Sunrise Mental Health Ltd

Bloomfield Rd

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

This inspection took place on the 2 August 2017and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission in Mach 2016. The service is registered to provide accommodation and support with personal care to a maximum of four adults with mental health needs. One of the aims of the service was to support people to move on to a more independent living setting and three people have done this since the service was registered. Four people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

Medicines were managed in a safe way although we found one discrepancy with the medicines records and have made a recommendation about this.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner although we have made a recommendation about medicines record keeping because we found one discrepancy.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the spirit of the Mental Capacity Act 2005.

People were able to choose what they ate and drank and they told us they liked the food.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care

plans were subject to regular review.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

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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 the 2 August 2017and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications they had sent us. 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 contacted the local authority to seek their views about the service.

During the inspection we spoke with three people that used the service and a relative. We observed how staff interacted with people and spoke with four members of staff. This included the registered manager, the nominated individual, the operations manager and a support worker. We looked at records relating to two people including care plans and risk assessments. We viewed medicines records and quality assurance systems. We examined the staff recruitment, training and supervision records and checked various policies and procedures.

Good

Is the service safe?

Our findings

The service had robust safeguarding practices in place. There was a safeguarding policy which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). The service also had a whistle blowing policy in place which made clear staff had the right to whistle blow to external agencies such as the CQC if appropriate. Staff had undertaken training about safeguarding adults and the registered manager and other staff had a good understanding of their responsibility to report any safeguarding allegations. One staff member said, "First of all I am going to inform my manager and if need be I am going to inform CQC." The registered manager told us there had not been any safeguarding allegations since the service was registered and we saw no records of any incidents that constituted abuse.

The service had systems in place to protect people from the risk of financial abuse. The service did not have access to anyone's bank accounts and did not spend money on behalf of people. It did hold money on behalf of two people which was with their written and signed consent. This was part of their care plan to help people develop budgeting skills. Money was stored securely in locked cabinets and staff checked the money at each shift handover. Each time money was given to a person both the staff member and person signed to evidence they had received the money. We checked the money held and found that the amounts held tallied with the recorded amounts.

Risk assessments were in place which set out the risks people faced and included information about how to manage and mitigate those risks. Risk assessments covered risks associated with non-compliance with medicines, aggression, self-neglect and people getting lost in the community. For example, the risk assessment for one person stated, "[Person] has always depended on her family when going out in the community. Staff will escort [person] when she is out and slowly educate her to use public transport and familiarise herself with the local area." This showed risk assessments were based around the individual risks people faced.

There were enough staff working at the service to meet people's needs. People told us there were enough staff and they felt well supported by staff. One person said, "There is always a staff member you can talk to." Staff told us they thought there were enough staff working at the service and that they had enough time to carry out all their duties. One member of staff said, "Yes we do" when asked if they thought there were enough staff. The staff rota accurately represented the staffing situation on the day of our inspection. We observed staff were able to carry out their duties in an unhurried and timely manner and were able to respond to people promptly.

The service had robust staff recruitment practices in place. Staff told us the service had carried out various checks on them before they commenced employment at the service. One staff member said, when asked if the service carried out pre-employment checks on them, "Yes of course, they did my DBS and references." DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed appropriate checks were carried out on new staff, including criminal record checks, employment references,

proof of identification and right to work in the UK documentation. This meant the service had taken steps to help ensure suitable staff were employed.

The service carried out various checks to ensure the physical environment was safe. This included fire safety checks, emergency lighting and cleanliness of the premises. This helped to ensure that the premises were safe.

Medicines were stored securely in locked cabinets inside the office. At the time of inspection no controlled drugs or 'as required' medicines were prescribed to people. Medicine administration record (MAR) charts were in place. These contained details of each prescribed medicine including its name, strength, dose and time to be administered. The member of staff who administered the medicine signed the MAR chart after each administration so there was a clear record that the medicine had been given. We checked MAR charts for a five week period leading up to the date of inspection and found them to be accurate up to date. Two people were supported to manage their own medicines. This meant people were helped to develop independent living skills in relation to medicines.

