day of inspection. A visiting professional said there, "Was never, ever, ever" any unpleasant smells in the home. Appropriate cleaning schedules were used. A cleaner was employed and told us the manager had high standards of cleanliness. We also checked the kitchen and this was clean. The local authority had visited and checked kitchen cleanliness, and judged this was maintained to a high standard. People said the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. Records showed manual handling equipment and the passenger lift had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The fire officer's report stated the management of fire safety was to a good standard.

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. One relative said their loved one was happy and "(They always) smile at all of the staff...(They) are really happy." Another relative said "I think all the staff are saints." A visiting professional commented the service was "One of the better ones," in the area.

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when new staff started to work at the service they would spend time with them to explain people's needs, ways of working, and policies and procedures. New staff also work alongside more experienced staff before being expected to complete shifts unsupervised. Suitable induction records were kept on most staff files. The registered manager said she was aware of the need for staff, which were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, dementia, and first aid. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. However there were some gaps in training, for example in first aid and dementia, for some night staff. The area manager said she would ensure these staff were booked on relevant courses as soon as possible.

Staff told us they felt supported in their roles by colleagues and senior staff. However staff told us they had not received regular one to one supervision. However, staff told us they could approach senior staff, the registered manager, or the area manager at any time, and they felt supported by management.

People told us they did not feel restricted. Due to some people having dementia, and the high level of vulnerability of some people, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in how people wanted their personal care and they were able to choose when they got up and went to bed. People were observed spending time as they wished. Some people stayed in their bedrooms, during the day, and told us staff regularly checked them to ensure they were safe and happy.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity

to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were happy with their meals and everyone said they always had enough to eat and drink. Comments we received about meals included: "Food is very good," and "It is good and lots of it." and "." People told us staff knew individual likes and dislikes. A choice of meal was available to people. People also told us they had a choice at breakfast and tea time.

We observed the lunchtime, on the day of the inspection. This was a relaxed occasion. People received suitable support, and there was a satisfactory number of staff around to help people with their meals. Where people did not want the food they were provided with they were offered an alternative. People were not rushed with their food, and many people happily remained in the dining room, after the meal was over. Those who wanted to sit in the lounge, or go back to their bedrooms were promptly supported to do so. People chatted with each other, and staff helped to facilitate conversations between people.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Specialist nurses regarding Parkinson's disease, diabetes and mental health were available for people as necessary. Records of when people saw various medical practitioners were however variable. For example, visits from GP's and district nurses were comprehensive, but there were sometimes limited records when people saw opticians and dentists. It was also not always possible to ascertain whether people wanted or needed to see these professionals. The registered manager said the dentist and optician did visit the service regularly.

The home had suitable aids and adaptations for people with physical disabilities such as a passenger lift, a walk in shower and a specialist bath. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. The service had a pleasant garden. This was accessible to people for example there were ramps to enable people to access higher areas of the garden.

Is the service caring?

Our findings

People were positive about the care they received. We were told staff are: "Staff are really nice," Relatives told us "Face to face relationships with staff are pretty good, staff are pretty reasonable." Professionals stated "Care is pretty good," and "People receive good support from staff."

We observed staff working in a professional and caring manner. The people we met told us care was provided in a kind and caring manner and their staff were patient. Staff were calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

We were told by relatives and professionals that staff worked with people with dementia in a patient, diplomatic and caring manner. For example, a visiting professional told us, "All staff are nice and knowledgeable...I am always a bit surprised by staff knowledge, especially about dementia and how it affects people."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The registered manager said care plans were completed and explained to, where possible, people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, the lounge /dining room, or the quiet lounge, if they wanted to meet with visitors.

Is the service responsive?

Our findings

People were positive about the responsiveness of the service. We were told, for example, staff were "Very helpful," and "Really nice." Comments from relatives included: "In regard to Sunnyhill, I could not have picked a better place for her." We observed staff acting in a kind and considerate manner. When people rang call bells for help we were told, and we observed these were answered promptly.

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. An activities co-ordinator worked at the service three days a week. External entertainers visited the service. For example a musical entertainer visited and the YMCA facilitated a fitness session. Group activities provided included gentle exercise, arts and crafts, cookery, reminiscence and quizzes. A relative said the service had a wheelchair accessible vehicle and "They will take us (with their relative) down to the promenade so we can have dinner out." The people we spoke with were happy with the activities provided. There was a visit from a religious minister every three weeks.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

Is the service well-led?

Our findings

Management were viewed positively by people who used the service, relatives and the staff who worked at the home. We were told by people the registered manager was "Very friendly, always ready for a chat," and "Pretty good." A professional told us, "Very good, and is good support for staff."

People said there was a positive culture at the service. We observed a pleasant, relaxed, calm atmosphere at the service throughout the inspection. A staff member told us "I am quite impressed. There is a very good standard of care. It is homely. People get involved in activities." The registered manager said the general ethos of the service was "This is their home," and subsequently staff worked to ensure people felt at home as possible. Staff said there was a positive culture among the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by a staff member, "Care practice is very good", and all the staff we spoke with said they "Could not think of any improvements."

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. There was a staff meeting every two weeks and handovers between shifts. This helped to ensure communication within the team was effective. The service also held coffee mornings, and cheese and wine parties, which relatives attended. These also provided an opportunity for there to be discussions how the service ran, and to discuss any improvements as necessary.

There was a clear management structure. The manager of the service worked at the service each day, and the area manager regularly visited the service. The service is in the process of recruiting a deputy manager.

The registered manager monitored the quality of the service by completing regular audits such as of care records, medicines, staff training, health and safety, accidents and falls. An survey of relatives was completed to find out their views of the service. Results of previous surveys were all positive.

The registered provider was registered with the CQC in December 2014 The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.