

Sunnyside House Limited

# Sunnyside House Limited

## Inspection report

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Date of inspection visit:

01 September 2021

27 September 2021

Date of publication:

04 November 2021

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Sunnyside House provides accommodation with personal care for up to 14 adults, specialising in supporting people with learning disabilities to develop life skills to support their transition into independent living. The service consists of 12 en-suite bedrooms and two additional independence transition flats with their own kitchen. The service is located close to the local facilities, including, library, pub, shops, and health services.

### People's experience of using this service and what we found

People living at Sunnyside House liked to refer to themselves as 'Learners'. This is because the service is set up to be a stepping stone to independent living and focuses on equipping people with the skills and confidence they will need to develop; therefore we have used this term to describe people using this service.

Staff at Sunnyside House were exceptionally responsive and caring in meeting people's individual care and support needs resulting in positive outcomes for learners. One relative told us, "I've never come across an organisation like this, five-star rating all the time." Another said their family member, "Is just so happy there, you can't get more than that, if [family member] is happy we are happy... We are happy with everything, we work together, overall understanding of people's needs is very good."

Staff were highly motivated, caring and compassionate, sharing a joint focus of supporting learners to receive a high-quality service and to be as independent as possible. Learners spoke about the close bonds they had developed with staff, and the person-centred support they received to overcome any barriers which were preventing them achieving their goals.

Learners were supported in a clean and hygienic environment. One relative told us, "It's always clean." Staff followed safe infection prevention and control processes and guidance was available to support staff and update relatives, including visiting arrangements, during the COVID-19 pandemic.

Risks to learner's safety were assessed. Learners told us they felt safe, and if they had any worries knew who to talk to. Staff knew how to report any concerns. Learners received their medicines as prescribed and had access to a range of health and social care professionals when needed.

The service followed safe recruitment procedures, and ensured there were enough, trained and skilled staff available to meet learner's needs. Staff praised the induction they received, their supportive colleagues, and positive teamwork.

The registered manager engaged and consulted well with learners, relatives, staff, health and social care professionals. Learners engaged with the management team and were aware when they were on duty. Staff felt supported and valued, saying they would recommend the service as a good place to work.

The provider had systems in place to monitor the quality and safety of the service and worked well

alongside other professionals and external agencies to meet learner's needs. This included systems to support learners, their relatives and staff to feedback their views and influence change.

Learners were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service were able to demonstrate how they were meeting, and exceeding the underpinning principles of Right support, right care, right culture. A significant emphasis continued to be placed on providing person centred care to enable learners to set and achieve their goals to be as independent as they could be. Although the model and size of the service was not in line with current best practice guidance; it did not impact on learners having choice and control over their lives. Learners were continually involved in making choices and decisions regarding their home and told us they felt listened to. Staff's focus worked in a way which empowered and promoted learner's independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 February 2018)

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to outstanding. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Sunnyside House Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

inspection was carried out by one inspector.

#### Service and service

Sunnyside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The inspection activity started on 1 September 2021 when we visited the service and finished on 27 September 2021. We completed some of this inspection remotely to reduce the risk of COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven learners living in the service and seven staff including the registered manager, deputy manager, senior support workers and support workers. We spoke with, or received email feedback from six learner's relatives, a health care consultant and a social care commissioner, to hear their views of the service.

We reviewed a range of records. This included care and support records relating to three learner's care and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision, safeguarding reports, staff roster, training information and risk assessments. A variety of records relating to the management of the service, including policies and procedures, minutes of meetings and provider quality assurance surveys were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from the local authority and professionals who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- All 14 learners said they felt safe in the provider's August 2021 quality assurance survey. We observed positive relationships between staff and learners, which demonstrated they trusted the staff.
- One learner told us if they had concerns, they would soon tell, "Staff or manager," as they had confidence it would be dealt with. A relative told us how, "Safe", their family member had felt since moving in.
- Staff received training in safeguarding and knew how to recognise and protect learners from the risk of abuse. They were aware of the provider's safeguarding and whistle blowing policies, where to locate the information and how to report any concerns.
- Where concerns relating to learner's welfare had been identified, records showed they were reported appropriately to the local authority safeguarding team. Where required, staff worked jointly with the learner, the family member/advocate, and professionals, to reduce the risk of concerns being repeated.
- The service had effective systems in place to identify and learn from internal and external events to ensure learner's well-being by acting on feedback. This included putting a system in place to ensure when required, an 'On call' staff member would be available to act as an appropriate adult.

