Sunrise Mental Health Ltd

Eglington

Inspection report

65 Eglinton Road
London
SE18 3SL

Date of inspection visit:
24 January 2018
29 January 2018

Date of publication:
16 April 2018

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

Eglington is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection the home was providing care and support to six people with mental health needs.

At our last inspection on 9 December 2015 the home was rated Good overall. At this inspection on 24 and 29 January 2018 the home continues to be rated Good in all key question areas, therefore the overall rating of the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

The registered provider managed the home and had recently applied to the Commission to become the registered manager as well. 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 told us they felt safe living at the home. The provider had safeguarding policies and procedures in place and staff knew of their responsibility to protect people in their care from abuse. Risk to people had been assessed, identified with appropriate management plans which included potential triggers that staff should be aware of and the steps they should take to manage risks safely. There were procedures in place to deal with emergencies and staff knew of actions to take in the event of a fire or medical emergency.

There were safe recruitment practices in place and staff that supported people were checked and vetted to ensure they could work in social care. People told us that there were enough staff available to support them. Medicines were stored securely, administered and recorded appropriately. People's medicines were reviewed regularly to ensure they were effective and supporting their recovery. There were infection control policies and procedures in place and staff were responsible for cleaning and disinfecting the home.

Before people began using the service, they were assessed to ensure their needs could be met. Staff were supported through induction, training, supervision and appraisals and felt well supported in their role. People were supported to prepare meals for themselves and others to promote their independence. The provider worked with other health and social care professions to ensure people received safe care and treatment for their recovery. People had access to a range of health care services when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said staff were kind and compassionate towards them. People were involved in making decisions regarding their care and support needs and people's views were taken into consideration when planning their care. Monthly residents meetings gave people the opportunity to discuss and be involved in making

decisions on how the home was run.

Staff understood the importance of supporting people under the Equality Act; therefore people's individual diversities and cultural backgrounds were respected. People's privacy and dignity were respected and staff knocked on people's doors before entering their rooms. Information about people was kept confidential and people's independence was promoted to support their recovery.

People told us the service was responsive to their individual needs. People had a care plan which was developed based on their assessed needs and staff understood people's needs and the support to provide. People's care files included both their personal and medical histories so that staff were aware. People achieved positive outcomes whilst using the service and their physical, mental and social health had improved. People confirmed to us the progress they had made. People's achievements were celebrated to encourage and motivate them and others using living at the home.

People were encouraged to be involved in various activities that could stimulate their recovery. Some people were supported to gain voluntary employments whilst others pursue courses to improve their skills. People were supported to maintain relationships with their family and friends and this was included in their weekly planner to enable them achieve these goals for their recovery. The provider had a complaint policy and acted in line with their policy when people had a complaint or comment.

Both people and staff told us they felt the service was well managed. The registered provider was passionate about the progress people had made whilst living at the home. People and staff views were sought through annual surveys, residents meeting and/or one-to-one sessions to improve the quality of the service. There were systems in place such as audits used to monitor the quality of the service and the service continuously learned and improved to ensure sustainability.

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.

There were procedures in place to ensure people were protected from the risk of abuse.

Risk to people had been assessed, identified and had appropriate management plans to mitigate the risks.

There were procedures in place to deal with unforeseeable emergencies.

There were safe recruitment practices and staffing levels in place was adequate and supported people's needs.

People were supported with their medicines safely. Medicines were reviewed regularly to ensure they were effective and supporting people's recovery.

There were infection control policies and procedures in place and staff knew of action to take to prevent the spread of diseases.

Is the service effective?

Good

The service was effective.

Before people moved into the home their needs were assessed to ensure they could be met.

Staff were supported with induction, training, supervision and appraisals to enable them perform their roles efficiently.

People were supported to cook for themselves and others living at the home.

The provider worked with other health and social care professionals to ensure people received safe care and treatment for their recovery.

People had access to a range of healthcare services when

required.

Staff sought consent from people and acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were involved in making decisions about their care and support.

People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were developed to ensure people's needs were met.

People's histories were included in their care plans to ensure staff were aware of the support to provide.

People were engaged in various activities to stimulate them and support their recovery.

People were supported to maintain relationships with their family and friends.

There was a complaint policy in place to ensure people knew what actions they should take if they were unhappy.

People were provided with a service user guide and could understand information in the standard written formats,

No one currently using the service required support with end of life care.

Is the service well-led?

Good

The service was well-led.

People and staff were complimentary of how the service was managed.

The provider had effective systems in place to monitor and

assess the quality of the service delivered.

