Mantra Care Homes Limited

Sunkist Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 4 October and 6 October 2016 and it was unannounced.

Sunkist Lodge is registered to provide accommodation and personal care for up to 26 people. At the time of the inspection 21 people were living at the home. People at the home were living on-going mental health issues, such as schizophrenia, personality disorder or a history of substance and alcohol misuse.

Sunkist Lodge is an older styled property situated close to the centre of Worthing with easy access to shops and the seafront. Communal areas included a lounge area and dining room leading to further dining seating in a conservatory. An outside patio area to one side of the building was used by people as a social meeting place and smoking area. People were also able to smoke in their own rooms if they so wished. The home was undergoing building works to improve the environment. Some areas of the home, including the dining room and some people's bedrooms had been decorated. There was an action plan in place which included areas of the home which remained in need of decorating. All bedrooms were personalised and single occupancy and some had en-suite facilities. We have made a recommendation regarding the refurbishment of the premises in the main body of the report.

A registered manager was in post and had been registered with the Commission since July 2013. 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 the home was safe and there was enough staff to meet people's needs. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People's medicines were managed safely and administered by staff who had received specific medicine training. The home followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their role. New staff followed the Care Certificate, a universally recognised qualification.

Staff implemented the training they received by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager.

People could choose when, where and what they wanted to eat and were supported to maintain a healthy diet. People had access to drinks and snacks outside of mealtimes and staff knew people's preferences. Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a

caring approach.

People received personalised care. Care plans reflected information relevant to each individual and their abilities, including their mental health needs. Keyworkers advocated on behalf of the people they supported. Staff were vigilant to changes in people's health needs and their support was reviewed when required. Handover meetings between shifts were an opportunity for staff to discuss any ongoing issues relating to people's care and support. If people required input from other health and social care professionals, this was arranged.

People were able to choose how they spent their day and come and go from the home as they pleased. People were supported to access the local community, some people did so independently. Activities organised within the home were being reviewed by keyworkers with people to ensure the programme was what people wanted to do. All complaints were treated seriously and were overseen by the registered manager.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service.

Staff understood their role and responsibilities. The registered manager demonstrated a 'hands-on' approach, knew people well and was committed to providing a high standard of care to people. They had implemented a range of audit processes to measure the overall quality of the service provided to people and to make improvements.

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.

People and their relatives felt the service was safe. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Flooring required replacing in a downstairs toilet. There was an offensive odour in the toilet which had not been addressed.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision and appraisal and attended training. Additional training was provided when needed.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good mental and physical health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff.

Care plans were individual to the person.

Activities offered to people were being reviewed to ensure it was what people wanted to do.

People knew how and who to complain to if there was a concern about the care they received.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open, positive and friendly. The staff team cared about the quality of the care they provided and understood their role and responsibilities.

People knew the management team well and felt confident in approaching them.

Staff spoke positively about how the service was managed.

A range of audit processes were in place to measure the overall quality of the service provided to people.

Sunkist Lodge

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 took place on 4 and 6 October 2016 and was unannounced. The inspection was carried out by one 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. The expert-by-experience had experience of mental health services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we observed interactions between staff and people and how support was provided. We spoke with seven people about their views of the care they received. We spoke separately with two staff members and the registered manager. We also observed how a handover meeting and a staff meeting, chaired by the registered manager, were conducted. The registered manager made herself available throughout the inspection.

We looked at two care records and three staff records which included training and supervision records. We observed how medicines were administered to people and checked their medication administration records (MAR). We also looked at the compliments and complaints record, accidents and incidents record, surveys and other records relating to the management of the service.

The service was last inspected on the 13 August 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People confirmed they felt safe in the home and we observed people looked at ease with the staff who were supporting them. One person spoke positively about the care they received. They said, "Yes I feel safe here, I've got people to talk to". Another person said, "I like it here. It is good for my illness". A third person told us, "Yes quite safe, nice people around me".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would go to the management team with any concerns. One staff member told us the home provided a, "Safe environment". They added, "If you think someone's at risk you would do something straight away". The service worked in accordance with their safeguarding adults at risk policy which provided information and guidance on keeping people safe.

