

Mrs Dewantee Balgobin

# Sunny Lodge

## Inspection report

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### 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 inspected this service on 29 January 2016 and the inspection was unannounced, we visited this home in the evening so that we could be sure people would be at home during the inspection. Sunny Lodge is a residential service for four people living with a learning disability who had lived together for many years.

This is a small service and the registered provider also manages the service so it does not need to have a registered manager. As a registered provider, 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.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff supported them to make their own choices about what to have on the menu and to go shopping.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Person centred care plans were in place and staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff supported people in their choice of activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so and ensured that more serious complaints were passed on to the manager. People's relatives and those people using the service that were able to tell us, said that any complaints they made were addressed by the manager and staff.

The service had consistent leadership, most of the people who lived in the home had lived there a long time and the manager had developed a close relationship with both the people she cared for and their family

members. The staff told us that the manager was supportive and easy to talk to. The provider/ manager was responsible for monitoring the quality and safety of the service and asked people for their views so that identified improvements could be made where possible.

## 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.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their self-determination and their ability to make choices. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were

important to them and relatives were involved in and consulted about their family member's care and support.

### Is the service responsive?

Good ●

The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

# Sunny 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 29 January 2016 and was unannounced. The inspection was carried out by one inspector.

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. In advance of our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with the people they supported. We met all of the people who lived in the home and spoke with those that were able and wanted to. We also spoke with the manager, four care staff and a family member.

We also looked at three people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

Some of the people who lived in Sunny Lodge were either not able or chose not to talk with us, but we were able to see from people's demeanour, gestures and facial expressions, that they got on well with staff and felt safe when they were with them. The people we spoke with told us that they felt safe living in Sunny Lodge, one person told us, "Yes, I'm safe. I have lived here a long time." Another person told us "They [the staff] keep me safe."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They believed the manager would take action if they reported any concerns. One member of staff said, "I know what to do if I thought anyone was treated badly. I wouldn't wait a minute before reporting it." Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary. The manager demonstrated an understanding of keeping people safe and assured us that they would take appropriate action to liaise with the local authority to ensure the safety and welfare of the people living in the home if they thought they had been harmed in any way.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of people managing their own money, there was guidance for staff on what support people required to reduce the risk. Records showed us that people were supported to manage their money in a safe way and that records were kept so that spending could be monitored. People were also supported to travel independently, there were risk assessments in place and work had been done in supporting the person to know what they needed to do if they got muddled and needed help to get home.

Where an activity involved a potential risk we saw an appropriate risk assessment had been completed. For example swimming and going on holiday.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff and the people who live there understood how to respond in the event of a fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

There were sufficient staff on duty to keep people safe and protect them from harm. One person told us, "When I need help they [the staff] are always around to help me."

Staff told us that there was enough staff to meet people's needs and to keep people safe throughout the day. One staff member said, "We are a small staff team and we work together to get things done." And added that they would swap shifts with each other and take extra shifts on if they needed to. This meant that people received care and support from staff who knew them and their needs.

Recruitment procedures were in place to ensure that only suitable staff were employed which were followed. Records showed that staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

The manager also told us that they felt the staffing levels were good and explained how they assessed people's care needs and changed the number of staff on duty if people's needs changed. For example, if someone became ill and needed extra support. We saw evidence that this had happened in the recent past, when one person needed extra support to ensure their safety. Extra staff were put on duty to cover these risks.

Medicines were well managed by the service, as part of our inspection we looked at how the service ensured the safe handling and administration of medicines. We carried out checks on the medication records of the people who used the service. We saw that the medicine records were up to date and accurate, with no gaps seen on the individual recording sheets. We observed staff supporting people to take their medicines in a patient and caring manner. Staff we spoke with showed a good understanding of why it was important for people to be given their medicines as and when prescribed and what action should be taken if this did not happen. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines.

As part of the overall monitoring of the quality of care within the service, the manager checked that people had received their medicines on a daily basis. This ensured that any discrepancies were identified at the earliest possible stage to avoid any possible risk of harm to people.



# Is the service effective?

## Our findings

We saw that people were supported well and that staff made sure that they got what they needed. One person told us, "I do alright, I have lived here a long time, I get what I need."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. Training offered to staff covered mandatory training, such as health and safety, first aid and infection control. It also offered staff training that was appropriate to supporting people living with a learning disability, working with people with autism and developing communication skills for example. This enabled them to develop the skills they needed to carry out their roles and responsibilities.

Staff were expected to complete competency checks after they had undertaken some training, such as managing medicines. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff, trained to meet their care needs.

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. However, during our inspection we found they had not applied for a DoLS to be put in place when one person's circumstances had changed, they have since corrected this oversight and appropriate action had been taken to keep that person safe within the expectations of the MCA and DoLS. It had been a traumatic period for the person and the others who lived at the home and staff attention had been taken up with the immediate need to keep the person safe.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist clinics and diagnostic tests.

Recent changes to one person's health involved staff finding new ways of working with them, records

showed that they had worked closely with other healthcare professionals to protect that person's health and to keep them safe.

People told us that they enjoyed their food and they were able to choose what they wanted to eat. People were encouraged to make choices that would protect their health and lead to a healthy diet. If people have special dietary needs that was catered for. Staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. They were able to give us examples people's special needs, whether they were health related or weight control.