People and staff views were sought through one-to-one and group meetings and annual surveys to improve the quality of the service.

There was a registered provider in post who had recently applied to the commission to be the registered manager and knew the requirements of the Health and Social Care Act 2008.

The provider continuously learned to improve the quality of the service.

Eglington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector on 24 and 29 January 2018 and was unannounced. Prior to the inspection we reviewed information we had about the service which included any statutory notifications the provider had sent the Commission. A notification is information about important events which the provider is required by law to send us. The provider completed 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 this inspection we spoke with five people, the registered manager and three members of staff including the operations manager, the recovery manager and a support staff. We looked at four people's care plans and records, four staff files including recruitment and supervision and records relating to the management of the service such as audits, surveys and policies and procedures.

We also contacted the local authority responsible for commissioning the service and other health professionals to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe, I am perfectly fine, I feel very safe in here." Another person told us, "I feel safe here at the moment."

There were procedures in place to ensure people were protected from the risk of abuse. The provider had a safeguarding adults' policy which provided staff with guidance and processes to follow to protect people from abuse. Staff we spoke with knew of the types of abuse and the signs to look out for and were aware of their responsibility to record and report. They said they would report any concerns of abuse to their manager and were confident the managers would take the appropriate actions to ensure people were safe.

The registered manager demonstrated a clear understanding of actions they should take including notifying the local authority and CQC if they had any concerns of abuse or neglect. Staff knew of the provider's whistleblowing policy but told us they had not used the whistleblowing procedure because there had not been any need for it. Training records showed that all staff had completed safeguarding training.

Risk to people have been assessed, identified and were managed safely. Risk assessments had been carried out in areas including medicines, finances, self-neglect, self-harm, absconding, falls and inappropriate behaviour. For each risk identified there were mitigation actions that provided staff guidance on steps to take to manage the risk safely. Risk management plans included information on identifying potential triggers that staff should be aware of and the steps they should take to manage risks safely. For example for one person who was at risk of self-harm, staff were to monitor any expressions of ideas of self-harm and report to management team so that appropriate healthcare professionals could be contacted. Staff we spoke with were aware of the details of people's risks and knew of actions to take to support people safely.

There were procedures in place to deal with emergencies. There was fire signage directing people to the nearest exit. The provider carried out weekly fire tests and monthly fire drills. People who were at risk of not complying with fire regulations had been identified and had appropriate management plans to ensure they and other people remained safe. Annual gas safety checks, daily water temperature checks and fire equipment checks had been undertaken to ensure they were safe for use. Daily health and safety checks were carried out to ensure for example doors were locked and the cupboard where cleaning products were kept was locked. Staff we spoke with knew of actions to take in the event of fire or a medical emergency. Both people and staff had completed training in basic life support.

Recruitment practices and procedures remained in place to ensure people who use social care services remained safe. The staff files contained a completed application form without any gaps, two references, evidence of criminal record checks, health declaration forms, proof of identification and the right to work in the United Kingdom. All staff we spoke with confirmed these checks were carried out before they could work at the home.

There were sufficient staff available to support people's needs. One person told us, "There is enough staff here." Another person commented, "There is always someone around if I need them." The registered

manager informed us staffing levels were flexible to people's needs and were increased when people had appointments to ensure additional staff were available to support them. Staff said they felt there were sufficient numbers of them on each shift to support people. Staff absences were covered by staff from the provider's other homes and the management team also supported people when additional support was required.

People were supported with their medicines safely. One person said, "They give me my medicine and it is okay." The provider had policies and procedures in place which provided guidance to staff on medicines management. Most of the people living at the home self-medicated. One person told us, "Staff spot check on my medicines and will notice as soon as it is counted." Medicines were stored both in the staff office and lockable cabinets in people's rooms. The registered manager told us that people had been assessed and found capable of self-medicating efficiently. However, where people had experienced a relapse in health, staff supported them to ensure they were taking their medicines safely. We checked the medicines administration record (MAR) which included people's photograph, list of medicines they were taking and there were no gaps evident. We calculated the number of medicines in stock with what was recorded on the MARs and found that this correlated. Medicines prescribed to be taken as 'as required' had guidance in place to ensure staff knew of circumstances under which these should be administered.

All staff had completed medicines training and their competencies had been checked. Staff told us they checked on daily basis that people were taking their medicines so that prompt action would be taken where issues were identified. Weekly medicines audits were carried out to assess and monitor any discrepancies. A local pharmacist carried out monthly medicines audits to ensure medicines were managed safely at the home. All unused medicines were returned to the pharmacist for safe disposals. People's medicines were reviewed regularly to ensure they were effective and supporting their recovery. The provider told us their aim was to reduce people's medicines gradually and to care for them in the least restrictive way as possible.

