

## Sunnyside House Care Home Service

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Type of inspection: Unannounced  
Inspection completed on: 5 February 2018

**Service provided by:**  
East Ayrshire Council

**Service provider number:**  
SP2003000142

**Care service number:**  
CS2007167896

## About the service

Sunnyside Children's House is located in East Ayrshire and was first registered with the Care Commission in July 2008. It is operated by East Ayrshire Council and provides accommodation and support for a maximum of 6 young people. The accommodation is a purpose built single storey spacious, clean and modern building.

The service's stated aim is to ensure that "every young person will have the opportunity of reaching their potential by working in partnership with well trained and qualified staff".

## What people told us

At the time of our inspection there were two young people living in Sunnyside House. We met with one young person.

They told us that they were 'happy at Sunnyside House and the staff are great'.

The grand-parent of one young person, that the staff had supported to return to their family, stated that the staff had been "amazing" and that their grand-child was now "doing really well; and it's down to the care they give".

Social workers we spoke with gave positive reports about the staff group describing them as 'committed' and 'adaptable' with very good levels of communications offered to social work and families.

## Self assessment

No self assessment was requested of the service during this inspection year. We discussed elements of the service development with the external manager during the inspection and were satisfied with the development plans.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

During this inspection we found that young people experiencing care from the service had experienced procedures, care plans and assessments that did not evidence a consistent quality. We found that some processes had not been conducted within timescales set by regulation and national standards. These related to admission procedures for gathering information and developing care plans.

The gaps in this information were evident prior to one young people's arrival at the service and were not addressed at the time of the inspection. Subsequently the service is assessed as providing an adequate level of care and support for young people.

The majority of young people's care plans were regularly reviewed to monitor and measure the progress being made toward the goals they had identified in partnership with staff and social workers. Some young people were achieving very significant personal outcomes in relation to their life choices and some had made very positive transitions to independence.

However, as stated above, we found in one case that the service could not produce a plan for one young person. We are aware that there were particular circumstances relating to this young person's arrival at the service; nonetheless, a post admission meeting should have been convened and an action plan developed from that meeting. We have made a recommendation in relation to this matter of the post admission meeting. (see recommendation 1 of this Quality theme)

This meeting is essential to have the required information to develop an accurate and effective plan to support young people. We have made a requirement in relation to this matter of care plans. (see requirement 1).

Some young people's plans identified their preferences relating to such considerations as settling times, dietary preferences and the most effective responses to support them at times of emotional crisis. The staff's adherence to these strategies in supporting young people contributed to their well being and the settled environment within the house.

During the previous inspection we found that there had been several incidents that we had not been notified of. We noted there had been some progress in this area throughout the previous year and will continue to monitor this at the next inspection.

Young people's emotional and physical health and well-being was a priority for staff and they worked very hard to support young people achieve their goals. Young people were encouraged and supported to engage in work placements. One young person was successfully attending a work placement and this was enhancing their positive self-esteem.

Similarly, young people's fitness was promoted through access being provided to physical activity such as gym membership. Whilst young people were not fully engaging in these activities they told us of the staff's continuing efforts to have them participate in these.

Similarly, whilst not fully accepting of the advice and guidance, young people confirmed that staff made strong efforts to have young people address their smoking habits.

The committed staff group also worked consistently to support young people in assisting them to maintain contact with people important to them, where appropriate. Young people were therefore benefiting from positive relationships with friends and with family. We heard from young people' families of the positive outcomes for family relationships with young people that this support promoted.

We saw good evidence that young people's requests, suggestions and complaints had been acted upon appropriately. This process was especially effective in addressing one young person's concerns about feeling unhappy regarding their relationships with other young people in the house. The manager met with the young people within the house and actions were subsequently taken by staff taken to address this issue. The impact of this action left the young person feeling assured by the support offered.

We observed warm caring interactions between staff and young people that encouraged nurturing relationships. Staff informed us of young people being presented with 'real life consequences' to promote consequential thinking and guiding young people to make positive choices.

Independent living skills were promoted with young people encouraged to keep their rooms tidy and to do their own laundry. To further promote independence, staff supported young people to travel independently and aimed to nurture independence skills through cooking meals with the young people.

Young people's progress in their plan was monitored through the use of the well being web. However, we found no evidence or records of the outcomes being achieved. We did inspect care plans where goals were identified and actions to achieve these recorded however there was a gap in the information relating to the evidence of outcomes. We discussed this matter with the service manager and this matter will be addressed at the forthcoming service development day. ( See Quality Theme 4 below)

## Requirements

### Number of requirements: 1

1. The service provider must ensure that within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met.

SSI 2011/ 210 - Regulation The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 5(1) - (personal plans).

