

Sunny Mount (Knowle)

Sunny Mount (Knowle) Limited - 127 Longdon Road

Inspection report

127 Longdon Road
Knowle
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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: Sunny Mount is a home for people with learning disabilities and/or autism; The home is registered for four people and there were four people living there at the time of the inspection.

The service was a small home. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People living at the home were also encouraged to develop friendships with the neighbours who they knew well.

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.

At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not gone down since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's experience of using this service.

- People felt safe and were protected from avoidable harm by staff who understood how to keep them safe.
- Staff knew about the risks associated with people's care and understood how to keep minimise risks to them.
- Staff supported people to take their medicines safely and understood how to prevent the spread of infection.
- People received care from a consistent team of staff understood their needs well.
- People's needs were assessed to ensure they could be met by the service.
- Staff were recruited safely, and there were enough staff to meet people's assessed needs.
- Staff received on-going support and training to be effective in their roles.
- People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- Where required, people were supported with their nutritional needs and to maintain their health and well-being.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- People received information about the service in a way they could understand.
- People were involved in planning and agreeing their care.

- Care plans contained the information and guidance staff needed to support people.
- Systems were in place to manage and respond to any complaints or concerns raised.
- The provider had systems for assessing and monitoring the quality of the service and implementing improvement where required.

At this inspection we found the service met the characteristics of a "Good" rating in all areas.

Rating at last inspection: At our last comprehensive inspection of this service in April 2016, we rated the service as 'Good'.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.

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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:

One inspector carried out the inspection.

Service and service type: Sunny Mount is a home for people with learning disabilities and/or autism; The home is registered for four people and there were four people living there at the time of the 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.

What we did:

Before the inspection, we reviewed:

- Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Information we had received about the service since the last inspection.

During the inspection:

- We spent time with people in the communal areas of the home and saw how staff supported the people they cared for.

- We spoke with one person who lived at the home, to gain their views about the care provided.
- We also spoke with the registered manager, another manager and a member of staff.
- We reviewed a range of records. This included two people's care records and multiple medication and records, and records about safeguarding people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included systems used to check the quality of the care provided, such as residents surveys. We also checked how complaints and any accidents and incident were managed. In addition, we saw checks made on medicines administered, and checked the systems in place to manage Deprivation of Liberty Safeguards.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe around staff. We saw people were comfortable and at ease around staff supporting them.
- Staff understood how to recognise abuse and the steps to take in order to share their concerns.
- The manager spoke confidently about their duty to discuss and share their concerns with relevant stakeholders such as the local authority on the CQC.

Assessing risk, safety monitoring and management:

- People's individual risks to their health and wellbeing had been recorded for staff to refer to. Risk assessments were reviewed and updated regularly. As new risks emerged, these were also recorded together with detailed guidance for staff. Staff could explain to us the steps they took to mitigate harm to the person and their wellbeing.

Staffing and recruitment:

- The registered provider undertook background checks of potential staff in order to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.
- We saw people had access to staff when needed. The manager explained staffing levels were adjusted according to people's dependency levels.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipts, storage, administration and disposal of medicines.

Preventing and controlling infection:

- The home was clean and odour free. People took pride in helping staff to keep the home clean and tidy.

Learning lessons when things go wrong:

- Staff understood the importance of monitoring people's behaviour where this was appropriate in order that they received the best care possible. We saw guidance and protocols were in place. Advice given by Healthcare professionals was shared with staff in order to help better support people.

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

Good: 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:

- The wishes of people and staff were considered when people's needs were assessed. This helped to ensure people's care preference and needs were promoted.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience:

- Staff told us they received regular training, supervision and support. One staff member told us as a small team communication was very good. This was because the manager worked alongside staff and understood staff needs and provided support and guidance accordingly.

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

- People were encouraged to contribute ideas for their menu. We saw people were offered choices of both food and drink. One person told us they liked the food and we saw them supporting staff to prepare lunch.

Staff working with other agencies to provide consistent, effective, timely care:

- One person told us if they were feeling unwell they would speak with staff who would help them to see the doctor. Staff we spoke with told us about how they were working with healthcare professionals to improve outcomes for people. Health Action plans we reviewed detailed the support people were receiving to access additional support.

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

- People living at Sunny Mount were surrounded by items that were important to them and reflected the important relationships in their life. People told us about how they helped contribute ideas for the furnishing of the home.

