

The Sons of Divine Providence Sundial House

Inspection report

Orchard Lane
East Molesey
Surrey
KT8 0BN

Tel: 02083988620
Website: www.orionecare.org

Date of inspection visit:
09 October 2019
16 October 2019

Date of publication:
11 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sundial House is a residential care home that provides accommodation and nursing or personal care for up to six people some of whom have learning disabilities and autism. At the time of this inspection, six people were receiving support from this service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

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

Although quality assurance processes were in place, some of the audits carried out by the registered manager were not recorded appropriately. Staff required refresher training in mental health awareness and learning disabilities. Risk assessment processes needed reviewing to ensure a consistent approach in how the service assessed the level of risks to people. People had support to discuss their end of life wishes but their decisions were not reviewed regularly to ensure it remained the same. The registered manager told us they would address these concerns immediately.

Staff were aware of the actions they had to take should they noticed people being at risk to harm or when incidents and accidents took place. People told us there was enough staff to support them with activities of their choice. Staff undertook appropriate checks before they commenced employment with the provider. People were assisted to manage their medicines safely and independently where possible. Systems were in place to ensure hygienic care for people.

People 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.

People told us they got on well with each other and that they liked living at Sundial House. Staff assessed people's desired outcomes helping them to achieve their full potential. People had access to healthcare professionals when they needed it. Staff prepared meals for people according to their choices and tastes.

People and their relatives had appreciated the staff team and described them as kind, caring and friendly. People were encouraged to make every day decisions that involved staff asking for their consent to care provision. Staff were respectful towards people's privacy and dignity.

People's care plans were person centred and individualised. Staff were flexible in the way they supported

people to build on their strengths. We saw staff using people's preferred communication methods. People felt confident to approach staff if they wanted to make changes to their care delivery.

Family members told us that their relatives were provided with good quality care at this service. Staff were aware of their role requirements which included effective communication and information sharing.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection- The last rating for this service was good (published 26 April 2017).

Why we inspected- This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sundial House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was unannounced and carried out by one inspector.

Service and service type

This service 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. During the inspection, they were going through the registration process with the CQC and on the second day of our inspection their registration was confirmed. 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.

What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the care home on 9 and 16 October 2019 and we spoke with three people about their experience of the care provided to them. We received feedback from four relatives and a family friend. We talked to the registered manager and one staff member working for this service.

We also looked at a range of records that included five people's care plans and three staff files in relation to

their recruitment, training and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data relating to staff training.

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.

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place to guide staff on the support people required to maintain their safety. Risks to people were identified and information was available on how staff should provide people with the required assistance in relation to their medicines, road safety and money management. A family member told us, "Because of the care and sensitivity shown by staff over the years... [my relative] is now living a fuller life than I could have expected. This has been enabled by the staff preparing him to take a 'risk' and then letting him take it when he can safely deal with it. He is now able to judge risk sensibly within his limitations and is far less fearful."
- However, it was not clear what criteria was used to assess the potential risks to people's safety. Risks were rated from low to high with no indication of how these risks could affect people should they occur, including severity and likelihood of the potential risks to people. This was discussed with the registered manager who agreed to review the processes in place to ensure a consistent approach in how the service assessed the risks to people. We will check their progress at our next comprehensive inspection.
- Records showed that fire safety checks were carried out regularly to ensure people's safety.

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

- Policies and procedures were in place to ensure people's safety should they be at risk of harm and/or abuse. There were no safeguarding concerns raised against the service since our last inspection.
- Staff were aware of the actions they had to take to safeguard people, with one staff member telling us, "If I see something concerning, for example money being taken from a service user, I would speak out and say something. I would report it straight away to the manager and if the manager is involved, to the head office."
- The provider took appropriate steps to mitigate the risk of further accidents. Staff completed an incident and accident form which was then reviewed by the registered manager who ensured that the necessary actions were taken to protect people. This included making referrals to healthcare professionals to review people's changing care needs.

Staffing and recruitment

- People told us there was enough staff to support them with their daily activities when they required assistance, with one person telling us, "Yep, [staff] are around when needed. I do what I want to do. I go [name of the town] when I want to. I have a choice where to go or what to do."
- Pre-employment checks were carried out before staff started working with people. Records showed that staff completed a job application form, attend an interview, provided references and carried out a criminal record check to demonstrate their suitability for the role.