Assessing risk, safety monitoring and management

- Staff supported learners to keep safe. One learner told us about the electronic equipment they had purchased following discussions with staff, which they felt was safer. One relative told us the service was, "Definitely safe, they cover everything thoroughly, health and safety and if there is a fire."
- All staff had been trained in first aid and as fire marshals. Each learner had a personal emergency evacuation plan, which provided staff and if required emergency services, information of the level of support needed to move the learner to safety.
- There was a culture of positive risk-taking. Risk assessments identified, and minimised individual risks to learners, whilst promoting independence. This included risks associated with a learner's ability to carry out everyday tasks, accessing the local community and health needs.
- A staff member told us, "Bed sensors are used for learners with epilepsy in order to promote independence and dignity." This meant they did not disturb the learner's sleep, unless the sensors were triggered, indicating they could be having a seizure and required assistance.
- Systems were in place to record incidents and accidents, which was monitored by the management team.

Staffing and recruitment

- Learner's continued to be supported by suitable numbers of staff to keep them safe, and to meet their individual care and support needs.
- Relatives praised the action taken during the start of the pandemic lockdown, when they also had a 'staff

lockdown,' to reduce the risk of COVID19 coming into the service. The registered manager and two senior staff members moved into the service for 10 months to provide all the care and support. One relative said they were, "Very impressed in the measures taken to keep people safe."

- Staff had been recruited safely to ensure they were suitable to work with learners. A support worker confirmed the provider had carried out checks to ensure they were of good character and suitability to work in the service, "Before post confirmed."

#### Using medicines safely

- Safe systems were in place to ensure learners received their medicines as prescribed.
- We observed two learners receiving their medicines. This was undertaken by two staff, one to administer and one to witness. One learner told us staff were good at giving medicines out, saying staff, "Never forget, I might forget."
- Staff who supported learners with their medicines were trained to do so safely and had their competency checked. A support worker told us following their formal training, they were observed, "For more than five days," to ensure they were putting the theory into practice.
- The service was working to the principle of stopping over medicating people with a learning disability, autism or both (STOMP). A relative told us how the amount of medicines their family member was taking had been reduced since they moved into the service. They said this had a positive impact on the person's well-being and they felt, "Much happier."
- Staff were provided guidance on when to give 'as and when required' referred to as PRN medicines. Although staff could tell us the correct spacing between PRN doses of paracetamol, records showed staff had copied the information from the pharmacy dispensing label, which did not state this. The learner's paper medical record staff had recorded 'given', rather than if it had the desired pain relief. The registered manager took action to address both issues straight away.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Learner's diverse needs were assessed prior to them moving into Sunnyside House. This was to ensure the service could not only meet their needs, but if it was what the learner wanted.
- The preferred assessment period involved learners being slowly introduced to the service, through visits and short stays. It supported them to get a feel of the service, meet staff and learners already living there. If due to individual circumstances, this could not happen, the management team visited the learner, providing information about the service in a suitable format.
- The registered manager described the importance of the pre-assessment and the need to ensure both sides being open and honest about expectations. The focus of the service was to support learners to become as independent as they could, as part of transiting onto independent, or supported living. If during the assessment, management felt the service was not the right place for the potential applicant, they refused the admission.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively, in line with best practice, which led to good outcomes for learners.
- One relative told us they were, "Confident of all the staff's abilities." They said how staff's training enabled them to have a good understanding of how to meet learner's holistic needs.
- New staff praised the induction, training and support they had received to help them develop and perform in their roles. One support worker said their induction included 'shadowing' experience members of staff who were welcoming and, "Helped a lot...Showed me how everything is done, looked at policies."
- Staff received ongoing training and support to maintain and develop their skills and knowledge. One support worker told us, "We have regular supervision and appraisals where we reflect on practice and performance." Another said how they benefited from supervision, "Improves the way we work...gives me feedback about what I'm doing well in and not so well in."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had a good understanding of learner's individual nutritional needs and specialist diets. They supported them to eat healthily, by using recipes based on a well-known diet plan, cooking from scratch, and using fresh ingredients.
- Learners jointly decided on a weekly basis the meal choices for the following week. The menu board in the dining room, displayed not only the daily meal choices, but also who was responsible for preparing/cooking the meal. During the inspection a support worker was working alongside a learner, preparing the evening meal.