Supporting people to live healthier lives, access healthcare services and support:

- People told us staff supported them to access health care advice and support when needed. One person told us they would not hesitate to tell staff they were feeling unwell because they knew staff would help them. Care plans contained additional advice and guidance for staff to refer to which had been incorporated into people's care and support.

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA had been applied. The registered manager understood the principles of the MCA and knew when to apply for a Deprivation of Liberty. The registered manager has assessed people's capacity and at the time of the inspection were not required to apply for a Deprivation of Liberty.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person spoke very positively about staff supporting them and about how they liked them.
- Staff we spoke with knew people and their needs well. Care staff working at the home had worked there for a number of years and described a good understanding of the needs of people living there. Many of the people had lived at the home for a number of years and had developed good relationships with staff.
- We saw staff reassuring people and understood each person and their needs. For example, staff knew how to speak to people to avoid causing them any distress or anxiety.

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

- People were supported to express themselves in ways that were specific to them. We saw staff speaking with people and involving them in discussions to promote their decision making about their care. For example, people were asked about the activities they would like to take part in as well as the timing of these. We also saw when people declined support, staff respected this. We saw staff continually involved people in their discussions and checked that they were happy to proceed with the care discussed.

Respecting and promoting people's privacy, dignity and independence:

- We saw staff respecting people's privacy. People were supported in a discreet manner that ensured their dignity was maintained.
- Staff understood people's individual level of independence and helped to champion this. For example, one person was very independent and staff continued to support them to increase their levels of independence and work in the community. Independent access to public transport was also promoted to improve opportunities available to people.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People were involved in regular discussions about their care. People were asked about things they liked and disliked and invited to make changes where necessary.
- People were supported to do things they enjoyed. This included leisure time in the local community as well as going on holiday and spending time with their family. One person, was supported with work experience which had had a positive impact on them. Where people's care needs had changed, people's care was amended in response. For example, one person required greater help to manage their health. Staff worked with the person to help monitor and respond to their health and care needs.
- Where appropriate, people were supported to pursue their religious and spiritual needs.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. Staff gave us examples of the support they offered to people, so their communication needs would be met. This included individual ways of working with people, so people enjoyed an enhanced sense of well-being.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the promotion of choice and control, independence and inclusion. For example, we saw people took pride in the successes they had to develop their independence further, and enjoyed contributing to life at the home. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Improving care quality in response to complaints or concerns:

- A person told us they could speak to staff if they were unhappy with anything.
- The provider had a system in place for investigating and responding to complaints. There were no complaints at the time of our inspection.

End of life care and support:

- The registered manager had, where appropriate, begun discussions with people and their families about their end of life care in order to understand people's wishes. Where these were known, they had been recorded for staff to refer to.

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:

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People knew and liked the manager and registered manager. One person told us they could speak with them whenever they needed.
- The manager confidently spoke about each person's individual needs and how they had worked with staff to plan and achieve goals for each person. Care plans we reviewed reflected how each person's care and support was planned to meet their needs.

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

- Staff working at the home were happy working within the team and described an open and approachable relationship with the manager. They described their working environment positively.
- The manager explained they had worked at the home for a number of years and was now preparing to take on the role of registered manager. The manager explained how they made regular reviews of people's care in order that they could assure themselves as well as the registered manager that care was appropriate for the person.
- The registered manager described a good relationship with the manager and explained how they were working together to transfer responsibility.

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

- A person we spoke with told us they regularly spoke to staff about their care. We saw how care plans detailed discussions with people about their care. Where people required reassurance to express their views, staff supported people so that they were able to freely and confidently speak to staff. Staff understood people had differing levels of confidence and ensured each person was able to share their ideas.

Continuous learning and improving care:

- The manager benefited from speaking with other social and health care professionals in order to better support people. For example, where people's behaviour had changed, the manager worked with professionals in order to review the support the person received and improve support for the person. The registered manager also explained how they improved their knowledge by attending meetings and training to improve people's experience of care.

Working in partnership with others:

- The manager understood the importance of ensuring people benefitted from opportunities in the community and worked with a number of local organisations. For example, people benefitted from friendships and work opportunities that helped them feel part of the community. We saw how people benefitted from their friendships with neighbours and how this helped them feel part of the community.