Using medicines safely

- People's received support to manage their medicines safely. Staff signed the medicines administration record (MAR) sheets to confirm that people had taken their medicines as prescribed.
- People's independence was encouraged, and we saw one person being responsible for the application of their creams.

Preventing and controlling infection

- Staff had the necessary knowledge and skills to protect people from the risk of infection, examples they provided included how they used different colour boards to prepare food, regularly washed their hands and used protective equipment to mitigate the risk of cross contamination.
- Good practices were followed to meet the requirements of the control of substances that are hazardous to health (COSHH). We observed the cleaning materials being stored correctly and the waste being disposed of as necessary.

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.

Staff support: induction, training, skills and experience

- The staff team were provided with a wide range of training courses, including safeguarding vulnerable adults, Mental Capacity Act 2005 (MCA), equality and diversity, moving and positioning of people and medication administration. Although staff were required to attend the refresher courses every three years, where training needs were identified, staff were booked to complete the necessary training courses sooner. For example, if there was a change taking place in a regulation related to the social care sector.
- Records showed that staff were due for refresher training in mental health awareness and learning disabilities which the registered manager arranged immediately after we had discussed this with them. Meanwhile, to ensure that staff had the necessary knowledge and skills to support people with their mental health needs, the registered manager arranged an in-house session for this and ensured that staff had access to information on how to support people effectively with their health conditions.
- Staff received regular supervision and appraisal meetings which ensured they were well supported in their role.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA and told us how they supported people to make everyday decisions. One staff member said, "All clients living here have capacity and they make their own decisions. Every person living here has a right to say yes or no. If someone needs help to make a decision, we put guidelines in place to help them with this."
- Systems were in place to support people in the decision-making process. The registered manager told us they worked in partnership with the families and the local authority if people required support to make

more complicated decisions, for example in relation to their finances.

- DoLS restrictions had been authorised by the supervising body, which is the local authority, in people's best interests as necessary.

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

- People were provided with opportunities to discuss the outcomes they wanted to achieve. The registered manager told us they encouraged staff to have informal conversations with people so that they would feel more opened in discussing their strengths and weaknesses and the goals they wanted to fulfil, including visiting places of interest and taking part in new activities.

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

- People had a choice of the food they wanted to eat. One person told us that the meals provided were "nice, all of it. We get Indian food and a fry up breakfast. If I don't like it then I get something else."
- People had their own cupboard to keep food of their choice such as their preferred snacks.

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

- Sundial House was a small home with shared communal areas and each person had their own room. People had access to a game room where they spent time exercising, playing games and listening to music. One person told us, "I like it here, it's perfect. Everyone gets on with everyone here." A family friend told us, "I don't know what is not provided for [name of the person] in this home. Their room is great, incredibly personal."
- At the time of inspection, we saw the home being re-decorated aiming to make it homelier and brighter. The registered manager told us that people were involved in choosing the colour schemes.

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

- People were provided with assistance to book and attend their health appointments as necessary. One person said, "I go to the doctors with [staff] and I always see the doctor when I am not well."
- People had oral health care plans in place to ensure they received the necessary support with their dental hygiene.
- Records showed that health care professionals were involved in providing staff with health-related guidelines. This included support for a person with a special healthcare need to ensure their well-being.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People described staff to us as "nice" and "good." People's relatives and family friends told us that "Staff are kind, thoughtful and generous. They are always happy to see relatives, and everything is done calmly and with a smile" and "Staff here are relaxed, engaging and good at communication."
- People were supported to practice their religion where they expressed an interest in doing so. This included support for a person to get ready to go to a church.