- The registered manager explained how learners were encouraged to follow a healthy and or, specialist diet, although they were aware of the consequence, they may not always choose to. They were aware when people went out food shopping and socialising, they may choose non-healthy food choices and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Learners were supported to maintain good health and had access to a range of health care services as required. One learner told us their, "Doctor and dentist," were located just down the road, therefore could easily visit when needed.
- Learner's health action plans clearly documented their health conditions and the support they received in managing them. The service had developed good links with local health professionals, including the local NHS dentist who had carried out dental check-ups and supported staff in putting in place learner's oral assessment charts.
- The registered manager told us all the staff were, "Trained and competent," to use their new health monitoring system. Staff recorded weekly information about learner's vital signs: providing a baseline to assist in monitoring changes in their health. If a learner became unwell, the GP could access the system remotely, review and act on the information given.
- Learners had hospital passports in place which accompanied them on hospital visits/stays. They provided health professionals involved in their care, important information about the learner to ensure their safety and well-being. This included information about their communication and mobility needs, likes and dislikes, and how to reduce any anxiety.

Adapting service, design, decoration to meet people's needs

- Staff were aware of the important role a learner's environment played in supporting their mental health, safety and independence.
- Bedrooms were personalised and reflected learner's interests and hobbies. Learners were making use of all the shared areas: lounge, kitchen/dining room, launderette and garden. The summer house located in the garden provided a quite space for learners to relax in. A portable ramp was stored next to the garden access point if needed for wheelchair users.
- Two independence transition flats were located next to the service. One learner pointed out the flats, saying moving into one of the flats would be the next part of their move towards independent living. The registered manager explained how the flats were equipped with assisted technology to support independent living, such as heat sensors, alerting staff if a learner was burning their food.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Learners were supported to have choice and control of their lives and staff supported learners in the least restrictive way possible; the policies and systems in the service supported this. The registered manager confirmed there were no DoLS applications or authorisations in place at the time of the inspection.

- Where learners did not have capacity, decisions had been made in their best interests involving the learner, relatives and other professionals where appropriate.
- Where best interest decisions had been made, the learner's capabilities were kept under review. For example, where an external agency was managing a learner's finances in their best interest, they told us it was being reviewed. This is because they now felt capable and confident to manage their own finances.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Learners were supported by extremely highly motivated, kind, committed, compassionate and caring staff, whose aim was to ensure learner's rights to lead a fulfilling life as possible. Learners told us staff were focussed and committed to their work. One learner described staff as, "All very supportive, I like the place... even the caretaker is nice and very helpful with any task." Another commented it was a, "Good care home, all the staff and management are nice to us all." A relative told us they found, "All the staff to be very caring." Another said their family member was, "Just so happy there, you can't get more than that."
- Management and staff were very proactive and demonstrated a high level of empathy for learners, who due to the COVID-19 pandemic were unable to engage in Christmas festivity with their family and friends. They supported people to buy and send out Christmas and birthday gifts. The leadership team had explored these different approaches to ensure regular contact was made so learners did not become isolated.
- A poster displayed in the dining room stated, "We are not all the same, but we are equal." This reflected the very positive culture of the service, treating each person as an individual. The staff reacted with great compassion when responding to an urgent request to support a person identified as vulnerable due to their health and cultural background. They purchased communication aids and appropriate personal items to ensure they had everything they needed. When the person died, staff went over and above their responsibilities by liaising with an embassy, which helped them track down a next of kin, and repatriate the learner to their family, so they could be laid to rest.
- Recruitment processes were caring because they focussed on ensuring staff employed had things in common with the learners they cared for. This included different languages, interests and personalities. Culture weeks were being developed where for one week each month there was a focus on a different culture. The registered manager told us, "We have staff from different backgrounds and the service users and staff have said they will enjoy doing this together."
- Learners and their relatives spoke positively about the role 'key workers' played in their lives. A keyworker is a named member of staff, who is responsible for working in partnership with the learner to co-ordinate their care. This includes liaising with advocates, friends and family, care professionals and keeping staff updated in any changes. One learner said their key worker had supported them to gain confidence and was someone they could talk to following the difficult times they had been through. The registered manager explained how keyworkers were given protected time, at least once a week to, "Have meaningful conversations." This gave opportunities to explore learner's thoughts and feelings outside of the support they needed.
- Support workers were consistently very enthusiastic about their keyworker role. One told us being a key worker was about getting to know the learner in more depth and, "Making sure [the learner] gets what they