The provider had infection control policies and procedures which provided staff with guidance on processes to follow to prevent the spread of infection. Staff were responsible for cleaning and disinfecting the home. There were hand washing soaps and towels available for hand washing protocols. Food in the fridge was dated to prevent the risk of people consuming food that had expired or contaminated. We saw that the home was generally clean but needed deep cleaning in the kitchen and toilet areas. We discussed this with the management team and they informed us they knew of this and had plans of carrying out a cleaning exercise soon.

Records of accidents and incidents were analysed and used to improve the quality of the service. For example one person fell whilst walking up the stairs. The provider noted that the handrail in place was unsuitable. They put in a new metal handrail to promote their mobility and increase the persons confidence.

Good

Is the service effective?

Our findings

Before people moved into the home they were assessed to ensure their needs could be met. One person told us, "Before I came here I was assessed." The assessments included people's mental, physical health, daily living skills and social needs. The registered provider was involved in assessing people and information from these assessments were used to draw up a care plan for each person to ensure their preferences were known and their needs met.

People said staff had the right knowledge and skills to support them. One person said, "The staff seems to know everything, from psychosis to bad days, good days and medicines."

New staff received an induction into the home when they started working. Staff induction included familiarising with health and safety procedures, policies and procedures, training, shadowing experienced staff and introduction to people and the management team. The recovery manager who was new in post told us the induction programme they had was useful in enabling them to know the home better. The provider told us they had plans to ensure that new staff completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standards for new social care workers. All staff we spoke with told us they competed an induction session when they first started.

Staff had completed training in areas such as health and safety, fire safety, food safety, infection control, safeguarding and medicines awareness. Staff also completed training in areas specific to people's needs such as mental health and autism awareness. The provider informed us that their aim was to provide more tailored training specific to the needs of the people they supported.

Staff received regular supervision from their line managers. Minutes of supervision session included topics such as training needs, safety of people, responsiveness to people's needs, providing compassionate care and any support required from their manager. The supervision sessions were used to set monthly goals and to ensure staff developed in their role. Staff that had been in post for a year were supported with annual appraisals of their performance.

People were supported to maintain a balanced diet. People's care plan included information on the food they liked and disliked. The registered manager informed us that people were encouraged to cook their own meals to promote their independence. One person told us, "I cook my own food and I cook for others as well" Another person said, "We have a weekly plan and the others enjoy the food." People told us that staff sometimes supported them to cook but for quantity and quality." People with specific health conditions such as diabetes were supported to eat and drink healthily. People could buy food that they preferred but the home was responsible for purchasing grocery shopping weekly to ensure there was enough food and drinks available to people.

The provider worked with other health and social care professionals to ensure people received safe care and treatment for their recovery. Care programme approach (CPA) meetings were held with appropriate

healthcare professionals to plan and deliver safe care and treatment. The provider liaised with the community mental health teams and people had designated community psychiatric nurses (CPN) they could contact when required.

People's mental and physical health and well-being were monitored daily and where concerns were identified referrals were made to appropriate healthcare professionals. People told us they had access to a range of healthcare professionals including the GP, pharmacist and CPN. Records showed that people had access to the local hospital, dentists, optician, chiropodists, psychologist and psychiatrists when they needed them. People were supported to attend health appointments and their care records included information of all appointments they attended. For example one person was being accompanied for monthly blood tests.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Both the registered provider and staff we spoke with demonstrated a good understanding of the MCA and DoLS. The registered provider told us that no one currently using the service was subjected to any restrictions of their liberty. They said if they had any concerns regarding a person's ability to make specific decisions for themselves they would work with them, their relatives, where appropriate and relevant health and social care professionals in making decisions in their best interest in line with the requirements of MCA.

Good

Is the service caring?

Our findings

People were complimentary of staff and the service. One person said, "The staff are honestly caring, when I think of the places I have been and people I have dealt with they are definitely caring." Another person said, "The staff are very kind, they respect me and they knock on the door."

We observed positive interactions between people and staff. We noted that staff took interest in people's well-being and the atmosphere in the home was friendly and relaxed. One person had recently returned to the home after receiving treatment at the hospital and staff interacted with them with compassion and empathy.