## Recommendations

### Number of recommendations: 1

1. The service provider should ensure that young people are subject to an initial assessment of needs and that this takes place within 72 hours of their arrival in the service.

National Care Standards, care homes for children and young people, standard 2: first meetings.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

Sunnyside House is a spacious purpose built six bedroom house on one level.

All bedrooms are en suite with comfortable furnishings and storage for clothing and personal belongings. Every bedroom has a locking safe for young people to store their valuables. We found the house to be safe, warm, clean and comfortable. Appropriate safeguards were in place to ensure young people were safe and secure whilst living at Sunnyside House.

The service provides a very good environment for young people.

We noted that the kitchen was well equipped and well stocked with a variety of foodstuffs and we saw a variety of fresh fruit available. Young people were encouraged to develop a healthy diet and were consulted on their eating preferences.

Young people had access to a study room for supervised internet access and appropriate internet safeguards were employed and monitored to protect them from risk and harm. This area was also used by young people for homework as and when required. Young people had access to books and board games to promote positive interaction and additional learning.

A feature of the service was the newly developed relaxation room that had been equipped with relaxation chairs and foot spas for the use of young people. Young people told us of how they enjoyed the use of this room to encourage relaxation and this then promoted their well-being.

The entire internal decoration had been refreshed. There were some residual minor repairs to the plaster required in some areas but this work had been scheduled.

The staff had involved young people in selecting the decoration for the house and a great deal of work had gone into making it a homely, comfortable nurturing environment.

Alterations to the outside access arrangements were planned to provide young people an alternative route into the service and simultaneously reduce traffic on a neighbouring road and pavement. This action will promote better relations between neighbours and the service.

Maintenance checks were conducted regularly the house systems and cars. An example of this was that during the inspection there were maintenance checks being conducted on the alarms systems. Also whilst we were there the staff conducted their regular fire alarm system checks.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of staffing

### Findings from the inspection

We found that the staff team at Sunnyside House worked well together and the young people received a very good level of support by this staff team.

We observed very positive interaction between staff and young people and noted comments within case notes that suggested trusting relationships between them. The young people we spoke with confirmed that they felt they could trust staff.

The committed staff group also worked consistently to support young people to maintain contact with people important to them; where appropriate. Young people were therefore benefiting from positive relationships with friends and with family. Further to this the staff group had developed an outreach roll through which they supported young people and their families where young people had made the transition back to family homes.

We heard from family members how invaluable this support had been in maintaining the young persons transition home and in assisting family members to understand the tensions that would arise and how to address these.

The skilled staff group supported young people through very emotionally challenging situations and empowered young people to experience positive outcomes in relation to these.

We are aware that the staff group had experienced challenges and difficulties throughout the year; however staff we spoke with informed us of the managements very supportive response to these challenges and the positive changes that the current manager had introduced.

An example of this was the benefits that some staff told us they had gained from an exercise in consistency; which assisted staff to consider the strengths across the staff team and aid understanding of the need for adaptability and flexibility at appropriate times and trust in their colleagues. This had led to consistent actions of support for young people and subsequently assisted the young people to regulate their emotions.

Staff supervision sessions were held regularly. Minutes of these supervision meetings evidenced a robust standing agenda covering young people's care plans, risk assessments, staff development and team issues. Staff we spoke with also advised they had daily beneficial informal support from the manager.

An impressive training schedule covered specific training, such as mental health issues, harm reduction and suicide prevention in addition to mandatory training topics such as child protection refresher training.

The staff team were appropriately registered with the Scottish Social Services Council and staff had or were working toward the necessary qualifications for their role.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 – very good

## Quality of management and leadership

## Findings from the inspection

We found that the service was attaining a good standard for this quality theme.

The current manager at Sunnyside House had taken up the post during the previous year and subsequently not all systems that the manager aimed to introduce were operational at the time of the inspection.

The manager was aware of some of the areas for improvement that we identified prior to the inspection and there were items within the service development plan to address these.

A team development day was scheduled for the period following the inspection and the manager discussed the plan for this event with us.

The service involved stakeholders - social workers - and young people and staff in evaluating the service and we saw questionnaires from these sources with strengths and areas for development identified. These responses were also to inform the development day discussions and actions. This went some way to addressing the recommendation we made at the previous inspection regarding looking at alternative means to elicit the views of parents and stakeholders. We accept the reasons why parents views were not obtained at this time. In addition, quality assurance process were being developed which would involve young people and peer review. From the discussion mentioned above we heard of several areas of development that the manager had identified would provide positive benefits to the service. We will inspect these further at the next inspection

Additionally, however, we found that quality assurance checks were not in accordance with the service quality assurance guidance. For example, the frequency of medication record audits was not in accordance with the service guidance. We discussed this with the manager and suggested a review of the practice and guidance to look at making them consistent. Consequently the service had not met the previous recommendation to review the quality assurance procedures to ensure all staff complete records in accordance with care standards and best practice. We have therefore repeated this recommendation.