want," by supporting them to, "Take one step at a time towards their goals."

- One relative described how, "Very accommodating" the service had been in addressing anxiety caused by their family member feeling they were unable to trust anyone. The personalised examples given by the relative demonstrated the extra lengths staff had taken to reduce anxiety and build confidence. This had a positive impact on the person's well-being.

Supporting people to express their views and be involved in making decisions about their care

- Staff were very proactive in supporting learners to work through their anxiety and differences, when conflicts between learners had taken place. This was reflected in how learners had developed an understanding of other's experience and backgrounds.
- Records showed how learners took an active part in setting goals, and the support being given to achieve them. This included sensitive issues, such as sexuality, to ensure they got the right support and answers to their questions.
- Weekly meetings kept learners updated on what was happening in the service and be involved in giving feedback after meeting potential staff applicants, and proposed changes which would affect them. For example, where preparation was being made to make changes to the way shifts were run and deployment of staff. The aim was to make it more learner led, as learners were more engaged, valued and in control on how they lived their daily lives. This demonstrated how the leadership and staff were focussed on continually improving and trying new ways to involve learners to influence changes which directly impacted on their care.

Respecting and promoting people's privacy, dignity and independence

- Learners spoke with pride about what they had achieved towards becoming more independent. Staff were equally proud for learners, sharing in their achievements, being there to provide praise and encouragement when needed, in an empathetic way. This was because they understood learner's differing levels of abilities, how each achievement, great or small meant to the learner, and earned equal respect. A member of staff explained the positive impact when they had supported a learner with their, "Self-esteem," by supporting them to go out and buy new clothing.
- Without exception staff we spoke with told us the aim of the service was to support learners to be as independent as they could be. One told us how they used gentle prompts, such as, "Could you do this," and if the learner was having difficulty, instead of taking over they worked with the learner to understand what they were finding difficult and explore how they could resolve it. They felt this approach supported learners to be independent by building up their confidence and abilities.
- The culture of the service promoted the expectation that principles of dignity were embedded in practice. A tree, with the principles of dignity was located in the hallway so everyone could see it. Posters linked to the principles were displayed in the dining room, and discussed in learners and staff meetings.
- The registered manager used protected time to spend with learners, they wrote telling us, 'I also sit with them once a month for a catch up without other staff present so we can have an open conversation which is often led by them. I cannot stress enough to the staff that this is the service user's home and we are the people they see every day, we are the people they count on to speak up for them when they don't feel they can, we are the people that they look to for comfort, help, guidance and as some service users have said themselves we are, like a big foster family.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Without exception, feedback from learners, their relatives, health and social care professionals, demonstrated how the service was exceptionally responsive to meeting learner's needs. Highly motivated staff worked in partnership with learners, where applicable their relatives, and professionals involved in their care to achieve their goals. Any barriers to learners reaching their goals, staff viewed as a challenge to be overcome. One relative commented they were, "Very happy with the care," providing us with examples on how staff had, "Pulled together to try different approaches," to achieve the best for their family member.
- To reduce any anxieties, admissions to the service were carried out in a very person centred, sensitive way, to ensure the learner felt empowered and listened to. This was due to communicating well and working in partnership with all those involved in the learner's care and support network. One professional described the service as doing an, "Excellent job," saying how, "Very impressed," they were in the way staff had gained the learner's trust and communicated well with those close to them. Resulting in the learner meeting their goals to a more independent life.
- One relative told us, "As a family we were so concerned," about the learner transferring to the service, but they need not have been. They described how from the very start of the assessment, skilled staff were able to establish a, "Trusting bond." Establishing positive and open communication with the family, asking questions, learning as much as they could about the learner, including their preferred routines. They felt staff gained a good empathy on how the learner's condition affected, "Every waking moment of their life." This awareness, and working closely with the family, enabled them to make the transition as smooth as possible. As a family, they said they couldn't believe how well it had gone, "It was fantastic." Describing the positive impact the move had on the learner's wellbeing.
- A staff member spoke about the importance as a learner's keyworker, in working with the learner on their care plan, changing and updating as needed and supporting them to achieve goals, by approaching it, "One step at a time." The registered manager provided an example of when sometimes, the learner's goals, may not be in line with the learner's family. Although they acknowledged this, their role was to support the learner, as an adult and try and reduce any family worries.
- Learner's care plans were extremely person centred and tailored to meet their individual needs such as their goals and aspirations, what was important to them and how they would like support to be delivered. The goals were broken down into achievable levels, and constantly reviewed and adapted to address any changes in the learner's, health or mental welfare. During the inspection learners provided lots of examples on what they had achieved so far, and how they were progressing in others. This included, taking over management of their own finance, moving into independent living, and going abroad. The registered manager said they must be quite creative at times on supporting learners to overcome barriers beyond their