People told us they had been consulted about their care and support needs. One person said, "I am involved in my own care planning. Each person had a key worker who was responsible for monitoring their well-being and progress. People had one-to-one sessions with their key workers to discuss their needs and set goals for their recovery. People had access to community psychiatric nurses (CPN) they could contact to discuss their care and treatment. The provider told us that people's care plans were shared with them and their views were included. We saw that people had signed their care plans to demonstrate they were involved and the care and treatment in place was suitable and met their needs.

Care plans demonstrated how people's individual needs with regards to their disability, race, sexual orientation and religious needs were identified and supported. People told us they were supported to practice their faith. One person said, "I go to church when I want to". One other person told us they could cook and eat food from their ethnic origin without any discrimination. Staff told us that one person's religion did not support them to eat with other people and therefore arrangements were made to ensure their wishes were respected.

People told us that their privacy and dignity was respected. They said staff knocked on their doors, called them by their preferred names. At our visit, staff told us they could not enter one person's room because they needed their permission to do so although the person had left their door wide open. We observed staff knocking on people's doors and entered only when given permission to do so. A staff member told us, "We make sure we always knock upon entering their bedrooms. Staff told us they kept information about people confidential. One staff said, "People's folders are shut and locked and conversations with service users are kept safe unless management needed to know."

People's independence was promoted. On person said, "I collect my medicines once a month from the [pharmacist]" Another person said, "I can cook for all of us here." A third person said, "I tidy my own room." People's independence was promoted for their recovery and to regain their independence. People living at the home were responsible for their personal care, cooking, laundering, keeping their room tidy, self-medicating and accessing the local community independently where they had been assessed and found capable to do so. One staff told us, with the recovery process, we work hard to give the quality of life they deserve and move onto independent living." The provider told us they had another home for people to 'test

drive' their level of independence before they could be moved onto independent living in the community." One person said they were being prepared for independent living and were looking forward to the 'test drive'.

Good

Is the service responsive?

Our findings

People told us that the service responded to and supported their individual needs. One person said, "This has been the perfect placement for me and I have had so much support. I used to be in a dark place but 'Sunrise' has helped me come out of it." Another person said, "I am happy here, I have no concerns." We found that the service worked with each person to find out the best way to empower them, promote their strengths and support their efforts towards recovery. One person told us they had showed interest in getting voluntary work and the home manager supported them to achieve this. They told us, "I have not looked back; I would have dragged my feet on my own."

A care plan had been developed for each person living at the home based on assessment of their needs. Care plans covered areas such as personal hygiene, medicines, mental health, finance, religious needs, daily living skills and self-care. People's care plans were reviewed regularly to ensure their needs were met and appropriate plans were in place for their recovery. Each person's care plan included both their personal and medical histories so that staff were aware of how to support them. For example, one person's care plan included information on where they had lived most of their lives and how they were coping with living in a residential home. People's historic mental health needs including behaviours they may display and the support staff should provide were in their care plans. Staff knew people well and understood their needs. Staff described to us different scenarios of the support people required and how this was met. For example, staff demonstrated knowledge of the medicines people were administered and the type of support they needed in relation to their personal care needs.

The service worked towards positive outcomes based on people's abilities and strengths. For example, one person used to display behaviours that required a response because they suffered from a condition which prevented them from socialising or going out. A recent review of their care and support showed their condition had improved and were now being supported by staff to access the local community. At our inspection the person was out in the community, when speaking with us they told us they found accessing the local community 'enjoyable'. The provider had also supported the person to lose weight and they had started to act healthily. Their activity of daily living skills had also improved and their independence and confidence had increased. At our inspection there were several examples of the progress people had made. People had confirmed that they had achieved positive outcomes since using the service. Where people had achieved their goals their achievements were celebrated to encourage and motivate them and others using the service.

People were encouraged to engage in activities that interest them to support their recovery. One person said, "I have more activities here." Another person said, "I do art and bingo." The registered provider said various activities were made available for people to ensure they were engaged because this supported their recovery. People had set goals and they had a weekly planner on how they would achieve these goals. For example, one person wanted to lose weight to improve their image, their weekly planner included activities such as swimming, health walk and water aerobics. For another person, their goal was to be confident in activity of daily living (ADL) skills and access the local community. The person was being prompted, encouraged and supported by staff to access the local community to build their confidence until they could

do so independently.

Activities were tailored towards individual needs. People participated in activities such as art work, knitting, cooking classes and dance classes. People visited theatres, parks and restaurants with other people living at the home. In July 2017, people from all of the provider's homes were taken on a short holiday to Butlin's. Information about the trip we reviewed showed people enjoyed themselves so much some people did not want to return home. One person told us they had a voluntary work which they enjoyed doing and they spoke about it with so much passion and enthusiasm. Another person said they attended computer classes to enhance their knowledge and skills to pursue their dream.