Records were maintained of medicines that entered the home and of those that were disposed of. Medicines no longer required were returned to the supplying pharmacist who signed to acknowledge their receipt so there was a clear audit trail of what happened to medicines not required. However, we found that in one instance the amount of medicines held in stock did not tally with the amounts recorded. This was because the records showed the medicine entered the service on the date shown on the medicine label, when if fact the medicines were obtained from the Clozapine clinic a few days later. We recommend that the service introduces a clear auditing system so they can identify the amounts of any medicines held in stock at any given time.

Good

Is the service effective?

Our findings

Staff told us and records confirmed that they had access to regular training. One staff member said, "When I started I did my induction with the [registered] manager. I have done fire training and medicines and how to work with people with mental health needs."

Records showed that staff training was up to date. All staff were expected to complete core mandatory training courses including fire safety, infection control, mental health awareness, safeguarding adults, medicines and the Mental Capacity Act 2005. New staff undertook an induction which included a mixture of classroom based training and shadowing. Shadowing enabled new staff to work at the service with experienced colleagues so they were able to learn how to support individuals. New staff were expected to complete the Care Certificate. This is a training programme designed for staff that are new to working in the care sector.

Staff had regular one to one supervision meetings with a senior member of staff. A staff member said of their supervision, "I have supervision every three weeks with my manager. Making sure you are fine with your role and how [registered manager] can help you and how you think we can improve our services and stuff like that." The registered manager said, "We have supervision every four to six weeks. We discuss how they [staff] ensure they are keeping people safe." Supervision records showed it included discussions about performance, service user issues, training needs and goal setting for the month ahead. Staff also had an annual appraisal of their performance and development needs. This looked at staff's strengths and areas for improvement, if they felt supported by management and if they had any suggestions about how to improve the service.

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). At the time of our inspection no one was subject to a DoLS authorisation and the registered manager told us none of the current service users required a DoLS authorisation to promote their safety.

The registered manager also told us everybody using the service had capacity to make decisions about their lives and people confirmed they were able to make choices about what they did. One person said, "I just go out and buy what I want [in relation to choosing clothes]." Another person said, "I can go out on my own." People had signed consent forms to allow the service to take their photograph and to look after their money. This showed the service supported people in line with their wishes and consent.

People were supported to develop cooking skills to help with eventual moves into more independent living settings. Records showed that people had attended a cookery club run by the local authority to help develop their cooking skills. Each person had a designated day when they cooked a meal for the other people and on remaining days people prepared their own food. Staff provided support and guidance with food preparation where necessary. People confirmed they cooked their own meals and told us they were able to choose what food they ate. One person said, "We all have a designated cooking day where we choose the meal." Another person said, "Most of the time I cook myself." Care plans included information about people's food preferences and if they had any dietary requirements linked to cultural or heath issues.

The service provided basic food items and each person was allocated a weekly budget to buy their own food. This helped promote skills around budgeting and shopping. The service sought to educate people about healthy eating and information about this was included in people's care plans. Care plan objectives included eating healthily and maintaining a healthy weight. A person told us, "They advise me what to eat because of diabetes."

The service supported people to manage their health care needs. One person told us, "I am diabetic, they remind me to manage my insulin." One person had a medical appointment on the day of our inspection and told us, "I am going for my blood pressure test. They help me sort out [medical] appointments."

Records were maintained of medical appointments which included details of who the appointment was with and the outcome of the appointment. Records showed people had access to various healthcare professionals including psychiatric nurses, consultant psychiatrists, GP's, dentists and diabetic clinics. The service was pro-active in seeking the support of healthcare professionals for people. For example, a family member of a person informed staff they believed their relative may have had a mild learning disability and the service arranged for a psychological assessment to determine the extent of this.

Good

Is the service caring?

Our findings

People told us they felt respected by staff. One person said, "It's really nice, they are really helpful." Another person said, "It's good, they have given me my confidence back. They are nice, they treat me well." A third person said, "The staff are all right, they treat me well." A relative said, "They are very kind and friendly. They are helpful."

Care plans included information about people's past life history, such as where they grew up and family members. This information enabled staff to get a full picture of the person. This helped staff to build positive relationships with people. Staff told us they got to know people by spending time and talking with them. They said this helped them to gain people's trust and confidence. This meant people felt confident in talking with staff if they had any concerns.

We observed staff interacting with people in a friendly and respectful manner. Staff were seen chatting and joking with people. People were at ease and relaxed in the company of staff and seen to be enjoying interacting with them.