(See recommendation 1 of this quality theme )

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service provider should review its quality assurance procedures to ensure that all staff at Sunnyside House complete records in accordance with National Care Standards, best practice and the service policy.

National care standards for care homes for children and young people; 7 Management and staffing.

**Grade:** 4 - good

**What the service has done to meet any requirements we made at or since the last inspection**

## Previous requirements

There are no outstanding requirements.

**What the service has done to meet any recommendations we made at or since the last inspection**

## Previous recommendations

### Recommendation 1

In the absence of formal meeting minutes the service must ensure they record and track the requests made by young people in relation to the day-to-day life of the unit or in relation to longer term development issues.



National Care Standards 9 Care Homes for Children and Young People, Making Choices & National Care Standards 18 Care Homes for Children and Young People, Concerns, Comments and Complaints.

**This recommendation was made on 4 July 2014.**

## Action taken on previous recommendation

The service has introduced the use of 'you said, we did' questionnaires to replacing house meetings as reported on above.

This recommendation was partially met. Refer to Quality statement 4.4.

## Recommendation 2

At the previous inspection we made the following recommendation: Care plans should be developed to reflect the changes to care practices within Sunnyside.  
National Care Standards 4: Support Arrangements.

**This recommendation was made on 4 July 2014.**

## Action taken on previous recommendation

Care plan paperwork has been reviewed and amended to ensure consistency between the three East Ayrshire Council residential houses. The care plans evidence adherence to the Getting It Right for Every Child (GIRFEC) principles and employ the well - being indicators of SHANARRI. However these care plans are being reviewed by East Ayrshire Council. We will report on this recommendation in the next inspection.

This recommendation has been partially met.

## Recommendation 3

Managers should review the impact of current changes on staff and their morale and ensure this does not impact on the positive work being undertaken with young people. National Care Standards 7: Management and Staffing.

**This recommendation was made on 4 July 2014.**

### Action taken on previous recommendation

All staff actively consult with colleagues from psychological services to reflect on and discuss the model of care being employed. Refer to Quality Statement 3.3.

This recommendation was met.

## Recommendation 4

The service should continue to develop alternative means to elicit the views of parents and carers. Their contributions could be vital toward improving service delivery and ultimately ensuring positive outcomes for their children

National care standards for care homes for children and young people; 7 Management and staffing

**This recommendation was made on 11 May 2016.**

### Action taken on previous recommendation

No action taken on this recommendation and it has therefore not been met. This recommendation is repeated.

## Recommendation 5

The service should aim to ensure that all environmental repairs are completed within as short a timescale as possible.

National care standards for care homes for children and young people; 5 Your Environment.

**This recommendation was made on 11 May 2016.**

### Action taken on previous recommendation

A repair log has been introduced and quality assured for time taken from reporting of a repair until completion. This recommendation is met.

## Recommendation 6

In accordance with the service's child protection policy and procedure, ancillary staff should be provided with training in child sexual exploitation.

National care standards for care homes for children and young people: 7 Management and staffing.

**This recommendation was made on 11 May 2016.**

### Action taken on previous recommendation

There is training available to staff in relation to Child Sexual Exploitation. Staff spoken to had either attended this training or were scheduled to attend. At the time of the inspection there were no ancillary staff however training is available to all staff. This recommendation is met.

**Recommendation 7**

The provider should ensure that all care staff have access to mandatory training particularly TCI.

National care standards for care homes for children and young people; 7 Management and staffing

**This recommendation was made on 11 May 2016.**

**Action taken on previous recommendation**

The service has a training calendar and all care staff attend refresher courses every 6 months. Newly recruited carers attend a 5 day course in TCI. This recommendation is met.

**Recommendation 8**

The service should ensure that team meetings occur with the frequency detailed in the service policy and procedures.

National care standards for care homes for children and young people; 7 Management and staffing.

**This recommendation was made on 11 May 2016.**

**Action taken on previous recommendation**

Team meetings were occurring on a regular weekly basis. This recommendation is met.

**Recommendation 9**

The external manager should continue to review the circumstances regarding the young people's interest in the young people's forum; with a view to reintroducing the forum at an appropriate opportunity and continue to gather the views of the young people accommodated within Sunnyside House.