People were supported and encouraged to maintain relationship with their family and friends. One person told us that their goal was to have contact with their children and they were being supported to achieve that. Another person told us they had family and friends they kept in contact with. People's weekly planner showed they were encouraged to meet-up with their friends which supported their well-being. People's relatives were able to visit them at the home if they wanted.

The provider had a compliant policy and procedure in place. People said they would speak to a member of staff if they were unhappy. At the time of this visit, all the people we spoke with did not have anything to complain about. The complaint policy was displayed in the communal areas to ensure that information was available to people when required. The provider had a complaints log and had received one complaint in the last 12 months which was taken seriously and acted upon and we saw that the person was happy with how the matter was resolved.

People told us they were able to communicate their needs effectively and understood information in the standard written format provided to them. One person told us, "They gave me information when I came here first and it was okay." People were provided with a service user guide which included information on the types of services provided, service users rights, choice, security and the complaints procedure. This ensured that people were aware of the standard of care to expect. The provider told us if anyone require information in any other formats they would make this available to support their understanding.

Good

Is the service well-led?

Our findings

People told us the home was well managed and comments included, "The manager is amazing, she has done so much for me… she will go to the end of the world for you.", "It's absolutely amazing, all staff from top to bottom are supportive and encouraging. They keep giving, helping and encouraging."

The registered provider managed the home. They knew of their responsibility in regards to the Health and Social Care Act 2014 and submitting statutory notifications where required. The registered manager left their post in January 2018 just before our inspection and the registered provider had applied to be the registered manager as well. The registered provider demonstrated a good knowledge of the service and people who lived at the home. They were involved in the day-to-day running of the home and supported people with one-to-one meetings and attended health appointments with people. They told us their vision was to rehabilitate people back into the community for them to be able to live independent lives.

The registered provider was very passionate about the progress people made whilst using their service. They gave us examples and showed us various photographs of how the service had supported people transform their lives. One person told us that their appearance and choice of clothing had improved since they started living at the home.

Staff were complimentary of their manager. One staff said, "We work here as a team, the manager is like an inspiration because she works so well. You watch her leadership skills and the support she gives all staff in all homes is something you want to aspire to." Staff said the manager was supportive in all areas of their lives both with matters relating to work and their private lives. One staff told us they were being enrolled on Diploma in Health and Social Care level 5 to develop their managerial skills. The registered provider told us that it was their aim and vision to develop all staff to managerial position if they aspired to.

The provider had systems in place to monitor the quality and safety of the service. This included medicines audits, health and safety, care files and staff files. Where issues were identified action was taken to improve the quality of the service. There were external audits carried out by the commissioning and quality monitoring team. Following a monitoring visit by the local authority team, it was recommended that that system was put in place to check the identity of all visitors coming entering the home. We saw that this action had been implemented. The local authority also told us that felt the home was one of their 'better services in terms of moving people on'.

People's views were sought through one-to-one sessions, monthly resident meetings and annual satisfaction surveys. A survey conducted in 2017 had been analysed and the results showed that people rated most questions good, excellent and/or outstanding. For example, people said their privacy and dignity were respected, they were given choices, their concerns were fully understood and dealt with by the management team and that staff team showed them compassion when dealing with them.

Monthly resident meetings were organised and gave people opportunities to discuss with staff and management team what was happening at the home. We reviewed three records of residents meeting, we

saw that the meetings were well attended by people living at the home and their comments and suggestions had been recorded. Minutes of the meetings included areas such as activities available for people to participate in, cooking planner and shopping list, maintaining cleanliness of the home where people had volunteered on areas of the home they would like to be responsible for cleaning on regular basis.

Staff views were sought through regular staff meetings and an annual survey. Minutes of staff meetings showed discussions in areas such as keyworker roles, supporting people, team work, activities, complaint policy and procedure. The survey results for 2017 were analysed and there were no actions required as all staff gave positive feedback regarding the support they received in the role. Staff told us they enjoyed working at the home. One staff said, "I love working here, this is a recovery process and seeing how much change [people] make is rewarding." Another staff said, "I am happy to work here."

The service continuously learned and improved to ensure sustainability. There was a recent restructure at the service and a recovery manager was appointed to post. The role of the recovery manager was to support the registered provider to ensure people received adequate support for their recovery. All the people we spoke with told us their physical, mental and/or social wellbeing had improved since moving into the home.