No one using the service required any direct support with personal care but some people required encouragement and prompting. We witnessed staff doing this in a sensitive manner with people which helped to promote their dignity. Care plans included information about what support was required in this area.

One person showed us their bedroom and said, "I like it." The bedroom was personalised to the person's individual taste and homely in appearance. It contained the person's personal possessions such as televisions and items of décor." The person told us, "I have a key to my bedroom" which helped promote their privacy.

The registered manager told us one of the key aims of the service was to support people to develop independent living skills with the aim of enabling them to move on to a more independent living setting. This included supporting people with cooking skills, household tasks such as laundry and budgeting. One person told us, "I have done well here with my finances, they have helped me." Care plans included information about supporting people with independent living skills. For example, the care plan for one person stated, "Staff to support person to rebuild good independent living skills such as cooking, maintaining the cleanliness of their room and doing the laundry." The care plan for another person stated, "[Person] does not have basic maths skills. They are not able to recognise numbers and guess money values by looking at the colour and size of the denomination. Staff will teach person about money and the change they should get back when buying items." We saw these objectives were measured during the monthly key worker meeting people had to see what progress had been made to achieving their goals.

The service sought to meet people's communication needs. One person did not speak English and the service used a variety of ways to help them communicate. The registered manager spoke a shared language with them and their family members provided support. In addition, an interpreter visited twice a week and

whenever the person needed to attend an appointment or external meeting the interpreter was used for this. The service also used aids to help communicate with this person. The care plan stated, "Staff to communicate with [person] in a sensitive manner using pictures and Google to help translate during the absence of the interpreter." For another person, the care plan on communication stated, "Staff need to encourage [person] to write down instructions, questions and lists so that they are not stressed about having to remember and forget things." This meant the service sought to meet people's individual needs around communication.

People were able to maintain relationships, including sexual relationships. We saw a family member visited one person during our inspection and another person regularly stayed over at their partners home. The registered manage told us none of the people using the service at the time of our inspection identified as a member of the Lesbian, Gay, Bisexual, Transgender (LGBT) community but that the service would support any one who did require support about this.

Good

Is the service responsive?

Our findings

People told us they were happy with the support from the service. One person said, "It's all right here. I don't mind the place." A relative said, "My [relative] is very happy with them."

The registered manager explained the assessment process for potential new people using the service. They told us they received a referral from the local authority with details about the person. The registered manager and the nominated individual then met with the person to carry out an assessment of their needs. This was to determine if the service was able to meet those needs and provide appropriate support to the person. The nominated individual told us that the business had refused placements after assessments where they felt they could not meet the person's needs. They also said, "We look at if they will get on with the rest of the service users [in making a decision about the suitability or otherwise of a referral]." Where appropriate, family members were also involved in the assessment process to help get a full picture of the person and their support needs.

If after the initial assessment it was agreed that it was a suitable placement a transition plan was put in place. This enabled the person to visit the house including for overnight stays prior to their move. The person had the right to decide not to accept the placement if after visiting the service they did not think it was right for them.

After a person moved in to the service care plans were developed. These were based on the initial assessment and on-going discussions with and observations of the person. The registered manager told us, "We sit down and talk with them about it [the care plan]." One person told us they were involved in devising their care plan, saying, "They talked to me about what I wanted to achieve." Care plans set out how to meet people's needs in various areas including mental and physical health, addiction, daily living sills, self-care, religion, culture, family contact, social inclusion and finances.

Care plans contained personalised information about how to meet the needs of the individual. For example, the care plan for one person about social inclusion stated, "We will support [person] to attend the knitting group at the library and explore options for local gardening groups." The registered manager told us the person was on the waiting list for the Mind mental health charity's gardening group and was supported to do gardening at the service and we noted they attended the knitting group on the day of our inspection.

Records showed care plans were subject to regular monthly review which meant they were able to reflect people's needs as they changed over time. The registered manager said, "As and when the needs change we review the care plans." In addition to the care plan reviews, each person had a monthly one to one meeting with their keyworker. Records of these meetings showed they included a discussion of progress the person had made over the past months in achieving the objectives set in their care plan and what they could do in the future to help achieve objectives. A person told us, "I have one to one meetings with my keyworker, we talk about my activities."