Care records contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people with their mental health issues and associated behaviours, how to support people with their medicines, smoking in their bedrooms and their finances. For example, one person's risk assessment explained how they may become verbally aggressive when unwell. The risk assessment described how staff should manage such an episode ensuring the person and others around them were kept safe. We found risk assessments were detailed and clear and provided staff with the necessary guidance to support people sensitively. Risk assessments were updated every six months or sooner if required and captured any changes to people's needs. Staff told us risk assessments were thorough and how important they were in ensuring practices were safe. A senior support worker told us, "We have robust risk assessments in place".

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. All accidents and incidents were discussed by staff with the registered manager Actions taken by the staff team helped to minimise the risk of future incidents.

We observed, and rotas confirmed, there was enough staff on duty to meet people's needs. People communicated their needs and staff responded to them without delay. At the time of our inspection there were two senior support workers and two support workers on duty working with people. This varied throughout the week and weekends to ensure people were able to attend health appointments, keyworker meetings and access their preferred activities. One awake staff member worked throughout each night to support people. The registered manager worked flexibly throughout the week to ensure they were available for both people and staff. In addition the home had a housekeeper who carried out domestic duties and a cook, who was on holiday at the time of our inspection, who provided main meals for people. People living

at the home required consistent emotional support and told us the benefits of having staff around them. One person told us, "You can always talk to someone here". Another person said, "Yes I feel safe here, I've got people to talk to and I'm not good on my own". A third person said, "There is enough staff here". A senior carer told us how staff worked together as a team when people they supported became mentally unwell and said, "Staff here are very good".

People's medicines were managed safely. Medicines were kept in a locked medicine room which contained sufficient storage space. This included a refrigerator available for medicines such as creams which were required to be kept at a cooler temperature. Senior staff were responsible for ensuring checks were completed with regard to ensuring all prescribed medicines were available in the home and stored correctly. We observed a staff member administer medicines to people sensitively and with confidence during the lunch time period. They were knowledgeable as to why people were prescribed certain medicines and the various side effects and potential impact to people if they did not receive them. The recording system included information that was pertinent to each individual. Medicines In the main were provided through a Monitored Dosage System and people's medicines were easily identified. The Medication Administration Record (MAR) held information on each prescribed medicine and the time it had to be administered. People mainly came to the medicine room to collect their medicines however staff were able to take them to them if they needed to. We observed the member of staff checked each person's MAR then dispensed the prescribed tablets from blister packs or provided items such as inhalers ready to give to the person they were for. They waited until the person had taken their medicine before signing the MAR. This provided evidence that people received their medicines as prescribed. Guidance was also provided for staff when administering 'When required' (PRN) medicines. This included medicines for pain relief or skin conditions.

We were told, and training records confirmed that all staff who administered medicines to people were fully trained in administering medicines and assessed as competent by their line manager. Some people were able to manage their own medicines as they had been assessed as having the capacity to do so. Other people who received support from staff were able to tell us the time, name and amount of medicines they received and were happy with how the staff supported them with this. However, people told us they had not been given information about the side effects of their medicines which we shared with the registered manager.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Environmental risk assessments had been completed and routine safety checks on the fire, gas and electrical equipment had been carried out by approved providers. There were plans in place in the event of an emergency, such as a fire so staff had the necessary guidance on how they should support people to evacuate the building safely.

Requires Improvement

Is the service effective?

