

# Review of compliance

Sunnyside House Limited Sunnyside House Limited	
<b>Region:</b>	East
<b>Location address:</b>	130 High Street Aveley South Ockendon Essex RM15 4BX
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	<p>Sunnyside House is a large detached property situated close to the centre of Aveley. Local shops and public transport links are just a short walk from the home.</p> <p>Sunnyside House provides support and accommodation for up to fourteen adults who have a learning disability. The service specialises in working with</p>

	people towards developing independence with a view to them moving on into living in the community.
--	--

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Sunnyside House Limited was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 October 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People with whom we spoke, told us that they were satisfied with the staff, the food and their activities. They told us that they were able to choose the colour schemes in their rooms and were involved in the purchase of new items in their rooms. People also said that they were fully involved in making up and reviewing their support and independent living plans.

Some people using the service accessed the community independently, others told us that staff supported them in accessing the local and wider community, so that they could take part in their chosen interests and activities. People also told us that they were satisfied with the way the home is run and with staff attitudes towards them.

### What we found about the standards we reviewed and how well Sunnyside House Limited was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People are involved, where possible, in making decisions about their care and treatment. Their responses to the service provided them are taken account of and acted upon.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People who use this service receive good care and support that meets their needs.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People living at Sunnyside House receive safe care and support through appropriate procedures and practice being in place.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People live in a comfortable and accessible environment.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People receive care from staff who receive training for their roles, and are supported and supervised in their roles.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People live in a service where the quality is monitored and their opinions are considered important.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke told us that the staff treated them well and asked them what they wanted to do and when they wanted to do it.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

The provider told us that the service is dedicated to open communication and a personalised approach. The provider told us that examples of this were the weekly service users meetings in the home where various topics are discussed ranging from food, activities, personal wishes, holidays and other day to day issues. The provider added that team members and service users share this information with management and items discussed are actioned accordingly.

At our visit, in October 2011, we saw that the home's statement of purpose and service user guide provided people with information about the service and informed them about the support available. The information in these documents was presented in a format suitable for the people using the service.

We saw that staff treated people with respect and ensured that their privacy and dignity

was maintained. Staff spoke respectfully to people living at the home. The provider told us that as far as possible people are involved in making decisions about the support and care offered to them. Where this is not possible, because of capacity issues, their family or independent advocates are involved.

**Our judgement**

People are involved, where possible, in making decisions about their care and treatment. Their responses to the service provided them are taken account of and acted upon.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke told us they knew what was in their care and independent living plans and they had a key worker who discussed their support and development needs with them. People also said that staff treated them well.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

During our last inspection visit to the service, in February 2009, we found that the information in people's support plans ensured that their needs could be met in a way they would wish. We did ask the provider to ensure that risk assessments were in place for people who looked after and self administered their own medication. We also asked the provider to include people's health needs within the home's support plan files.

At our visit, in October 2011, we saw that risk assessments were in place for when people dealt with their own medication, and we saw that health needs were fully included in support plan files.

We found that that individual support plans had detailed information on the agreed daily support needs of people, and showed agreed short term and long term aims and goals. Support plans also had risk assessments with information to staff on methods to minimise risk. This ensured that staff had the information they needed to meet peoples assessed daily needs, and to assist them in progressing towards independent or

supported community living placements in accordance with the aims of the service.

Support needs and risks had been reviewed very regularly, with weekly updates involving people and their key worker, and six monthly full reviews which may have included outside professionals involved in the persons support needs. Records of reviews included an evaluation of the outcome and what actions, if any, had been agreed between staff and people.

Healthcare issues/needs were seen to be recorded, including visits to, or from, medical professionals, the community nurse, the hospital, GP, consultations, dentists, opticians, and podiatrists. People at Sunnyside House had a Health Action Plan that detailed their healthcare needs. These had been reviewed and, if necessary, updated.

One member of staff had a designated role of activities coordinator. Records seen at the home included an activities plan for each person with records of the actual activities participated in. The manager told us that activities regularly participated in by people included; meals out, trips to the shops and the market, the gym, going to clubs, film nights, college, swimming, walks, the local pub, quiz nights, driving lessons, numeracy classes and computer skills. People had been on monthly outings to places such as, the zoo, banger racing, a museum, London attractions and the theatre. One person had a job and others had done voluntary work in the past.

The provider told us that daily living skills, domestic skills and community living skills training all form part of people's planned weekly activities as identified within their independent living support plan goals and aims.

Some people go out on their own to visit family and friends and others have family and friends visit them at Sunnyside House.

The manager told us that people walk or use public transport and taxis to access local and wider community facilities. As already mentioned some people do this independently whilst others needed staff support.

### **Our judgement**

People who use this service receive good care and support that meets their needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not have any specific comments from people using the service regarding safeguarding people from abuse. However people seemed confident that if they had any concerns these would be properly dealt with by the provider.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

During our last inspection visit to the service, in February 2009, we found that practices in the home safeguarded people and ensured that concerns were listened too and addressed.

Staff are given regular update training on this subject. Staff records we looked at when we visited, in October 2011, included certificates to evidence that abuse awareness training had been provided. This training included guidance for staff on recognising signs of abuse and the actions they must take if abuse is suspected.