control. For example, where a learner had been unsuccessful in becoming a volunteer first aider, they were arranging for them to join in with the staff's first aid training course and build from there and supporting a learner to gain paid employment by engaging with a mental health charity to assist.

- Relatives praised how keyworkers were matched to the learner ensuring they had the right skills, personality and gender to support them in developing a close bond. A relative described their family member's key worker as, "Exceptional," who acknowledged and praised the learner, which contributed to the trusting bond they had developed.
- The service used an innovative My Life training programme which promoted wellbeing and confidence. The programme involved completing several modules to support learners in achieving independence, including confidence building, equality and diversity, dealing with conflict and job search. One learner showed us examples of their work and said how they had grown in confidence. The final stage involved, when ready, the learner moving into one of the assistive technology training flats: as part of the pathway to move onto independent or supported living. One learner said their goal was to achieve this stage, "Next year."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they were using a range of skills and aids to meet learner's individual needs. One staff member said, "I am always patient and take time to communicate and avoid complex sentences so people can understand what I am saying. We use images and pictures to help people learn and explain things to them."
- The registered manager provided an example of the person-centred approach they used to support a learner who spoke little English. This included using a translator during the assessment, and purchasing a mobile translator for when they moved in.
- Information was provided in a range of formats around the service, including pictorial and large print.
- Information on COVID-19 displayed in the service was in suitable formats, including easy read, staff also took time to have discussions and reduce any worries. Two learners told us what they had heard on the news, informing us of the current social distancing rules and when to wear a mask.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Learners continued to be supported to live fulfilled and meaningful lives, including opportunities to try new experiences, and do things they enjoyed. One learner told us how staff supported them to pursue their interest in vintage cars, going out on trips and attending clubs. Another learner had achieved a qualification in childcare. The registered manager had liaised with an educational facility to provide a tailor-made course for learners at the service.
- Learners described the impact the lockdown had on them carrying on their usual range of social events, pursuing their hobbies, interests, attending courses and visiting the community. Staff had come up with creative ways to support learner's physical and mental wellbeing, including creating indoor and garden activities and games for learners to join in. One learner showed us the treadmill which had been purchased, to support learners in keeping mobile.
- The staff's focus since national restrictions had been lifted, was to support learners to get back out into the community. Learners gave examples of what was happening including, one learner had been to a shopping centre, meeting up with friends, and relatives, visits from partners and one learner had recently performed at a local music festival. Where learners had missed out on going on holiday, one learner said

their trip aboard had been rearranged and they were looking forward to going.