Our findings

The registered manager had notified the commission prior to our inspection that the home was undergoing a re-decoration and maintenance plan. As this had included people's bedrooms they had shared how this was being managed with the least disruption to people. During the inspection the registered manager was able to tell us and show us what works had been completed since 2013 and what remained left to do and gave us an updated action plan. Some areas of the home, including the dining area, staff toilet, and communal bathrooms eight people's bedrooms had been decorated, with another underway, to a high standard. One person told us, "They have decorated my room and it is beautiful and clean". However, in contrast, other people's bedrooms and communal areas such as corridors and the main lounge were 'tired' and in need of redecoration, including the worn leather on sofas in the lounge. We were told and records showed they were due to be completed by the end of March 2017. Homely items such as pictures or photographs were lacking in the corridors. The registered manager told us these would be hung after the areas had been decorated. At the time of our inspection we noted two areas which required more immediate attention this included a toilet flooring lino on the ground floor which required replacing due to an incontinence issue. Because of this the room had an offensive odour. On the first floor, opposite a person's bedroom door wallpaper was hanging off the wall and the paintwork was chipped. The registered manager took prompt action and wrote to us shortly after the inspection to inform us the flooring had been replaced and the area in the corridor redecorated.

We recommend the provider ensures all areas of the home are routinely checked to ensure they are fit for purpose and suitable for people living in the home during this period of refurbishment.

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person said, "Yes I do talk to staff and they listen to me". Another person said, "I like it here, it's nice and the staff are good".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. The induction consisted of a combination of basic training, shadowing experienced staff, the reading of relevant care records and the homes policies and procedures. In addition to the service induction, the registered manager told us they had introduced the Care Certificate (Skills for Care) for new staff. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The Care certificate includes a section on mental health awareness therefore appropriate for staff working at Sunkist Lodge.

The core training schedule covered various topic areas including, diversity and equality, safeguarding adults, Deprivation of Liberty Safeguards, medication management and nutrition. Some staff but not all had attended mental health training of various levels due to the needs of the people living at the home we discussed this with the registered manager. They told us they had identified further mental health training with an organisation which they had yet to book but were about to do so. Staff had all received training in

the theory of supporting people who may display challenging behaviour. Incident records indicated staff supported people who may challenge. Therefore we talked with the registered manager about whether there was a need to extend this training to include practical skills to enable staff to diffuse situations and incidents when supporting people safely. The registered manager was keen to look into finding an appropriate course and shortly after the inspection informed us they would be including additional practical de-escalation skill building for staff to the training plan.

Staff told us there was enough training to meet the needs of the people they supported. One member of staff told us, "We need to keep up to date". Another staff member said the mental health training, "Was very extensive". As staff became more experienced they were provided with additional responsibilities such as key working roles. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person and their care plan. This practice seemed to develop staff's knowledge and understanding of people and the service as a whole.

Staff had also completed a National Vocational Qualification (NVQ) or were working towards various levels of Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

Supervisions and appraisals were provided to the staff team by managers. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Supervision records confirmed staff were encouraged to demonstrate how they carried out their individual roles and responsibilities. One staff member said, "Supervision is regular". On the second day of our inspection we observed a staff meeting taking place chaired by the registered manager and attended by six staff members . Agenda items covered in the meeting included a discussion surrounding a person who lived at the home who was currently in hospital. The staff discussed ringing the hospital ward and planning a visit. Staff meeting opportunities were provided monthly and they invited staff to share information about people, discuss any concerns they had and any ideas on the development of the home.

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection people living in the home were deemed to have capacity to make decisions about their care. Therefore no standard authorisation DoLS application had been made on behalf of people. The registered manager was clear on the action she would take if a person lacked capacity to make a specific decision and had exercised this responsibility in the past when she had a concern about a person and their well-being. Staff had received training on both topics. A senior carer told us, "We assume everybody has mental capacity unless deemed otherwise". They added, "Capacity can fluctuate". One person told us, "One person told us, "We all have a key to our rooms". Another person said, "There are no restrictions for me going out as long as you sign out and sign in due to the fire regulations".

