Sunrise Care Limited

Viola House

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

Viola House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Viola House provides accommodation and personal care and support for a maximum of 12 adults who have learning disabilities. There were nine people living in the home at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained 'Good'.

People were protected from avoidable harm. There were assessments in place, which identified support needs and how care was to be delivered. People were protected by staff who knew how to recognise if a person was experiencing or at risk of abuse. Staff had been carefully recruited to make sure they were safe to work with people. We observed people were supported by sufficient staff to meet their care needs, including making sure people were supported to take their medicines as prescribed.

People's needs had been assessed and there were care plans in place to ensure they received safe and effective care. Staff received an induction and regular training so they were able to meet people's specific care needs. They supported people to access specialist health care services. People were supported to eat and drink enough to meet their needs. There were policies and procedures to ensure people had maximum choice and control of their lives and that they were not restricted unnecessarily.

People were supported to maintain relationships that were important to them. This enabled people to develop meaningful relationships with the other people and staff at the service. People were involved in making decisions about matters important to them. They were encouraged to express their views as much as they were able to. We observed people being treated with privacy, dignity and respect.

The service was responsive to people's needs and staff listened to what people had to say. Staff responded to people speedily and understood the need of respecting people's individual wishes and choices. The service ensured that people had access to information they needed in a way they could understand and

which complied with the Accessible Information Standard. This showed the service had ensured people were able to communicate their needs and understood information that was given to them. People and their relatives could be confident that any concerns or complaints they raised would be dealt with.

The service was well-run and had received compliments from people and their relatives. The registered manger and the rest of senior management were aware of their regulatory responsibilities. The service monitored the quality of care people received and took action to improve how people were supported. The registered manager worked in partnership to ensure people received quick and appropriate support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Viola House

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.

The inspection took place on 29 November 2017 and was unannounced.

The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

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 information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

We looked at a range of documents and written records including seven people's care and support records and medication charts as well as staff recruitment and training files. We also reviewed records about how the service was managed, including risk assessments, quality and safety audits, and the arrangements for managing complaints.

We also spent time observing the care and support being delivered. We spoke with a range of people about the service. They included the registered manager, the service director, home leaders and support workers. We met eight people and observed how staff interacted with them. As most people in the home had limited verbal communication we also looked at the feedback from their relatives.

Good

Is the service safe?

Our findings

People used gestures to show us they were happy at the home. Those who could speak with us told us they were happy with the care they received. One person told us, "I like it here."

People were protected from avoidable harm because the home had procedures to protect them. Risks to people were assessed and control measures were in place for staff to safely support people. For instance, one person was at risk of self-harming and there was detailed guidance for staff to support this person. Staff were aware of the strategies for responding to the needs of this person.

The service continued to follow robust recruitment and selection processes to make sure staff were safe and suitable to work with people. There were robust recruitment procedures in place which included necessary vetting checks before new staff could be employed. Recruitment records contained the relevant checks including Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service.

There were systems and processes in place to make sure people were protected from abuse. There was a safeguarding procedure in place. All staff had received safeguarding training. They could tell us the different ways that people might experience abuse and the escalation process if they were concerned that abuse had taken place. Staff were confident that any concerns reported to managers would be treated seriously.

Environmental risk assessments were in place and we saw these were regularly reviewed. Checks were carried out on all electrical equipment to ensure the equipment was safe to use. Further checks were carried out on gas safety, fire extinguisher equipment, fire alarm and emergency lighting. There was an up to date fire risk assessment. The home carried out regular fire drills. Regular checks of the hot water temperatures had also been carried out to protect people who were at risk of scalding. People had personal emergency evaluation plans (PEEPs) in place in case of emergencies.

A minimum of two staff members were on duty during the day and a 'waking night' staff member covered the night shift. Staff rotas confirmed that staffing levels were sufficient to meet people's needs. On the day of our inspection two members of staff (including the registered manager) were on duty. There was an on-call system, which ensured staff always had access to support and advice from a senior manager out of normal working hours. During the inspection we observed people received the support they needed. Staff were not rushed and spent quality time engaging people in activities in the communal areas.

The management of medicines within the service was safe. All staff had received training in the safe handling of medicines and had regular checks to ensure they remained competent to administer medicines. The service had a medicines policy which provided guidance to staff. Medicines were ordered, stored, given as prescribed and disposed of correctly. Medicines were given safely and recorded after each person received their medicines.

Good

Is the service effective?

