

Sunny Mount (Knowle)

# Sunny Mount (Knowle) Limited - 127 Longdon Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sunny Mount Knowle is a residential care home providing personal care to up to four people. At the time of the inspection the service was supporting four people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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.

### Right Support:

Staff understood people and their individual needs well. Staff provided kind, caring, person-centred care and support. People were supported by appropriate numbers of staff on each shift to ensure people's safety and meet their needs. People received care and support in an environment that was safe, clean and well maintained. People could express choice about all aspects of their life. People were supported to personalise their home so it reflected their choice of furnishings and items that were important to them.

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.

Right Care: People told us they felt supported by staff in a kind and caring way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care they received was consistent and that staff knew them well. Staff encouraged people to regularly provide feedback about the care provided. Care records were person-centred and included information on how best to support people. The service was located in a residential street and there were no outward signs to differentiate it from neighbouring properties.

Right Culture: The registered manager promoted good quality care, and supported staff to further develop and improve their skills through supervision, training and effective team communication. People told us that the registered manager asked for feedback about what they enjoyed and if there were any changes they wanted to make to their care or to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 April 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunny Mount (Knowle) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sunny Mount (Knowle) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunny Mount (Knowle) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced and we informed the registered manager we would return on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who lived at the service about their experience of the care provided. We spoke with four members of staff including a representative of the provider, the registered manager and care staff. We reviewed a range of records, including three people's care and medicine records. We looked at two staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff they felt safe with. One person told us "I have lived here a long time. I am not frightened or worried."
- Systems and processes were in place to keep people safe from the risk of abuse. Staff had received training around identifying abuse and knew what steps to take to keep people safe.
- Safeguarding incidents were fully investigated by the registered manager and were used to improve the overall quality and safety of the care provided.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were safely managed and assessments in place to keep people safe. Lessons were learned from incidents to improve the quality of care provided.
- People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. One person told us, "I am happy here, it is safe."
- Environmental and COVID-19 risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care was delivered in line with the MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS and understood their responsibilities.
- When a person was unable to make a decision for themselves, decisions were made in their best interest. These decisions were made in consultation with people's relatives and other health and social care

professionals involved in their care. These decisions were recorded in the person's care plan and staff were made aware of how to support the person.

#### Staffing and recruitment

- Staff were safely recruited and there was enough suitably qualified staff on duty to support people.
- Pre-employment checks were in place to make sure all new staff were appropriate for working in care. For example, all new staff had references and Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us staff were always available for support.

#### Using medicines safely

- Medicines were managed safely.
- Before giving anyone their medicine, staff explained what the medicine was and why they were being given it. We observed one member of staff support a person to administer their eye drops. The person was relaxed and smiling during this and the staff member explained what they were doing.
- Medicine administration records were accurate and there were regular checks of these by the management team. People were receiving their medicines as prescribed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People and friends were able to visit people whenever they wished.
- One person's relatives lived in another country and had not been able to see the person since before the start of the Covid-19 pandemic. Staff had supported this person to maintain contact with them through phone calls and video calls and the registered manager was arranging for the person to visit their family with support from staff.



# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a welcoming and open atmosphere. Staff and people told us it felt like a family home. We observed people and staff communicated happily and naturally throughout the day.
- People were involved in all aspects of support and management of the home. People were regularly asked for their feedback to improve the support they received and took pride in their home. People told us, if they wanted to, they helped with household chores. One person told us, "I like Hoovering."
- We observed people were supported to live as independently as they wanted to. The service had been adapted so people could independently move around it.
- People were positive about the staff who supported them. When speaking about the staff one person told us, "Everybody is my favourite."
- Staff communicated with people using their chosen method of communication which meant people were involved in all aspects of their support.
- Staff feedback detailed how much they enjoyed working at the home and with the registered manager. One member of staff told us, "I feel very supported. I have regular supervisions with the registered manager, I can tell them how I feel and if I have any issues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people. The provider was fully involved and supported the registered manager to provide an open and transparent service.
- When things did go wrong the registered manager and staff apologised and used learning from these incidents to improve the service.

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

- People, staff, health professionals and relatives were asked for their feedback of the service provided.

People told us they could make suggestions at any time to staff and we saw staff engaging with people throughout the inspection, giving them the time they needed.

- Staff had regular team meetings and individual discussions and could approach the registered manager with suggestions.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies such as Speech and Language Therapists, Occupational Therapists and ophthalmologists who supported a person with their eye care. Staff had used the guidance provided to help with people's care planning.