

Moonesswar Jingree

Sunlight House

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

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.

About the service

Sunlight House is a residential care home providing personal care for up to 4 people with a primary diagnosis of learning disabilities and mild mental health needs. Sunlight House is on a residential street, with individual bedrooms, some with ensuite facilities and communal spaces. At the time of our inspection there were 3 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Some of the providers systems in place in relation to staff and residents meetings were informal. We have made a recommendation about this and will follow this up at the next planned inspection for the service.

Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. People were supported by staff to pursue their interests. Staff supported people to take part in activities and pursue their interests in their local area. People had a choice about their living environment and were able to personalise their rooms.

Right Care:

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 17 December 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good. We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunlight House on our website at 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.

Sunlight 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. 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 Care Act 2014.

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

This inspection was carried out by one inspector.

Service and service type

Sunlight House 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.

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 inspection took place on 13 December 2022 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, 2 care workers, 2 people using the service and 2 relatives. We reviewed a range of records, including 2 people's care plans and risk records and 2 staff files in relation to recruitment. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, we made a recommendation to the provider around the risk of uncovered radiators. At this inspection, we found the provider had acted on this and ensured all radiators were covered.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Plans were in place to reduce restrictive intervention. Where people displayed behaviour that could be seen as challenging, there were guidelines in place for staff to follow to minimise this by using de-escalation techniques.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

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 provider was working within the principles of the MCA.
- The registered manager confirmed that none of the people using the service were under a DoLS as they had all been assessed as having the capacity to make informed decisions.
- We observed staff asking people for their consent and offering them a choice about how they wanted to spend the day.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People using the service told us they felt safe. They said, "I like it here" and "I'm OK here, staff look after me." Relatives also told us they had no concerns about the safety of their family members.
- The registered manager confirmed there had been no safeguarding concerns raised in the past year.

- Records showed that staff had received training in safeguarding and were aware of the steps they would take to protect people from harm and abuse. Contact details of the local authority safeguarding team were on display in the office for them to refer to if needed.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- People told us that staff supported them to access the community and there was always someone available to take them out. This was reflected in our observations on the day of the inspection and feedback we received from relatives. On the day of the inspection, we observed one staff member taking a person to their regular day centre and another person being supported out in the community to go shopping.
- The provider operated robust recruitment checks including checking employment history, reference checks, proof of ID, right to work and Disclosure and Barring service (DBS) security checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People's medicines were kept securely in locked cabinets. Staff made sure people received information about medicines in a way they could understand.
- There were appropriate records in place for staff to complete when administering medicines. Staff completed these in a timely manner, and we found these to be completed correctly.
- People told us staff gave them their medicines on time.
- Protocols were also in place for medicines that were administered 'as required', such as pain killers.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using Personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The provider used antecedent, behaviour and consequence charts (ABC) to record any incidents of distress or anxiety. This an observational tool that allows us to record information about a particular behaviour and was shared with health professionals to provide support to people.

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 remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. There were regular staff meetings and residents meetings that took place in which their views could be heard.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were feedback forms in place for visitors and health professionals to complete asking for their feedback about the service. We reviewed a sample of these and saw positive feedback had been left. Some of the comments included, "Great service, staff are kind and helpful" and "Excellent service, user focussed."
- Notwithstanding the above, we found some instances where actions from resident and staff meetings were not always followed up at subsequent meetings.

We recommend the provider documents any follow up actions from meetings so these could be tracked. We will follow this up at the next planned inspection for the service.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People and their relatives were happy about how the service was managed. They said, "Staff are good, they like to talk to me, they look after me", "[The registered manager] is OK, he takes me out to Sutton", "Staff are tremendous, they are like a family" and "It's an excellent service."
- Managers worked directly with people and led by example. The registered manager was an individual provider who had managed the service for many years and was still on rota during the week. He supported people to attend their various activities during the week. One healthcare professional stated in a feedback form, "The manager is knowledgeable around mental health, he appears to lead his team well."
- Management and staff put people's needs and wishes at the heart of everything they did. Relatives told us, "They are such a good team" and "We are always in contact with [the provider]."
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong, although there had been no need to act upon this. There was a duty of candour policy in place to facilitate this.

- We noted that the providers most recent CQC inspection report and rating was not on display in the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. We raised this with the registered manager who assured us he would print this off and display it on the noticeboard at the entrance of the home as soon as possible.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The registered manager confirmed that there were no CQC notifications that were needed, for any safeguarding, serious injury or other notifiable incidents.
- Managers completed audits such as checking medicines records, ensuring all risk assessments and care plans were up to date and checking daily notes that care workers completed.
- Checks were in place to ensure the environment was a safe place to live and work in. Weekly fire alarm test and monthly emergency lighting testing was completed and there were regular fire drills that took place.
- There were annual legionnaire check on the water and we saw current certificates for fire alarm system, boiler system and Portable appliance testing (PAT), the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.
- The provider was registered with The ICO (Information Commissioner's Office). This meant they handled personal information in line with guidance.
- The registered manager told us they were looking into ways to develop the service further by introducing digital care planning including medicines records and had attended a forum with the local authority to discuss this.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. We reviewed positive feedback form healthcare professionals that had been received, including "[Person's] healthcare needs are responded to in a timely manner" and "Practice is excellent, staff are competent and skilled."
- We saw certificates and letters from the local authority which demonstrated collaborative working.
- The provider monitored people's health which was shared with other professionals, for example through the National Early Warning Score (NEWS2), a system to standardise the assessment and response to acute illness.