People were supported to take part in various activities, both in the community and at the home. One

person recently had voluntary employment working at a charity shop, another person attended an information technology course at college and also attended a 'recovery college' for people with mental health needs. Other community based activities included the gym, boxing classes, horse riding, cafes, restaurants and tai chi. People were recently supported to go on a holiday to Somerset and one person told us they had enjoyed that. Some people recently took part in a charity run and a swimathon to raise money for local charities.

People told us they knew how to make a complaint. One person said, "I would go to [registered manager]. She is really good at dealing with things." Another person said, "I would talk to my keyworker." Complaints received had been recorded and responded to in line with the complaints procedure. For example, one person complained of the way a staff member interacted with them and the staff member was required to attend a training course about communication.

The service kept a record of compliments received from relatives and professionals. For example, a relative wrote, "I wanted to praise and thank you for all the wonderful things you did for [person]. You gave so much of yourselves, it meant a lot to her." A professional wrote, "I can't tell you how pleased we have been with the progress you have been making with [person]."

The service had a complaints procedure, a copy of which was on display in communal areas. People and their relatives had also been provided with their own copy. The service arranged for an interpreter to explain the procedure to a person who did not speak English. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

Good

Is the service well-led?

Our findings

People told us they were happy with the registered manager. One person said, "She is all right."

The service had a registered manager in place. They were supported in the running of the service by an operations manager. The nominated individual (who was the owner of the service) was also involved in the running of the service and visited it regularly for oversight and monitoring purposes. They told us their role was "very hands on" and they "definitely come here at least once a week." This was confirmed by minutes of the weekly keyworker meetings which showed the nominated individual attended those meetings. Staff spoke positively about the registered manager. One member of staff said, "[Registered manager] is a lovely lady. She brings a listening ear to all staff. She really encourages the service users to get involved with things and motivates them." Another staff member wrote on their annual staff survey from June 2017, "I find [registered manager] to be very approachable when I need any support. I wanted a few refresher courses and I was booked on the courses within two weeks." Another member of staff wrote of the registered manager, "My manager always shows a caring attitude, far more than I would have expected."

The senior staff provided a 24-hour on-call service which meant there was always someone available to provide advice if required. One member of staff said, "I can call the manager an time. She always answers the phone and helps." The service used WhatsApp instant messaging service to communicate with staff for urgent and emergency issues. This support was available 24 hours a day.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people who used the service. The service held regular service user meetings which provided people with the opportunity to discuss issues of importance to them One person said of these meetings, "We talk about the cleanliness of the house and house work." Minutes of service user meetings evidenced discussions about budgeting and how to make a complaint.

A weekly keyworker meeting was held which was attended by the registered manager and nominated individual. This provided feedback to the two senior staff about what was going on with each person at that time, such as activities or any appointments they had. The nominated individual said, "I attend the keyworkers meetings so I understand the states of each individual service user." In addition to the weekly keyworker meetings, monthly staff meetings were also held. The minutes of the most recent staff meeting showed discussions about safeguarding and whistleblowing procedures, how to mitigate risks to people and fire evacuation procedures.

The registered manager told us, "We survey annually care professionals, service users, their family and staff." Records confirmed that surveys took place. We looked at the results of the most recent surveys and these contained very positive feedback. For example, one professional wrote on their survey form, "I feel the staff are dong sterling work." Another professional wrote, "I would have no hesitation in recommending Sunrise [the name of the provider]." Relatives and people who used the service gave equally positive feedback. One relative wrote, "I like the way they encourage her to do things for herself. Good life skills." Another relative wrote, "Staff are very easy to talk to and listen to any concerns I have, they work through them with me. I am

very happy with all the hard work and dedication." One person wrote, "I am very happy living here" while another person wrote, "They are very kind and helpful. It's homely and feels safe."

The service carried out audits to monitor the quality of care and support. A monthly environmental audit was carried out that looked at the physical environment, including checks of emergency lighting, maintenance issues, security of the premises and cleanliness. The nominated individual carried out unannounced spot checks at different times, including evenings and weekends to check care was being carried out appropriately. The service also carried out an annual internal audit based on how the Care Quality Commission inspects services, i.e. looking at five key questions: is the service safe, effective, caring, responsive and well-led? This included an audit of staff recruitment processes and training, care plans and how well they service worked with other agencies. This meant the service sought to review its practices with a view to continuous improvement.