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. Mostly people were happy with the choices of food provided at mealtimes and enjoyed being able to help themselves to snacks and drinks. One person told us, "The food is ace, we get a good choice and my favourite is roast beef, chops and steak". We asked the same person what happens if they get hungry at night they replied, "They put out food like cheese, bread and biscuits at 8.30pm for the night and you can make yourself tea and coffee". Another person who was a vegetarian told us, "I get a good choice of meals which they keep in the freezer for me". However, one person told us, "I think there should be more fruit and veg". People told us they didn't get involved with cooking their own meals so we discussed this with the registered manager. They told us daily the cook and staff were responsible for organising the main meals within the home however they had been running a 'lunch group' in recent months where people supported by staff were able to exercise their cooking abilities and maintain their independence in this area. One person told us, "If I miss dinner they keep it for you and heat it up in the microwave". At time of our inspection there were two people who had food and fluid charts in place which were completed by staff to monitor highlighted concerns the staff team had. A staff member told us, "If we have concerns that's when we put food and fluid charts in place". They explained people's mental health status impacted on their diet therefore it was important to record what was happening daily. The checks were overseen by the registered manager and shared with health professionals when needed.

People's physical and mental healthcare needs were managed effectively by the home. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's, psychiatrists and psychologists were involved with some people's care. One person told us, "I get supported with one of the staff to the doctors, opticians and dentist". We observed staff supporting one person telephone their GP surgery as they were anxious as waiting for an important letter to arrive. Staff told us they would report to the registered manager if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need. Staff also told us they would document any changes and report back to their registered manager to gain advice and guidance. One staff member told us, "We know the residents very well". They added, "You look at the risk assessment to see what the triggers are".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. Staff used people's preferred names during conversations and asked their permission before undertaking tasks. People spoke positively about the care provided. One person said, "The staff are very caring and warm and there is a good atmosphere here". Another person said, "Yes, I talk to the staff they do listen to me".

We observed people could move freely around the home and able to access the community when they wished with or without the support of staff. This was consistently carried out by staff in a kind manner who offered support yet considered people also needed their own space. Staff enabled people to communicate and express themselves without 'jumping' in too early and taking over. This allowed people to take the lead and direct their own wishes. People told us their families were able to visit at all different times and there were no restrictions with this. Staff were heard chatting to people about general matters such as the weather and matters important to them. Two staff spoke to one person about an issue that was 'bothering' them and suggested how the situation could be resolved. Another person was unwell at the time of our inspection we observed how staff consistently checked where they were in the building and discussed with each other how best to support them. People's needs were also supported with regard to their religious and spiritual beliefs. One person attended a Buddhist centre with his keyworker once a month; another person attended a Catholic church once a week. This meant staff had considered people's well-being when providing care.

People were encouraged to be involved with the care and support they received and be as independent as possible. We observed routine keyworker meetings taking place where goals and aspirations were discussed and any issues the person maybe having. In addition people told us they went out into the community with their keyworkers such as out for coffee or lunch and how much they valued this. Every two weeks an opportunity for people to come together was provided in the form of a 'residents meeting'. Resident meetings were an additional opportunity for people to express their views on the home and the care provided and be involved in how the home developed. One person was the appointed chair to this meeting and told us, "I round up the residents and we talk about holidays and day trips out to London". They told us a member of staff took the minutes. Minutes for a meeting in August 2016 discussed how much recent day trip to London was enjoyed by all. There were comments about how people were encouraged to visit a person who was currently in hospital if they so wished. At a meeting in September 2016 it mentioned how a bin had been provided outside for cigarette smokers to use.

People told us how much they were involved with their own household chores. Some people were completely independent carrying this out whilst other people needed staff to support them. One person said, "They encourage my independence like cleaning my room and doing my own laundry". Another person said, "When I get up in the morning I have a shower, every day, and I clean my own room once a week". A third person told us, "My room is nice and clean. I clean it once a week". People were encouraged to sign documents within their files which showed they were involved with and agreed to the care they received. The registered manager told us how they kept people and relatives involved with the care the

service delivered by listening to them and acting upon information they received.

We observed numerous occasions of how staff promoted and respected people's privacy and dignity whilst providing care and support. For example, staff knocked on people's doors before entering. Staff checked with people prior to administering their medicines, to ensure they were happy for them to continue and explained throughout what they were doing. One person said, "The staff always knock on my door, they never just walk in on me". Staff ensured they spoke to people about their care in a private area of the home so information about them remained confidential to them. A staff member told us, "It is about respecting people for who they are, respecting their choices. You don't just suddenly walk into their room".

