

Sunrise Care Limited

Viola House

Inspection report

57-59 Castleton Avenue
Wembley
Middlesex
HA9 7QE

Tel: 02089032010
Website: www.sunrisecare.co.uk

Date of inspection visit:
14 March 2023

Date of publication:
21 June 2023

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

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 Care Quality Commission (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

Viola House provides accommodation and personal care and support for a maximum of 12 adults with a learning disability and autism. There were seven people living in the home at the time of our inspection.

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.

Right support:

The service supported people to have the maximum possible choice, control and independence so they had control over their own lives. The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their treatment because staff had the necessary skills to understand them. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture:

People received good care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well. People and those important to them, including families, were involved in planning their care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's relatives told us the provider had worked hard to improve care and support for people using the service. The new registered manager has a positive impact and was described in complimentary terms by staff and families.

People lived safely and free from unwarranted restrictions because the provider assessed, monitored, and managed safety well. The assessments provided information about how to support people to ensure risks were reduced but did not limit people's right to take reasonable risks.

The service had enough staff. Pre-employment checks had been carried out. These checks helped to ensure only suitable applicants were offered work with people.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people, staff and visitors were safe.

People's health needs were met. The care files we looked at included details of health action plans and management of day-to-day healthcare needs.

There was a process in place to report, monitor and learn from accidents and incidents.

Governance processes were effective and helped to assess, monitor, and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care.

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 4 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Viola 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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Viola House Avenue 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. Viola House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had begun the process to register with the Care Quality Commission.

This inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person using the service. Some people who lived at Viola House had learning disabilities and other complex needs. They were unable to communicate with us in a way which we always understood. We spent considerable time observing care to help us understand their experience. We received responses to our questions from 6 relatives of people receiving care. We also received feedback from 6 staff. With spoke

with the team leader, the registered manager, and operations director. We looked at care records of 4 people, recruitment background information of 5 staff, audits, and other records about the management of the service, including selected policies and procedures.

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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Training records showed all staff had completed safeguarding training. Staff understood steps to take if they suspected abuse. At the time of the inspection, the service was working with other agencies in response to a safeguarding concern.
- There were systems in place to ensure people were safe and protected from abuse. There were policies covering adult safeguarding, which were accessible to staff. They outlined clearly who to go to for further guidance.
- People's relatives told us they felt their loved ones were safe and well looked after. A relative of a person using the service told us, "My relative is receiving safe care." This was a view shared by most relatives we contacted.
- The service worked with other agencies to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- There were assessments to monitor and manage risks to people's safety. Risks to people's safety and welfare had been assessed and measures put in place to mitigate these risks. A relative told us, "My relative has lived at Viola House for several years. Despite ups and downs, I feel the service has managed [my relative's complex needs] by removing triggers from the environment." Risk assessments were regularly reviewed which meant staff had up to date and accurate information on how to keep people safe.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

Staffing and recruitment

- There were safe recruitment procedures. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff available to provide care. The registered manager told us staffing levels were adequate and if needed, extra staff would be on duty to provide one-to-one support for people to take part in activities or escort people on outings or appointments. We observed that when people requested support this was provided on time. Relatives told us there were sufficient staffing.

Using medicines safely

- People received their medicines safely. Medicine administration records (MAR) were completed appropriately and regularly audited. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

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.
- The service had facilitated visiting by relatives in a safe way and in line with government guidance.

Learning lessons when things go wrong

- There was a process in place to monitor accidents and incidents. Incidents were infrequent but any that had occurred were responded to appropriately and learning points were discussed and acted upon.
- The service director told us about lessons learnt during the COVID-19 pandemic. Whilst COVID-19 guidance was followed, the service director said, "We need to do more to engage with families. During the pandemic we did not engage as well as we could have done."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. They were supported to attend regular health appointments including annual health checks, screening, and primary care services. When people were unwell the service sought advice from their GP in a timely manner.
- There was evidence of recent appointments with healthcare professionals such as consultant specialists in specific health conditions and GP.
- People had health actions plans (HAP), which were used by health and social care professionals to support them in the way they needed. A HAP contains actions needed to maintain and improve the health of an individual with a learning disability and any help needed to accomplish this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. People's care plans included guidance about meeting these needs.
- Staff ensured people had up-to-date care and support assessments, including those that covered medical, psychological, and functional needs. People, those important to them and staff reviewed care plans regularly together.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training for supporting people with a learning disability. One staff member told us, "I do feel supported by my manager. I receive regular supervision. I am up to date with my training. I am given extra time if I need this to complete work." Other staff members were also complimentary.
- There was a training programme that was delivered to staff as part of essential training. A matrix record showed staff had completed training in a range of areas including, medicines management, health, and safety, moving and handling, equality and diversity, safeguarding and Mental Capacity Act 2005. Where people had specific diagnosis, we saw that additional training was provided, tailored to people's specific needs, including epilepsy.
- Newly recruited staff completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- New staff also worked with experienced staff until they were confident, they could work independently with people.
- Staff received support in the form of regular supervision and appraisal to enable them to carry out their duties. They told us they were supported by the registered manager to carry out their work. A staff member told us, "I feel supported. The managers are very approachable, and we are able to go to them or call them at any time."