## Is the service caring?

### Our findings

People were relaxed during our inspection and welcomed us to their home, they felt that staff treated them well and were kind. One person said, "They're [the staff] are OK, they're nice." And, "They know me well; it's been a long time."

When staff spoke and supported people they were polite and courteous. We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge with people chatting and being sociable. Later, staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

A relative told us, "I visit my [relative] regularly and am always made very welcome. [My relative] is always clean and presentable and the home environment is the best that [my relative] has ever experienced. They told us that the staff were very supportive to their relative and themselves after several deaths of people close to them. "Throughout this terrible period the very high quality of care that has been enjoyed in the past has not wavered. I cannot measure the admiration and gratitude that I hold for the staff in general and Mrs Balgobin [the provider] in particular."

A healthcare professional, who worked with people who used the service, told us that they had seen good practice from the staff that supported them and said, "My patient is happy and appears well supported and cared for by the carers, [they] also talked very highly of the proprietor too."

Staff told us that people were involved in planning their care and reviews were centred around that person and were held in the way they chose for themselves, "They invite who they want to come to the review, we plan it together."

Staff spoke to people in an open and respectful way; they explained what was happening and made sure people agreed to what they were asking them to do. People were treated with dignity; staff were discreet when asking people if they needed support with personal care. Doors were closed during personal care tasks to protect people's dignity.

## Is the service responsive?

### Our findings

People told us that they thought the service responded to their needs, One person who used the service said, "They [the staff] help if I need it." And "If I'm not well they look after me." Another person told us that, "Sometimes I find it hard, they [the staff] look after me and cheer me up."

The manager informed us that people had been provided with a copy of the service information pack before their arrival at the service. This information provided people who used the service and their relatives or advocates with useful information about the care, treatment and support options available to them. This enabled them to make an informed decision as to whether to use the services provided or not. We saw that a copy was held in people's individual records.

Before the person used the service themselves, they and their relatives had been given the opportunity to discuss their care and support needs, and make choices about their stay. We saw from the records we looked at that people had given their consent for this to be carried out. For those unable to give their consent, this was sought from a person who had sufficient knowledge about them and the support they needed. This ensured that they only received the care, support and treatment that they had agreed to.

Staff told us that as many agencies as possible were contacted to have an input into people's assessments. Professionals such as speech and language and orthopaedic teams, if they are involved with the person, for example.

Care plans were developed from the information gathered and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that they wanted to be supported. The outcomes for people included supporting and encouraging independence in areas that they were able to be, such as choosing their own clothes, what they like to eat and how they wanted to live their lives.

A health care professional told us, "Whenever the patient is supported at clinic all the information is readily available, concise and professional. Care plans in relation to epilepsy are up to date."

Staff supported people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, watching their favourite soap on the television or joining in a planned social activity. People told us that some of them were able to travel independently and come and go as they liked. One person talked about their planned summer holiday, they were looking forward to it. Another person had chosen not to go away any more, they felt they would prefer to relax at home instead. One person's relative said, ". [My relative] is well nourished and healthy. [They] attend college, and is taken out on a wide variety of trips. I am kept fully informed of any eventualities."

People and their relatives were given the opportunity to voice their opinions about the service and quality of care in several ways. Regular house meetings were held, where people were given an opportunity to discuss many aspects of their life. Where they want to go on holiday, plan the week's menu and decide on social

events and outings they want to organise for example. A relative told us that the manager and staff make themselves available if they needed to talk to them and quality assurance surveys were sent out annually. The manager told us that they listened to what people had to say and welcomed their comments as an opportunity to learn and to develop and improve the service.

People were supported to keep in touch with people that were important to them, such as family and friends, so that they could maintain relationships and avoid social isolation. One relative told us that they visited regularly and were always made welcome when they went.

One person told us, "I have never had to complain." A healthcare professional said, "I have no concerns about the home at all."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the lobby, the process was detailed and would involve other services outside of the organisation if required. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. This meant that people's complaints would be fully investigated and resolved, where possible, to their satisfaction.

## Is the service well-led?

### Our findings

The service was well-led. People, relatives and staff told us that the provider, who was also the manager, was nice and easy to get on with and were around if they wanted to speak to them. Care records were individual to each person and were followed, meaning that the care people received was person centred and empowered them to live good lives. One relative told us, "They have all been so supportive. The home is run to care for [people], not to make money."

The people who lived in this home had been together a long time, one person had lived there 15 years and the others had arrived within a year or two after that. The manager had worked with them all that time and had built up a close relationship with them. The staff had followed the manager's example and a family like atmosphere was evident.

All the staff we spoke with were positive about the culture of the service, saying that the manager genuinely cared about the welfare of the people who lived in the home and worked extra hours to go out of their way to give them what they needed and wanted. The staff told us they received regular supervisions and that they felt they could approach the manager if they had any problems at any time, and that they would listen to their concerns. One member of staff said, "The manager is great, she is always on the other end of the phone if we need them."

There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the manager. The manager was knowledgeable about the people in the service and they spent time with them and still worked shifts alongside staff and monitored staff and the delivery of care closely.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits, which included audits of staff training, health and safety procedures and a general building audit. The manager told us that when analysed, these audits were used to identify, monitor and address any trends. If someone was found to be falling often professional help would be sought for example.

The manager is a member of some adult social care related forums and has a close relationship with other care home providers and managers in their local area; they meet to share experiences, seek guidance and discuss new legislation. This enables them to keep in touch and stay informed with relevant issues that may affect practice.