

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sunnyside House Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sunnyside House Limited
Overview of the service	Sunnyside House provides support and accommodation for up to fourteen adults who have a learning disability. The service specialises in working with people towards developing independence with a view to them moving on into living in the community. Sunnyside House is a large detached property situated close to the centre of Aveley.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

People told us that they had received good information about the care that would be provided for them. They said that the staff treated them well. One person said, "The staff are brilliant and always help me." People's needs had been fully assessed. The care plans were detailed and informative. They included risk assessments and management plans for all areas of identified risks. People told us that they were very happy with the care they received at Sunnyside House.

People told us that they felt safe. They said that the manager and the staff were very friendly, caring and kind. Staff interaction throughout our inspection visit was good. Staff had been given information and training on safeguarding adults and they showed a good awareness of the procedures.

The provider had good quality assurance processes. Regular audits of the service's systems and practices had taken place. People received safe, effective and compassionate care from a well-led service that responded quickly to their changing needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at the arrangements that were in place for respecting and involving people who use the service. We found that people who use the service had been given appropriate information and support regarding their care and treatment. People told us that they had received good information about the home during the assessment process. The statement of purpose and service user guide was available in different formats, such as other languages, large print or pictorial on request.

We looked at the service's statement of purpose, service user guide and statement of intent. We found them to provide good up-to-date information about what the service could and could not offer people. The statement of intent described the aims of the service and showed how they intended to meet those aims. It described the assessment and care planning process and stated that people's social, emotional, physical and spiritual needs and wishes would be identified, acknowledged and met.

We found that staff were able to demonstrate a good knowledge and understanding of people's needs and they communicated effectively at a level and pace appropriate to the individual. Staff spoken with told us that people's privacy was always respected and that they encouraged people to remain as independent as possible. We saw that staff treated people with dignity and respect throughout our visit. People told us that they felt staff respected them. One person said, "All of the staff are lovely, they treat me with kindness, offer me choices and help me to do what I can for myself. They are very respectful, all of them."

We found that care and support provided took into account people's culture, religion, age, disability and gender. Information had been recorded in the assessment and care planning documentation to ensure that these needs were met. People told us that they were able to follow their goals with support from staff where necessary. We saw that people were involved in planning and consenting to their care and treatment. The care plans had been signed and dated and people told us that they had been fully involved in planning their care. We saw that people who used the service and relatives meetings had taken place

and future meetings had been planned. Notes of the meetings had been kept and topics discussed had included three monthly reviews of care, the process for relatives to be involved in decision making, family and carers groups, food, activities and staffing.

People told us that they were able to access the local community. One person said, "I go out all the time to the local shops and we have just been on holiday." Another person said, "I go out to see my friends and I go out to the club." This showed us that the service put people at the heart of what they do. They recognised people's diversity, values and human rights and maintained their privacy, dignity and independence.

We saw records of achievement in people's care records. These had been obtained by the 'My Life' course that was held at Sunnyside House. The 'My Life' programme is a learning programme for people who used the service and is tailored to people's individual needs and goals. The programme includes learning sets that are both written and practical sessions depending on the individual. The learning modules include, dealing with conflict, challenging behaviour, communication, relationships and managing stress. People we spoke with told us they enjoyed taking part in the 'My Life' programme as it helped them develop their skills. One person told us, "I love My Life as I learn things I need."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the arrangements that were in place for the care and welfare of people who used the service. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans were person centred and considered all aspects of the individuals' circumstances. They reflected people's needs, preferences and diversity and had been agreed with the individual or their representative.

We looked at a sample of care plans and found that they provided good information about the individual. The care plan format was also available in pictorial form for those people that may have required this to enable them to fully understand the agreed needs and goals. Staff had a good knowledge of each individual's support needs enabled people to receive safe and effective care. Staff spoken with had a good knowledge of individual's likes, dislikes, needs and preferences.

We saw that there were risk assessments in place for identified areas of risk together with clear management plans showing how the risks were to be managed. The risk assessments that we viewed balanced safety and effectiveness with the person's rights to make choices to take informed risks. People told us that they were supported with areas of risk including, attending college or work, preparing meals and accessing the community.

The health records showed that people had been supported to maintain their health. We saw information about routine health visits such as for the optician, the dentist, GP and for hospital appointments. People told us that staff supported them to keep healthy. We saw copies of referrals that had been made for nursing services on the care files that we looked at.

People we spoke to were happy living at Sunnyside House. One person told us, "I love it here, they are very good to me." Another person told us, "I like everyone here, they look after me and we get to choose what we want to do."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the arrangements that were in place for safeguarding people who use the service from abuse. We found that the provider had systems in place to enable them to respond appropriately to any allegation of abuse. The safeguarding adults' procedure was available in the policy file. The service had a copy of the Southend, Essex and Thurrock (SET) safeguarding adults' guidelines and their policy reflected them.

Staff told us that they had received training. They said that they had annual training to refresh their knowledge. When we spoke with staff, they showed a good understanding of the actions they should take if they suspected abuse. The records showed that all staff had received safeguarding adults training. This showed us that people were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider was able to demonstrate that appropriate checks were undertaken before staff began work and that they were proactive and had a good understanding of equality and diversity throughout the recruitment process. This was noted to take into account people's gender, age, sexual orientation and ethnicity.

We looked at the staff personnel records for three members of staff and these showed that all records as required by regulation had been sought. For example, staff had completed an application form and any gaps in the employment record had been explored. In addition there was proof of identification, satisfactory evidence of conduct in previous employment, health declaration and evidence of a satisfactory check having been undertaken by the Disclosure and Barring Service (DBS). The latter helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The DBS replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

All staff received a copy of the staff handbook. The purpose of the handbook was to aid new staff to settle in quickly by drawing together much of the information needed into one simple guide which can then be accessed as and when required.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the arrangements that were in place for assessing and monitoring the quality of the service. We found that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The most recent quality assurance survey dated September 2013 showed that people were happy with the service. The provider had sought the views of other people such as relatives and positive comments were received. The comments included "Communication is very good with staff and management," and "Staff are very supportive and approachable."

We saw that regular audits had been carried out such as for care plans, health and safety, medication, staffing and staff files, training, infection control, complaints and incidents and accidents. The provider had carried out regular monthly visits where a report was made of their findings. The reports clearly showed any necessary actions and we saw that they had been followed up by the manager and provider.

People told us that they were regularly asked if they were happy with the service. They told us that meetings had been held and that they had the opportunity to participate in them. We saw notes of the meetings which showed that things that were important to people such as, food, activities and staffing, had been discussed. This showed us that people received safe, quality care due to the management of risks to their health, safety and welfare.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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