**This recommendation was made on 11 May 2016.**

**Action taken on previous recommendation**

A young people's forum had been reintroduced and the external manager met with young people on a three weekly basis to provide an opportunity for them to offer their views directly. This recommendation is met.

**Recommendation 10**

The service provider should ensure that regular fire drills are held and records of these drills are maintained.

National care standards for care homes for children and young people; 6 Feeling Safe and Secure.

**This recommendation was made on 5 April 2017.**

**Action taken on previous recommendation**

This recommendation is met. Regular fire drills are conducted by the staff group.

**Recommendation 11**

The service provider, East Ayrshire Council, should ensure that notifications to the Care inspectorate are submitted in accordance with the guidance document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

National care standards for care homes for children and young people; 7 Management and staffing.

**This recommendation was made on 5 April 2017.**

## Action taken on previous recommendation

This has improved but still needs to get better. Manager has updated account details to allow new Seniors to also be able to notify moving forward.

## Recommendation 12

To provide young people using the service with behavioural management care and support in line with their needs and good practice guidance the service provider should review all risk assessments and be satisfied that they are of a quality standard and all staff familiar with their contents.

National care standards for care homes for children and young people; 6 Feeling safe and secure.

**This recommendation was made on 5 April 2017.**

## Action taken on previous recommendation

All Risk Assessments in regards to behavioural management care and support of all of our Young people have been reviewed by the manager and updated accordingly in collaboration with care team. These are audited regularly by members of the Young Person's Key team (4 weekly) or after any incident and all carers notified of any changes to Risk Assessments and the ICMP, to make themselves familiar with any changes. However we found one young person had no care plan and have therefore made a requirement in relation to this matter.

## Recommendation 13

The service provider should review its quality assurance procedures to ensure that all staff at Sunnyside House complete records in accordance with National Care Standards, best practice and the service policy.

National care standards for care homes for children and young people; 7 Management and staffing.

**This recommendation was made on 5 April 2017.**

## Action taken on previous recommendation

Management will ensure that a quality Audit is done on all appropriate paperwork and any amendments carried out immediately. This is planned for 1st Monday of each month. We found that there continue to be gaps in recorded information and have therefore continued this recommendation.

## Recommendation 14

The service provider should ensure that there are detailed records of complaints made and of the outcomes of investigations into these complaints. National Care Standards, care homes for children and young people, Standard 18, Concerns comments and complaints.

**This recommendation was made on 5 April 2017.**

## Action taken on previous recommendation

There is a "It's better to listen" folder which details all complaints made by YP and the outcome thereafter. Recommendation is met.

**Recommendation 15**

The service provider should ensure that effective recording and information systems are maintained and that all significant incidents are recorded. National Care Standards, care homes for children and young people, Standard 7 Management and staffing.

**This recommendation was made on 5 April 2017.**

**Action taken on previous recommendation**

There is significant occurrence guidance to ensure all recording is consistent. This is passed through the house manager to the service manager and then senior service manager. Any outstanding actions are requested via a briefing report from Senior Service Manager. Recommendation is met.

**Recommendation 16**

The service should continue to develop alternative means to elicit the views of parents and carers. Their contributions could be vital toward improving service delivery and ultimately ensuring positive outcomes for their children. National care standards for care homes for children and young people; 7 Management and staffing.

**This recommendation was made on 5 April 2017.**

**Action taken on previous recommendation**

This recommendation is repeated. Attempts have been made to explore further methods to gather parents' views but to date this has not been successful.

Quality Assurance Questionnaires have been re-drafted and sent out to carers recently. Family and Professionals Questionnaires will be sent out shortly. Once all Questionnaires have been completed and returned all information will be collated and if any negatives or improvements that are identified this will be addressed and rectified accordingly.

**Recommendation 17**

The service provider should ensure all staff receive training in the service procedures relating to assessing the risk of child sexual-exploitation. National Care Standards, care homes for children and young people, Standard 6: Feeling safe and secure.

**This recommendation was made on 5 April 2017.**

**Action taken on previous recommendation**

All current and new staff will be provided with mandatory training as well as literature regarding child sexual-exploitation. Management will look ahead at the organisation training calendar and nominate staff for additional training throughout the year. Staff have or are scheduled to receive this training. Training calendar seen. This recommendation is met.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
31 Jan 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
4 Mar 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
4 Jul 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
21 Jun 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
24 Jul 2012	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
9 Dec 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
25 May 2010	Announced	Care and support 6 - Excellent Environment Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	6 - Excellent Not assessed
30 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good Not assessed
29 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent 6 - Excellent 5 - Very good 6 - Excellent
17 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 6 - Excellent 5 - Very good 4 - Good

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