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

- We observed people received support to eat and drink enough to maintain a balanced diet. The service had taken steps to make sure their nutrition and hydration needs were met. Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff.
- Whilst most relatives told us people's cultural food preferences or religious needs were met, some told us, "The food is fine. It would be good if they addressed the [different] cultural needs. The family tends to bring home cooked [cultural] food." The registered manager told us, improvements will be made immediately.
- Most people received support to eat and drink enough to maintain a balanced diet. The shopping list was based on people's preferences. People's relatives told us, "I am happy with meals and choices available. I think their nutritional needs are being met" and, "[My relative's nutritional needs are being met]. The service consults people and monitor their health needs."
- There was a variety of healthy foods and home-cooked meals for people to choose from. Records showed that pictures of food and meals were available to support people with choosing meals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in people's best interests and by whom.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- People and their relatives were consulted and included in the decisions. A relative told us, "[We are you involved in decisions relating to your relative's care]. The home will contact me for input regarding any decision made." Another relative said, "We are involved in decisions relating to your relative's care through regular visits and ongoing communication with staff and management."

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

- People's care and support was provided in a safe, clean, well equipped, and well-maintained environment

which met people's physical needs. For example, a wheelchair ramp was fitted, and information was provided in alternative formats.

- The design, layout and furnishings in a person's home supported their individual needs. The premises provided a spacious environment where people could move freely with no restrictions. People's bedrooms were personalised to reflect their preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. The support plans described how people should be supported so that their privacy and dignity were upheld. People's relatives told us care workers were kind and caring. A relative said, "Staff follow [my relative's] care plan to ensure their dignity and rights are being met at the care home."
- Staff knew when people needed their space and privacy and respected this. They knocked and waited for a response before they entered people's rooms.
- People were well groomed and wore clean clothes. Their rooms were clean and personalised with their belongings and family photographs.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

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

- Staff spoke knowledgeably about how they ensured people received support that met their diverse needs, including spiritual and cultural. People were supported with religious observances. For example, staff accompanied some people to church.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A relative told us, "[Staff are kind and compassionate]. They show genuine interest. When our dad passed away, they were very good with [our relative], offering support during this sad time."
- Staff members showed warmth and respect when interacting with people. A relative told us, "Staff show kindness and compassion. I have observed this in so many ways. Our relative constantly shows signs of affection for staff, including warm smiles to staff."
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care in as meaningful a way that they were able to.
- Relatives felt listened to and valued by staff. A relative told us, "The current staff show [kindness and compassion] by talking to me about my concerns, calling me to update me if [my relative] is unwell and

making me feel welcome when we visit."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received person centred care. This was delivered through recognised models of care and treatment for people with a learning disability or autistic people, including positive behaviour support.
- People's care files contained clear information that identified their abilities and support needs. This ensured staff were knowledgeable about their individual needs and preferences. This was further underpinned by the service having a largely long-standing staff team who had a good understanding of people's history and care and support needs.
- Staff provided people with personalised and co-ordinated support in line with their support plans, health action plans and communication plans. A relative told us, "[My relative] has lived at Viola House for several years. [My relative] is well settled and is attached to [their] 'flat'. I feel the service has managed my [relative's complex needs] well."
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were reviewed to ensure they were up to date and changed as supports needs changed. This helped to ensure people received personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the importance of making information accessible to people. People's communication needs were highlighted in their support plans. Their methods of communicating varied widely and the ways of providing information as well as understanding how people made their needs and preference known was described in their care plan.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including understanding facial expressions and ways of responding nonverbally, pictures, objects of reference and gestures.

Improving care quality in response to complaints or concerns

- There was a clear procedure in place to receive and respond to complaints and concerns. There was a complaints policy. People and their relatives confirmed they could complain if needed to. One relative told us, "We Can you raise concerns or complaints if needed but we have not had any reason to."
- One relative pointed to improvements in the service's capacity for managing complaints, stating,

"Currently, the family is able to raise concerns regarding [our relative's] care."

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. However, end of life wishes were covered in people's support plans.
- The registered manager told us they would ensure that all staff received end of life training, so they were skilled if the need arose.

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.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management was visible in the service. They were approachable and took a genuine interest in what people, staff, family, and other professionals had to say. A relative told us, "On the whole, there is better responsiveness than under previous management." Another relative told us, "The director of the home is playing a more active part on the shop floor. The director is communicating with me more and spending more time in the homes, so she can have a better understanding of the day to day running of the place."
- There were a range of formal systems, including meetings and surveys to seek input from people or their relatives to improve and develop the service. Relatives confirmed their views were acted upon and improvements made. One relative said, "The service has made changes in light of concerns we have raised."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The manager was knowledgeable about the characteristics that were protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, people's religious or cultural needs were met.

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 provider complied with the duty of candour by being transparent with family members of people they supported. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been informed of notifiable events.

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

- The service had a clear management structure, consisting of the service director, registered manager and a team leader. Staff were well informed of their roles and reporting arrangements.
- Staff described the management in complimentary terms. They told us the manager was supportive. Relatives were complimentary. A relative told us, "Since the new manager took over, things have improved. I find it easier to approach her and responsive. There is also a very good team leader."
- The manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. A relative told us, "[The service has made changes in light of concerns we have expressed]. Currently there is a new management team in place. Things seem to be running ok."
- The manager and the service director were aware of the Learning from Deaths Mortality Review (LeDeR)

Programme. They supported the review process and made changes from any learning shared."

Working in partnership with others

- There was evidence the service usually maintained a good working relationship with health and care services to enable multi-disciplinary teamwork. The management team knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and specialist healthcare professionals.