#### Improving care quality in response to complaints or concerns

- The service had an effective system in place for dealing with concerns and complaints. Information on how to raise a complaint was clearly displayed at the service. An easy to read version was also included in the Service User Guide, which was given to learners when they moved into the service.
- Learners told us if they had any concerns, they would raise it with staff or management direct. One learner said, "But I haven't needed to."
- Relatives told us if they did have any concerns, they felt comfortable to raise them with staff and management direct, before it had a chance to escalate into a formal complaint. One relative told us, "If we do have any problems we can always get in touch" with the management, who respond quickly and resolve any issues.

#### End of life care and support

- No one was receiving end of life care when we visited Sunnyside House.
- Learner's end of life wishes was discussed and recorded in their preferred priorities for care (PCC). PCC is a document which supports people to plan and to record their wishes and preferences during the last year or months of their life, including the care and support they want from staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service like to be called 'learners', which reflected the culture of supporting people to learn/maintain skills.
- Learners, their relatives, staff and professionals praised the quality of the service and would recommend to others.
- One relative said they felt, "Very lucky," to have their family member at Sunnyside House, "Very impressed with what they are doing. ... It's well run." A professional described the service as doing, "An excellent job."
- All the staff we spoke with enjoyed their job, and the positive culture of the service where staff felt valued. One staff member described the management as, "Very approachable and I always feel comfortable speaking to them should I have any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Relatives told us they were contacted concerning any incidences, and where applicable took part in joint professional meetings to discuss the incident. This provided a chance for the learner, and those involved to have open and honest discussions, to ensure views were shared.
- One relative said the registered manager, knew their family member very well, describing them as, "Very good, fair...respectful, very switched on...listens." We observed the registered manager having honest, realistic and supportive discussions with learners.
- The leadership had an open-door policy to learners, relatives and staff, and they understood their responsibilities to be open and transparent. We saw the registered manager, constantly engaging with learners as they walked around the service. Where a learner wanted to have a longer conversation with the registered manager, they both agreed to meet up later in the day.
- We noted the service had not followed their usual recruitment policy, and started a new staff member, a day prior to having all their checks in place. The registered manager was open on why it had happened and sent us their amended recruitment check list to ensure it did not happen again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to monitor the quality and safety of the service. This included carrying out audits and checks such as health and safety and checks to ensure staff were following safe practice and keeping themselves updated on any changes in policies.

- Staff had access to policies and procedures through an 'App' which also alerted them to any changes and updates. As each staff member had their own login, the system enabled the registered manager to identify how long staff spent reading them. The registered manager said if they had, "Been too quick," which could indicate they hadn't fully read them, they would use supervision to test their knowledge and understanding.
- One relative said they felt the registered manager, "Does a brilliant job, really hard worker, patient and kind." Saying how the registered manager and deputy manager made a, "Brilliant pair." Another relative praised the information they were being sent about the COVID-19 pandemic, including updated government guidelines, demonstrated to them that the leadership had, "Taken everything on board."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service used a range of forums to gain views of the service and instigate change, as part of continually improving. This included feedback from meetings and the provider's six-monthly quality assurance questionnaires.
- Analysis of the August 2021 questionnaires showed 14 learners, eight relatives, and nine staff had completed the questionnaire, and were happy with the service provided.
- Where suggestions/comments had been made, the analysis provided information on how they were acting on the feedback as part of continually improving the service. This included re starting the relative quarterly meeting which had been stopped during the pandemic. A relative told us, "One thing I do miss are the family meetings, we meet up and have a chat afterwards." Another relative told us they missed the meetings and felt, "A little bit left out now," in what was happening in the service, such as staff changes.

Working in partnership with others

- The service worked in partnership with external professionals, to support care and act on any recommendations to drive improvements.
- During June 2021, the Clinical Commissioning Group commissioned an Infection Prevention and Control audit of the service. This resulted in a small action plan of recommendations, which they had acted on / or adapted. For example, where one of the recommendations was to purchase waterproof mattresses, however learners said they did not want this. As a safe compromise, they agreed to new mattress protectors, which could be checked and replaced as needed.
- The registered manager praised the local council and CCG and the support they had given them during the pandemic, especially around training. They said the other professionals, "Have been really, really good, all support given, can't fault them... Provided training, still offering training." This had included offering 'sepsis' training to support staff in identifying the signs and know what action to take.