Staff with whom we spoke showed awareness of what to do if they suspected abuse, and confirmed that they were fully aware of the home's policies and procedures on this subject, and on the provider's 'whistleblowing' procedure.

They also said that they received regular update training on abuse awareness and on the types of abuse that may occur.

The provider has appropriate recruitment procedures in place to try to ensure that each member of staff is suitable to work with vulnerable people.

We are not aware of any safeguarding issues raised against the home since our last review.

**Our judgement**

People living at Sunnyside House receive safe care and support through appropriate procedures and practice being in place.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

Three people with whom we spoke said they liked their rooms, and one said that staff had helped them to decorate their room to their own tastes and colour scheme.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

Our last inspection, in February 2009, found that people lived in a comfortable, clean and homely environment.

At our visit, in October 2011, we saw that Sunnyside House continues to be homely and that the furnishings looked comfortable and of good quality. A small area of wall in the dining room and another area of wall in the lounge had some slight damage. The provider told us at our visit that these areas were due for painting and, after our visit, confirmed to us in writing that the dining room and kitchen had been repainted on 5 & 6 November 2011 and that the lounge was going to be redecorated in December 2011. The provider told us that these rooms had previously been decorated within the 12 months prior to our visit.

In the time since our last inspection, in 2009, a new training flat had been built on to the side of the main building. This area can accommodate two people and is used by people in preparation for moving on into independent or supported living in the community.

Some people showed us their own rooms which looked homely and well decorated and had been personalised with people's own items. All of the private rooms seen were spacious and were equipped with en-suite shower and wc. There were four bedrooms on the ground floor in the main building with another two ground floor rooms in the adjoining training flat. There were a further eight bedrooms on the first floor of the main building.

Communal bathing facilities comprised of a bathroom on the ground floor of the main building, and a bathroom and wc in the training flat. There was a communal lounge and a separate dining room and kitchen in the main building, with separate living and cooking areas in the training flat. Other facilities available to people at Sunnyside House included an outbuilding where the manager's office was sited. This also had a room for use by people as a training area where they could work on their independence training folders.

The home had gardens to the side and rear which could be accessed directly from the lounge or from a side door. The garden looked well maintained and had undercover seating.

Car parking for visitors was available on the drive at the front of the property. Avey high street shops and facilities were just a short walk away and a frequent bus service operates along the road outside the home.

#### **Our judgement**

People live in a comfortable and accessible environment.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not have any specific comments from people using the service regarding supporting workers in the home. However people with whom we spoke were satisfied with the way staff supported them.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

Staff files looked at during our visit, along with training records we saw, showed that staff are trained for and supported in their roles. Files showed that staff have monthly supervision/support meetings with management at the home. Records had been kept of the discussions and agreed actions.

Training provided had included induction training (for new staff), moving and handling, health and safety awareness, administration of medication, challenging behaviours, the key worker role, risk assessment, safeguarding, food hygiene, first aid, fire safety, NVQ in care levels 2 and 3, with four staff, including the manager, qualified to NVQ level 4 (management award). Other training provided to staff also included; deprivation of liberty awareness, infection control, epilepsy awareness, trainer awards, learning disability qualification award and one member of staff is a learning champion (qualified to deliver training to others).

The manager told us that training is delivered to staff both in-house and by an external training provider at venues away from Sunnyside House.

Staff team meetings had taken place at monthly intervals, and are used to discuss the support needs of people living at the home as well as staffing related issues. Staff spoken with confirmed that regular team meetings are held, and that they had found these useful for team discussions and updates on issues around people's needs. The provider told us that they also arrange a team building meeting on a quarterly basis where specific topics are focused on, including key worker duties, the provider's vision and annual plan and implementing the independence training programmes offered to people who were using the service.

The staff with whom we spoke also told us that they received good support from the management team, and that they receive regular update training on subjects relevant to the support needs of people who use the service.

**Our judgement**

People receive care from staff who receive training for their roles, and are supported and supervised in their roles.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke told us that they liked living at Sunnyside House. They also told us that there were regular house meetings when they could discuss their ideas, and that staff listened and acted on what they said.

##### Other evidence

The provider told us, in July 2010, that they met this outcome. No concerns were identified by our review carried out on Sunnyside House at that time.

Our last inspection, in February 2009, found that people lived in a home that was well managed and run in people's best interests.

During our visit, in October 2011, we saw the processes being used for gathering feedback on the service. This included surveys being sent to people using the service, their relatives, friends and to staff working at Sunnyside House. Questions in surveys covered the accommodation provided, food, activities, routines and the support available to people.

Day to day service monitoring included people meeting with their key worker once a week and a weekly house meeting where people could air their views and opinions on the service.

The provider told us that additional meetings are held in the home four times a year when people's families were invited to attend to ensure that their views are taken

account of. We also saw that the provider's internet website had a section where people could complete an on-line survey form.

Feedback from people and stakeholders had been collated and discussed at house and team meetings with records kept of any actions taken. This showed that the provider actively seeks people's views and takes actions on comments made.

In addition to the above methods the provider also undertakes monthly unannounced visits, some of which had been at night, to look at the overall service being offered to people at Sunnyside House. Records had been kept of the reports from these visits and of any resulting recommendations for the manager to action.

**Our judgement**

People live in a service where the quality is monitored and their opinions are considered important.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA