Annual Inspection Report 2022-2023

Sunnydale Residential Home

Adult Care Home

16 & 19 January 2023

Isle of Man Government

DHSC

SECTION A Overall Summary

We carried out this announced inspection on 16 & 19 January 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Sunnydale Residential Home is a care home based in Douglas. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were thirty-four people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

People said they felt safe living at Sunnydale Residential Home. Risks were assessed and incidents were reviewed to reduce the risk of occurrence.

People received person-centred care and made choices and decisions about what they wanted to do. Staff worked alongside other professionals to ensure people's health and wellbeing needs were met.

Staff know people and their needs well. People said that staff treated them with dignity and respect, protected their privacy and respected their choices and rights. Staff promoted people's independence, as much as possible.

People were supported to participate in social activities and maintain relationships that were important to them. Relatives of residents spoke positively about the staff team and the manager.

The manager understood their role and responsibilities to manage the home. Staff spoke positively about the manager and felt supported, valued and respected.

At this inspection, we found improvements had been made in response to the previous inspection.

SECTION B The Inspection

About the service
Sunnydale Residential Home is registered as an adult care home.

Registered manager status
The service has a registered manager. 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 announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 13 January 2023. We visited the service on 16 & 19 January 2023.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection
We spoke to four people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Sunnydale.

We spoke with four members of staff, including the registered manager and the chef.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

We used an observational framework for the inspection; this is a way of observing care to help us understand the experience of people.

After the inspection
We spoke with three relatives to seek further views about the service and their experience of the care provided.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:
Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires six improvements in this area.

We found this service was not safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong
Systems were in place to safeguard people from abuse and harm; however, not all staff had received training in adult safeguarding. Staff members who had received adult safeguarding training also had refresher-training dates identified.

The provider had policies and procedures regarding whistleblowing and safeguarding, which had both been reviewed recently.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns on a monthly basis.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management
The provider had completed a range of safety checks throughout the building. These checks included an inspection of the electrical safety, portable appliance testing (PAT) and fire safety measures. External specialists had carried out an annual examination of the passenger lift within the building.

The provider had a current Legionella risk assessment, and an external agency had tested the water system for the presence of Legionella bacteria in November 2022. Their report identified that Legionella bacteria was present in the home's water system, but not of a strain that caused the majority of cases of Legionella disease; however, the conditions were favorable for other more pathogenic strains. The manager reported that a number of showers were not working and that standing water within the system may be the cause of the bacteria being present. The provider has ordered five new showers and, when fitted, samples of water will be tested again for the presence of Legionella bacteria.

Staff members had completed water temperature checks on a regular basis.

Sunnydale had a comprehensive environmental risk assessment and there was appropriate security checks conducted at night to ensure the building was safe. The home also completed a monthly maintenance audit of the building, identifying areas that required further action.

Qualified engineers serviced the lifting/hoisting equipment, in line with the manufacturers' guidance, and the home inspected the lifting equipment on a regular basis.

The Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held in their file. Training records showed that not all staff had completed fire safety

training and some staff had not attended refresher training within the timeframe identified by the provider.

The provider previously had residents records stored electronically; however, in August 2022 the provider experienced a system failure, whereby all residents' records had been temporarily inaccessible. Sunnydale had developed 'contingency care records' since August 2022. The 'contingency' care plans and risk assessments were comprehensive, and clearly developed from the residents' pre-admission assessments. Not all of the resident's records, prior to August 2022, had been recovered. Records that had been regained were stored on one excel sheet; however, these records had not been reproduced in a format accessible to the inspector and stored within the residents' files.

At the time of the inspection, the provider could not confirm if the Data Controller for Ruby Rose Ltd. had reported the data breach to the Isle of Man Information Commissioner; therefore, the provider must confirm to us that this incident has been reported to the Isle of Man Information Commissioner.

Paper records were stored in a locked cabinet within a secure office.

Staffing and recruitment
The provider had not recruited staff safely. The provider had completed a number of appropriate checks prior to any staff member commencing employment; however, two staff had commenced their employment prior to the provider receiving the required two references.

The provider did not have current Disclosure Barring Service (DBS) records for all staff. The manager had requested to re-new staff DBS checks through the Isle of Man Government; however, this service was no longer available through the Government. The manager had requested the DBS checks from another service and was still awaiting the checks at the time of the inspection.

A number of residents and relatives of residents told us they felt there were enough staff available to meet the needs of the people living at Sunnydale.

Using medicines safely
A medication policy and procedures was up-to-date and gave clear guidance in ordering, storage, administration of medication, record keeping and the disposal of residents' medication.

Pre-admission assessments, completed prior to a person moving into the home, had identified their health needs and their medication regime. Information from the assessments was used to develop a medication care plan, informing the staff of their responsibilities in supporting the service user with their medication, as necessary. Medication storage was secure and Medicines Administration Records (MARs) were fully completed.

The provider had not completed a detailed risk assessment, to determine whether service users were able to manage their own medication. The provider's medication policy and procedure also identified that this risk assessment must be completed prior to the person moving into the home.

A limited number of staff were responsible for administering medication to people. Training records could not confirm if all of these staff members had received medication administration training. Only one member of staff had a current certificate in their file, to confirm completion of this training.

Records showed that staff had received medication-administration competency assessments.

Medication training for one staff member required refreshing in January 2022; however, the member of staff was on maternity leave at this time. Upon their return, in October 2022, the member of staff had not refreshed this training, or had their competency assessed for administering medication.

Feedback from residents had determined that they had received their medication on time and there had been no mistakes or errors with their prescriptions.

Preventing and controlling infection
The provider had an infection, prevention and control policy and procedure, reviewed in January 2022. The manager also completed a monthly infection control audit.

Records of inspections of residents' mattresses, checking for cleanliness and damage, showed that these checks had not been carried out on all residents' mattresses within a twelve-month period. We recommend that all residents' mattresses are inspected for damage and cleanliness on a regular basis and records are completed.

We observed staff using Personal Protective Equipment appropriate to the tasks they were performing. Records showed that not all staff had completed training in infection prevention control.

The home was very clean and tidy. We observed the housekeeping staff undertaking their duties, following a cleaning schedule, which identifying the cleaning tasks and timeframes for each area of the building.

Fridges and freezer temperatures had been recorded three times-per-day. Food was stored appropriately and labelled, identifying the date when the product was opened. However, bottles of sauces stored in the kitchen fridge, which had to be used within a time-period, had not been labelled, identifying when they had been opened. We recommend that all foods, with a specific shelf life, have a label identifying the date when opened and the last date in which it can be safely consumed.

Learning lessons when things go wrong
The manager had completed monthly audits of accidents, incidents and safeguarding concerns and there was evidence that the manager had reflected on information from these incidents, to establish areas of learning to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

Action we require the provider to take

Key areas for improvement

- Action is necessary to ensure that all relevant staff have received training and refresher training in all mandatory subjects, including safeguarding, medication administration, fire safety, moving and handling and infection control.

- Action is essential to ensure that the water is free from Legionella bacteria, as soon as possible.
- Action is required to ensure that all existing service user records, prior to August 2022, are stored within the residents' files and available for inspection.
- The manager is required to take action to ensure that all staff have a current and up-to-date (DBS) check within the recognised timeframe.
- Action is required to ensure that the provider receives a minimum of two references for all recruits prior to commencing their employment.
- Action is needed to ensure that all residents without the capacity to self-administer their own medication, have a medication self-administration risk assessment to identify what actions the provider will take in the person's best interests.

Inspection Findings

C2 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. The service requires four improvements in this area.

We found this service to be effective in accordance with the inspection framework.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The manager had completed pre-admission assessments of people's needs prior to them moving into the home. Information from the assessments then formed the basis of what were being referred to as 'contingency' care plans. The manager completed risk assessments to identify any additional needs and information was included in the care plans to remove or reduce the potential risk of harm to the person.

The pre-admission assessments were thorough and comprehensive. Information on continuity of care from other health professionals, and any additional information necessary for the continued care of the person, was also present. There was evidence within the pre-admission assessments that people, and their family members, were involved with their admission.

The care plans for some of the residents had not been signed, to evidence that the person moving into the home, and/or their family, had been included in the development of their care plans and had agreed to the level of support offered by the provider.

Staff support; induction, training, skills and experience
Staff were not receiving the most appropriate support or training to fulfill their responsibilities. Staff supervisions and annual appraisals were not up-to-date. Staff should receive a minimum of four supervisions each year. The domestic staff had received supervisions; however, the care staff had not received any formal supervision within the last 12 months.

Induction records for new staff were complete and signed off by a senior staff member and the new member of staff. Feedback from staff indicated that their induction training gave them the additional skills to carry out their duties to support the people living in the home. One member of staff told us, "I shadowed staff more experienced than me. I found this quite valuable, getting to know how different people worked with the residents".

Staff training records showed that not all of the staff have received mandatory training or refresher training in a number of subjects, including first aid, moving and handling, communication, health and safety and food hygiene. We have previously included this as an area for improvement.

Dementia awareness training, specifically to meet the individual needs of all residents, had been available to staff; however, records indicated that only two staff members had received this training. This is an area for improvement.

Supporting people to eat and drink enough to maintain a balanced diet
People had their nutritional and dietary requirements assessed during the pre-admission assessments. Care plans and a nutritional risk assessment informed the staff of the level of support the person needed and if monitoring their nutritional intake was necessary.

A menu was available on a board in the dining room, which showed alternatives to the main menu, offering residents a choice of alternative meals. The kitchen staff also confirmed that they would cater to all reasonable requests, on a daily basis.

Residents were very enthusiastic about the food provided by the home. Residents also told us they had a choice to have their breakfast in their room or the dining room, if they so wished. We observed a number of mealtimes, which were relaxed and informal with residents offered generous portions. Alternatives to the main menu were available, upon request.

The kitchen staff had a list of people's allergies and specific dietary requirements. The chef informed us that they knew all of the resident's food likes and preferences, however; there was no record of this information available to other kitchen staff. We recommend that there is a record of residents' food likes and preferences stored in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
The pre-admission assessments had identified people's health needs and included information of any health and medical professionals involved with the person. Care plans provided guidance for staff in meeting the person's needs and any other professionals involved in their continued care, following admission to the home.

Care plans and daily notes showed that the home had contacted other medical and health care professionals with any concerns regarding the residents. Staff also supported visits from health professionals to the home and followed any prescribed treatment plan, as necessary. The home supported people to attend regular appointments with the community Podiatrist, Diabetic foot care team and optician appointments.

People's needs met by the adaptation, design and decoration of the premises
The design and adaptations to the building met people's needs. During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items.

The home has a hoist, which is available to support a person's mobility, if necessary. A bath chair is also available, to support people's needs.

The home had continued with a major refurbishment programme. Recently, a number of bedrooms had been painted and decorated; the lounge was re-decorated and the home had purchased new chairs for the lounge. The small dining room had new flooring and was being decorated. A number of corridors had new flooring and the stairs and annex corridors was getting new carpeting at the time of the inspection.

People commented on how much better the home looked and felt and how happy they were with the improvements.

Ensuring consent to care and treat in line with law and guidance
Capacity assessments and best-interest decision meetings had not been completed for people who could not make informed decisions, due to a cognitive impairment. Upon admission to the home, the manager, in conjunction with the family members and others most significant to the

person, made decisions in the person's best interests; however, there was no formal record of these meetings, identifying the person's lack of mental capacity, who had been present and what decisions had been made in the person's best interests.

A person's pre-admission assessment identified if they presented with challenging behaviours. The manager then developed care plans and management plans/risk assessments, as necessary. The manager informed us that the home did not use any form of restraint. We recommend that, if the home accepts people with a presenting challenging behaviour, staff should receive training in how to meet their specific needs, most appropriately.

During the admission process, people were asked to sign a 'consent to share medical information' form, authorising the Community Health Centre to share medical information with the management and care staff of the home. We found this form contravened the Applied General Data Protection Regulations 2018.

Action we require the provider to take

Key areas for improvement

- Action is needed to demonstrate that residents, and/or their representatives, have read and agreed with the level of support identified within the resident's care plans and risk assessments.
- Action is necessary to ensure that staff receive additional, appropriate training to meet the individual needs of the residents, i.e. dementia awareness, challenging behaviour.
- Action is required to ensure that resident's that do not have capacity, due to a cognitive impairment, have a capacity assessment demonstrating this, and records of best interests decision meetings, to determine that their care package is in their best interests.
- Action is required to ensure that consent forms, used by the provider, conform to the current Isle of Man Data Protection Legislation.

Inspection Findings

C3 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. The service requires one improvement in this area.

We found this service to be caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity
Staff knew people and their individual needs well and clearly explained to us how they supported people with dignity and respect. We observed warm and friendly interactions between people and members of staff throughout the inspection.

During feedback, people spoke positively about the care they received. One person told us, "You can't get better care anywhere else. All the staff are great. They look after me well". Another person said, "It's very good here. The staff are lovely. It's like a home from home".

The family member of a resident said, "I'm very pleased with the services Sunnydale provide. The manager is absolutely superb. We're very happy and the staff are superb". Another relative told us, "I think they're doing a very good job with [my relative]. Staff work with [my relative] the way we like it. The staff are all lovely and very helpful".

One member of staff told us, "We offer really good support. The residents find us approachable to talk to. We make sure people have choices and we get to know the residents".

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities, as necessary.

Supporting people to express their views and be involved in making decisions about their care
People and their relatives were involved in decisions about their care during the admission process. Following the completion of the pre-admission assessments, there was no clear indication that the provider consulted with the person, or their family, in developing the person's care plans.

The files we inspected, of people residing at the home, showed that they had not undergone a new assessment of needs or a review of their care and support at least every six months. Feedback we received from people living at the home, and family members, also confirmed that they had not attending formal review meetings.

One resident said, "No, I've never had a review meeting. I've been here for about eight months". A family member of a resident told us, "I haven't attended any review meetings recently but I have been involved with [my relative's] care since [they] moved in". The family member of another resident said, "I've not been invited to a review meeting, but the managers are very good"

Residents' meetings were being held regularly. The agenda and minutes to the residents' meetings included discussions around activities, meals and menus and the refurbishment programme.

Respecting and promoting people's privacy, dignity and independence
Care plans identified the level of support for each person, allowing for as much independence and freedom for the person, as possible.

Staff encouraged people to remain as independent as possible. Comments we received from people included, "The staff let me get on with things and support me to be as mobile as possible", and "The staff always try to let me be as independent as possible. I like to do as much for myself as I can" Staff members also shared with us their experiences of how they encourage people to maintain their skills and independence, on a daily basis.

People felt that their privacy and dignity was also respected. People confirmed that staff always knock on the door before entering their room, were polite, called the person by their first name, and sought consent before offering any personal care. Staff confirmed they would always close the door and curtains to the room, before carrying out any personal care.

Action we require the provider to take

Key areas for improvement

- Action is needed by the manager to ensure that all residents personal care plans are reviewed when a change of need occurs, or at least every six months, at which time a new assessment of needs forms part of the review process. Records should demonstrate that the resident and/or their representative is always invited to attend and contribute to the review.

Inspection Findings

C4 Is the service responsive?

Our findings:
Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

We found this service to be responsive in accordance with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences
People received individualized support that met their needs. Person-centred plans identified people's support needs and provided guidance for staff on how to meet those needs.

People's records included important information and people confirmed they received support in a way they preferred. Comments from people included, "I can go to bed when I want and can get up more or less when I want. If I don't like something on the menu, they will get me what I want. I get to choose my own clothes".

The initial assessments identified people's preferences in the food they liked and their preferred activities and pastimes. The home had planned activities during the week designed around people's likes and preferences.

Meeting people's communication needs
The pre-admission assessments had identified the person's communication needs and choices, which led to the manager developing person-centred care plans in communication, ensuring that people get information in a way they can understand.

The manager confirmed that information about Sunnydale was available in different formats, upon request.

Improving care quality in response to complaints and concerns
The provider had a complaints policy and a copy of the complaints procedure was on display on a notice board within the home. The manager kept a record of all complaints and the provider had not received any complaints since the last inspection. The manager and staff dealt with most concerns informally, directly between people, their families and the support staff.

The home's statement of purpose and the residents' handbook contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

People, and the family members of people we spoke to, said they knew how to make a complaint and would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and take their concerns seriously. One resident told us, "I complained about a member of staff just coming into my room. Now, they always knock before entering".

End of life care and support
People's personal wishes towards death, dying and end of life care had been ascertained when completing the pre-admission assessments. 'Do Not Attempt Cardio Pulmonary Resuscitation'

(DNACPR) forms were in place for people choosing not to be resuscitated. A copy was stored in the resident's file and accessible to staff on shift, in the event of a medical emergency.

The provider did not have any people on end of life care.

Inspection Findings

C5 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. The service requires two any improvements in this area.

We found this service to be well led, in accordance with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
Staff felt well supported and able to speak with the manager whenever they needed to and believed their concerns would be taken seriously. Staff told us they were happy working at Sunnydale. One member of staff said, "The manager is very good and has been very supportive. I feel respected and valued by the manager", and another told us, "I feel both positive and proud to work here. The manager is always accessible and I feel valued as a member of staff"

Family members told us there was good communications with the staff team, and they were kept informed about any changes. One relative said, "If there is a problem, the staff always tell me and keep me informed. The staff have a very positive approach to any problems".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
The manager was qualified to run the service. The manager had completed the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. The manager also had a job description identifying their role and responsibilities. There was also a deputy manager, who was in the process of attaining the QCF level 5 in Leadership for Health and Social Care.

Staff supervisions and annual appraisals were not up-to-date. Each member of staff had a 28-page 'annual log book', setting out supervisions and annual appraisals throughout the year. The domestic staff had received supervision; however, the care staff had not received any formal one-to-one supervision, with the manager, within the last 12 months. The manager reported that there was a plan in place for the supervision of all staff members in the coming year.

The provider had in place a system for monitoring and reviewing the quality of care provided, by seeking feedback from residents and their families and staff members, on an annual basis.

The provider had not submitted all notifications of significant events to the Registration and Inspection team, in line with regulatory requirements. This is an area for improvement.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
The manager provided new residents, and their family, with information about the service, at the time of the person moved into the home. Information about the home could be found in

the residents' user guide, the statement of purpose and the person's contract of terms and conditions.

The provider had given out quality assurance questionnaires to service users, their families and staff on an annual basis. Information gathered during this process also formed part of the annual plan and used to create a development action plan to improve services.

Staff meetings were planned for every three to four months. Staff felt they could raise any concerns and share ideas during the team meetings and the manager would take them seriously.

How does the service continuously learn, improve, innovate and ensure sustainability

The provider had a programme for delivering refresher training in all mandatory subjects, including safeguarding adults, medication administration, health and safety, first aid and moving and handling. Not all staff had attended refresher training, as planned.

Staff had their medication administration competency assessed annually. One member of staff told us they had received regular refresher training and specialist training to meet the individual needs of the residents.

The manager had systems in place to monitor accidents, incidents and safeguarding concerns. Information from these incidents was used to support learning and improve service provision.

Working in partnership with others

Information contained within people's care plans and daily records demonstrated the staff at Sunnydale worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- Action is necessary to ensure that all staff receive formal, 1-1 supervision at least four times a year, including an annual appraisal of their performance.
- Action is required by the manager to ensure that the Registration and Inspection Team are notified of all events identified within Regulation 10 of the Regulation of Care (care services) Regulations 2013