The staff office door was mainly kept open and was shut only during handover meetings and staff meetings. People and relatives were able to enter the room and talk to staff including the registered manager when they had a need. However, on the first day of our inspection we noticed a large board was fixed to the wall which held information about each person. This included their name, their room number and their keyworker's name. Whilst we appreciated this was for staff convenience as a quick way to check basic information on a person, we asked the registered manager and staff to consider whether this was necessary as it meant personal confidential information was displayed in a public area. The registered manager was quick to respond and removed the board therefore this oversight was addressed. This showed how caring values were upheld and the registered manager was keen to take action to improve on the care provided to people.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in a personalised way. People spoke positively about the care they received. One person said, "I am happy with everything". Satisfaction surveys completed in July 2016 by health and social care professionals and relatives of people commented on the support provided by Sunkist Lodge. One relative had written, '[Named person] is very settled at Sunkist which must be a reflection of the excellent support which he gets'. A clinical psychologist complimented the home and said, 'Very responsive/good co-working with our team'. A social worker who worked with the Recovery and Well-being team in Worthing wrote, 'Clients care plans and documentation is relevant and up to date'.

Care records included a care plan, risk assessments and other information relevant to the person they concerned. Care plans were reviewed monthly by keyworkers with the person concerned and included information provided at the point of assessment through to present day needs. Each person had a care plan and had signed documents within it. Care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their preferences and any historical information relevant to their current care. Each care plan also provided details of key people involved in a person's life including important family members and/or health and social care professionals. Each area of care written about had been influenced by a risk assessment, described short and long term goals and provided a support plan for staff and the person to enable them to achieve their goals. One care plan read, 'For keyworker/staff to support [named person] doing his laundry and change his bed'. Another person's care plan talked about how the staff needed to support them to, 'Develop positive relationships within the home and in the wider community'. Due to the mental health needs of people living in the home, care plans focused on how staff should support people to manage this. One person's care plan read, 'Keyworker to educate [the named person] in regard to their medication and explore its therapeutic benefits'.

Staff utilised the information within care plans to meet the needs of people they were supporting. One staff member told us, "It's all in their support plan, its person centred around them. They don't sign it until they have read it". Any changes in needs were reflected within the care plan promptly. These changes would be made by a key worker or a manager and shared with all the staff team. This meant staff were prepared and able to respond to people's current needs and amended their practice accordingly. The registered manager and staff also told us about how they were implementing care communication passports for people living at the home. They told us this provided a clear guide for staff supporting the person and could be shared if the person went into hospital. When we spoke with people about their care plans we received a mixed response as to how involved they were with their actual care plan. One person said, "Yes I have seen my care plan, and yes it has been updated". Another person said, "I'm not sure if I have seen my care plan". However, another person told us, "No I haven't seen my care plan it's in the office". We fed this back to the registered manager for their review.

In addition to care plans, daily records were completed about people by staff at the end of their shift and after key worker meetings. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including daily handover meetings between staff, a

communication book, care reviews and speaking to people and families direct.

During our inspection group activities provided to people by the home were under review. The registered manager and staff told us they were changing what was offered to people to ensure they were meaningful and what people wanted. Key workers were reviewing this with people. We did not observe any group activities during our inspection however saw how individual staff were supporting people on a one to one basis. There was an activities folder in place which listed what activities had been offered recently, who had attended and who had refused to attend which was guiding the registered manager in how this area developed further. There was an activities board which included clubs available such as a pool club, lunch club and a swimming club. People and staff told us how popular the art club had been although the member of staff who had previously ran it left three weeks ago. Shortly after the inspection the registered manager told us they had been able to restart the art group as a new member of staff had skills within this area. People told us about day trips they had been on such as to the Tate museum, Kew Gardens and Madam Tussauds which they had enjoyed.