Our findings

People who could speak with us told us Viola House was "a nice place". Relatives also commented positively regarding the quality of care provided. One comment read, "Just a line to thank you [registered Manager] and all the staff at Viola House for the excellent care provided to [my relative]'.

People's needs had been assessed prior to moving into the service. As a result of people's complex needs, a range of specialist services had been involved in assessing their needs to ensure their care was based on best practice. The information collected was used to inform care plans. People and where necessary their relatives were involved in the development of care plans. Care plans included information about people's interests and their background. The service used this information to ensure that equality and diversity was promoted and people's individual needs met. The care plans contained detailed guidance to allow staff to support people as assessed.

There were arrangements for monitoring the healthcare needs of people. Health Action Plans (HAP) for people had been completed. HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life. This includes healthy eating and when to go for a check-up. There was evidence of recent appointments with healthcare professionals such as the dentist, SALT, palliative care team, dietitian, chiropodist and GP.

New staff took part in an induction programme based on the Care Certificate induction standards. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Following this staff had continued to receive relevant training to help them to meet people's needs. Staff received a range of training which included health and safety, safe administration of medicines, mental capacity and deprivation of liberty training and moving and handling. Staff received regular supervision and an annual appraisal with their line manager where their learning and development was discussed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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 whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people lacked capacity to make decisions for themselves, best interest decisions had been made and documented, following consultation with family members and other professionals. We observed, where necessary, restrictions were in place. Appropriate authorisation had been obtained and this was also documented in

people's support plans. There were DOLS authorisations for seven of the people using the service.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. Staff encouraged people to eat healthily and to participate in as much of their own meal preparation as possible. Staff received training in nutrition awareness and used pictures of food to involve people in making choices.

Good

Is the service caring?

Our findings

People told us that staff treated them in a kind and respectful way. One person told us, "I like the staff. They are kind to me." Relatives were also complimentary. We read their comments, which included, 'Thank you all for helping [my relative] make my Mother's Day so special. Thank you all for allowing me to be like every other mother with a child'. During the course of our inspection we observed the home was friendly and we saw people enjoyed laughing and chatting with the staff.

It was obvious that staff knew people well. This was evident in the manner in which they interacted with people. We observed the interaction of a staff member and a person in the kitchen. The person told us, "I like to cook and help in the kitchen." We could tell the person was not confident to speak with us, but the staff member reassured them this was okay. The staff member prompted the person, "Tell [the inspectors] what you had for breakfast." The person told us, "I made cheese toasties, I like them." Whilst the person was speaking with us, she received words of encouragement and compliments from the staff member, including "You are a great help in the kitchen" and "Great job, well done." Throughout the inspection we saw staff were patient with people and used their knowledge of people's interests to engage them in conversations about things that were important to them.

People were supported to maintain relationships that were important to them. We asked if visitors were welcome at the home and a staff member told us, "We welcome visitors and families at any time. We actively encourage this." We saw people were supported to see their friends and families as they wanted. One person was visited by his family weekly. Staff told us they invited friends and families to events such as birthdays and barbeques. Families were also involved in reviews where necessary. One person told us, "I can use the phone when I want to ring my family. It is nice here."

People were involved in making decisions about matters important to them. They were encouraged to express their views as much as they were able to. A staff member asked one person, "Do you want to show [the inspector] your room?" The person was keen to make her bed first, which she did before proceeding to show us her room. People were involved from their first contact with the service. For example, people visited the service before they agree to move in. This helped them to decide if they wanted to move in and also gave people already living at the service had a say about who was moving in to live with them. Where people were not able to express their views, we saw the service had links with a range of advocacy services that supported people to make important decisions.

We observed people being treated with dignity and respect. People looked well-groomed and dressed appropriately. Staff spoke with people in a respectful way, giving people time to understand and respond. We saw staff refer to people by their preferred names. One person preferred to be called by an alternate name and staff respected this. Staff respected people's privacy. For example, one person enjoyed time in their room, but liked to have their door to be left open. We saw that a net curtain was put across their doorway in order to protect their privacy. We observed they were discreet when people required support with personal care. We also observed that staff knocked on people's doors and waited to be asked in before entering.

Good

Is the service responsive?

Our findings

People were involved and consulted regarding their care. People's care records provided information for staff about the support people required. For example, care records covered support people required with eating and drinking, mobility, mental health and behaviours that challenged the service. There was a system in place to ensure care plans were regularly reviewed.