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

- People had access to community organisations when they required support in making decisions. One person had a long-lasting relationship with an advocate who regularly helped them to make choices about the care they received.
- Records showed that people were asked to sign if they were in agreement with their care provision. This included their consent to be supported with nail care.
- During the inspection, we observed people being busy with their daily activities. Some people attended their regular activities, whereas others chose on the day what they wanted to do, including shopping, going to a pub or library to collect some DVDs. People were also encouraged to seek employment opportunities.
- We observed a person making a choice of who they wanted to be supported to go out with. We saw a staff member asking a person's consent to make changes to their activities on the day.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they supported people's independence by encouraging them to undertake activities themselves. They only took over if a person was not able to carry out a task independently, for example to wash themselves.
- People's privacy was respected, and they were treated with dignity. A family member told us, "The staff respect my [relative's] privacy and dignity in all ways." A staff member said, "No staff walks into a resident's room even if the door is opened. We first knock. We shut the doors and close the blinds when assisting with personal care. We also ask residents what they prefer to be called."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People had support to discuss their end of life wishes, including where they would like to receive the end of life care and their funeral arrangements. However, records showed that people's 'End of life plans' were not reviewed regularly. The registered manager told us that this information was updated if people had made changes to their end of life wishes but that from now on they would discuss this with people regularly making sure their end of life wishes remained the same. We will check their progress at our next comprehensive inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and individualised. Information was available in relation to the support people required to meet their preferences and choices, including how they liked to be supported. People's health and social care needs were identified and guidance for staff was provided on how to support people's well-being.
- The registered manager told us how they supported people to build on their strengths. This included helping a person to regain their confidence to overcome the phobia they had in relation to traveling. A family member told us, "There is a flexibility here. Staff will go an extra mile to do things for residents, they really do."
- Records showed that people's care plans were reviewed annually and when people's care needs changed making sure they were accurate and up-to-date.

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.

- The provider was aware of their responsibility to meet the AIS. We observed staff using people's preferred ways of communication, including non-verbal and body languages and gestures to have conversations with people.
- Records showed that a 'Service user agreement' was written in sign language to help a person to understand the information provided easier.

Improving care quality in response to complaints or concerns

- People told us they felt confident talking to staff about their concerns, with one person telling us, "I say to [staff] if I need help, they help me to say things as my words get mixed up."

- People were provided with a complaints procedure and where people were not able to read it, staff helped them to understand it.
- Records showed that where a complaint was raised, the management team addressed it to the satisfaction of the complainant.

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 has 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.

Continuous learning and improving care

- Auditing systems were in place to monitor the quality of the services being provided for people. Staff were responsible for carrying out regular checks related to fire safety, people's finances and infection control to ensure safe care delivery for people.
- However, some of the audits that the registered manager undertook to oversee the checks undertaken by staff, were not always recorded to ensure that any issues identified were acted upon as necessary. This included management of people's medicines. The registered manager agreed to review their auditing processes to ensure good record keeping. We will check their progress at our next comprehensive inspection.

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

- Family members told us that Sundial House was providing high-quality care for people and that the home was managed well. Comments included, "Sundial House is the most wonderful place and I could not wish for anywhere else I would want my [relative] to be. It is his home and he feels safe and cared for there" and "I do not think that [my relative] could find a better home than Sundial House. I have great respect for its staff and for the ethos of the home."
- Staff followed the provider's core values in the way they build-up and maintained relationships with people. Staff demonstrated being caring and attentive to people's individual needs through the support they gave to people. People felt free to tell staff how they wanted to be supported.
- People were involved in planning their care delivery and as necessary, the provider informed them about the changes taking place, for example, relating to an incident to ensure a person's safety. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager was aware of their registration requirements and knew the different forms of statutory notifications they had submit to CQC as required by law. Our records showed that these were sent to CQC in good time since the last inspection.
- Systems were in place to help staff to share information effectively. Staff used a communication book to pass on information to each other about the actions required to ensure continuity of the care delivery at the service. There was an on-call service available should staff require guidance during unsociable hours.
- Staff were required to sign confirming they had read people's care records, including guidelines provided to support people safely.

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

- People's families were encouraged to contribute to care and support of their relatives. A family member told us, "Involvement of families and friends of the clients is encouraged and [the staff team] are always happy to see visitors." Family members told us they were regularly asked for feedback about the service delivery.
- Staff were provided with support to keep up-to-date with information necessary for their role. The registered manager told us they arranged regular team gatherings to discuss changes taking place in the service and in the healthcare sector. This included the reading of policies and the sharing of knowledge received during the training courses.

Working in partnership with others

- The registered manager told us they were registered with external organisations for information about the changes taking place in the healthcare sector. This included receiving updates from the CQC about the improvements required in how the care homes supported people with their oral hygiene.