Staff told, and records confirmed, people were encouraged to be involved in the community and groups outside of the home and if people were able and wanted to seek voluntary employment. Some people accessed the community without staff and were able to share how they spent their day. For example, one person was off out to meet a friend as they were going for a walk. A senior carer said, "There is enough stimulation on offer". They explained how eight people in the home regularly accessed a community centre and others a day centre, where people met with friends and became involved in structured activities. Some people preferred their own company however they chatted to staff throughout the day. One person said, "I used to go swimming and rambling and now I do computing and a music group but at times I get bored". One person was in the process of seeking employment, they had worked at a local charity shop but it had since closed down they said, "I just go to Badminton with my keyworker that's why I need to get a job". We spoke with the registered manager and senior carer about this, they were able to tell us and records confirmed the support the person had been offered with regard to seeking a new voluntary employment position.

People told us they knew who to go to with any concerns or complaints and named their keyworkers and the registered manager. The home had an accessible complaints policy in place and encouraged people and their relatives to approach staff with any concerns they had. At the time of our inspection there were no outstanding complaints logged and people were mostly complimentary about the care provided. However, one person when asked if they had any complaints or things they would change about the home said, "I would have our water machine back". We fed this back to the registered manager for their review. Another person said they had never complained about the staff, "But I have about a resident who was slamming the door". We asked staff whether people's concerns and complaints were listened to. One staff member said, "All residents can come and talk to staff. Theirs an open door policy". They also told us all people living at the home had additional opportunities to speak with staff as, "They have between one and two keyworker meetings per week".

Good

Is the service well-led?

Our findings

People expressed positive views of the home and the care that staff provided. People felt the culture was an open one and they were listened to by the staff and the registered manager. One person said, "The atmosphere in the home is very good at the moment". During the course of the inspection laughter and pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. We read survey's where health and social care professionals had reviewed the care provided at Sunkist Lodge. A social worker had written, 'I rate Sunkist residential home as one of our best providers. The service is well run and all the staff are well informed and professional, they clearly care for the residents and are a pleasure to work with'.

The registered manager demonstrated good management and leadership throughout the inspection, knew people well and made herself available to people. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, we observed how she interacted with staff in a handover meeting and when leading a staff meeting. We also observed how she supported a person when they were feeling anxious about something important to them. One person said, "[Named registered manager] is very good, she is a nice lady". The registered manager told us about various developments she had researched including forensic mental health training for all the staff team in January 2017. This showed the registered managers commitment to support the staff team and drive improvements on the quality of care provided to people.

Staff understood their role and responsibilities with regard to the care they provided. They also felt supported by the registered manager and told us they could go to her at any time as the office door was always open. A senior carer said, "It is good the fact that [named registered manager] has been here for a long time, she knows the clients and the staff. Makes her a confident manager". Staff also spoke positively about the provider, and the improvements they had made to the environment so far. One staff member said, "They are interested in Sunkist. That makes it even better for our clients".

A range of clear and robust audit processes were in place overseen by the registered manager to measure the quality of the care delivered in areas such as medicines, care plans, fire safety, accidents and incidents and the cleaning of the home. Records showed 25 audits were routinely carried out; some audits took place weekly, fortnightly and some monthly to ensure the safety of people, visitors and staff. For example, the complaints audit showed the last complaint was made in April 2016 with regard to a person smoking in the corridor and the action taken. During our inspection we were able to see what audits had highlighted, what had been achieved and what remained outstanding and the planned dates for completion. We also read three surveys's which had been completed by people living at the home. They were asked questions as to whether they were happy with the care they received from the staff including the registered manager, all three responses were positive.

We spoke to the registered manager separately during the inspection. The registered manager spoke openly throughout the inspection and responded immediately to any areas which required attention particularly with reference to the environment. She told us her greatest achievement was developing a team, "Who

understand the clients and a team who are enthusiastic about what they do". She told us how much she valued the staff team and said, "We all work so hard". She spoke passionately about how people should be supported and said, "Just because they (people) live as a group they should be treated as an individual". She added their aim was, "Providing care which is specific to individuals".