The premises were suitable to meet the needs of the people. There were suitable equipment and adaptations so people could move safely around the home and garden. People had easy access to a safe and secure garden. The communal lounges, dining areas and corridors on the ground floor were spacious, which improved the overall mobility performance for those who used wheelchairs. A room for one person had been adapted with durable material to reduce the impact of behaviours that challenged such as head banging.

Staff ensured people's individual needs were met. For example, one person could only work with specific staff members. This involved the service inducting specific members of staff to work with this person. The induction could take anything between six and eight months. Even with that, staff were not guaranteed to work with the person as she still had a final say on who ultimately worked with her. In one example, the person refused to be cared for by a member of staff who had just completed a seven months induction.

The service ensured that people had access to information they needed in a way they could understand and which complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There were examples of communication tools and systems, each tailored to the specific needs of the person. Staff used flash cards, Makaton, symbols and objects of reference and PECS (Picture exchange communication system) to communicate with people.

Staff and management understood the importance of promoting equality and diversity. The registered manager told us, "If for religious reasons they can't eat beef or pork we take that into consideration." The service supported people from a diverse background, including Afro-Caribbean, White British and Asian. The menu plan was culturally balanced, halal meals, curry goat and fish and chips. The service also celebrated various days of significance for different cultures and faiths, including, Eid, Easter and Christmas.

The home had a varied programme of activities on offer, which reflected people's interests. Most people went to the day centre each week. Other people enjoyed sensory sessions at the home. We observed staff assisting people with individual activities of their choice, including interactive games such as a tactile throw and catch game. Other activities included music and movement, swimming, exercise and jewellery making. We read feedback from relatives, which was positive. One read 'Thank you for making sure [my relative] joins in all activities where possible'.

The service had a complaints procedure in place to manage any concerns or complaints that were raised by

people or their relatives. The complaints procedure was displayed throughout the service in a format that was easily understood by visitors and the people who used the service. The registered manager told us that they encouraged people and relatives to raise concerns so that they could learn from them and improve the service. There had not been any recent complaints.

Good

Is the service well-led?

Our findings

Relatives felt the service was well run. We read some comments from relatives, which included, 'There has been a big improvement since [the new manager] took over'; 'Thank you all for working so hard to keep [my relative] well. I am grateful to all the staff at Viola House.'

We found the registered manager and the service director to be well-informed about people's needs and other operational aspects of the service. They could tell us knowledgeably about the support people were receiving. Providers of health and social care services are required to inform us of significant incidents that happen in their services such as serious injuries or allegations of abuse. The registered manger was aware of their responsibilities to the Commission and had notified us of the type of events they were required to.

There were appropriate arrangements to ensure the effective management of the service. The service had a clear management structure consisting of the service directors, the registered manager and house leaders. We found staff to be well-informed about their roles and reporting structures. Staff told us the management was accessible and approachable. We observed throughout the inspection that there was an open door policy where people and staff could speak with the management team at any time. A member of staff told us, "The managers are very supportive. They listen to us and are approachable."

The service had good systems to monitor quality. Members of the management team carried out a number of quality audits. Checks were carried out in many areas including care records, people's finances, health and safety and medicines. The service had taken action when necessary to improve how people were supported. For example, an electric wheelchair had been ordered for one person to enable more independence around the home. There were a number of improvements in other areas, including repairs and decoration, training and development, Health and Safety and people's care records.

There was a formal system to seek the views of people who lived in the home and to include them in decisions about how the service was provided. People, their relatives and staff were invited to complete an annual quality assurance survey. Their feedback was valued and acted upon so that the service could work to improve. An improvement plan was in place following the last survey. In addition to that people were involved in key working sessions, which involved one to one meetings with staff to explore people's views on relevant matters. Staff meetings were also held weekly. These provided a platform for staff to receive updates and to express their views.

The service worked in partnership with a range of health and social care agencies to provide care to people. As people living at the home had complex needs, we saw that the service had developed links with appropriate health and social care services to ensure people received immediate and effective support. For instance the majority of people living at the home were registered at one centre where they received a range of specialist services including, physiotherapy, occupational therapy, psychiatry and speech and language therapy.

The service monitored accidents and incidents and learning from these was used to improve the service.

Accidents and incidents were appropriately documented and investigated by the registered manager and escalated to service directors. Accidents and incidents were reviewed by the registered manager to check for any emerging patterns. These were used for learning and improving the service.