

# Sunrise Mental Health Ltd

# Elmdene

## Inspection report

44 Elmdene Road  
London, SE18 6UB  
Tel: 020 7642 0011  
Website: [www.sunrisecarehome.co.uk](http://www.sunrisecarehome.co.uk)

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 26 October 2015 and was unannounced. Elmdene care home was registered with the Care Quality Commission on 27 April 2015. This was the first inspection at the home.

Sunrise Mental Health Ltd - Elmdene provides care and support for people with mental health needs. It can accommodate up to five people. Elmdene Road is a large terraced house over three levels with five bedrooms with communal bathrooms, kitchen, dining and living room areas. There is a communal outdoor area with a patio and summer house.

At the time of the inspection the service was providing care and support to four people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people

# Summary of findings

they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The provider had arrangements in place to deal with foreseeable emergencies.

People's medicines were managed safely and people received their medicines as prescribed by healthcare professionals.

We found that insufficient checks had been completed around recruitment of staff that related to gaps in employment. Staff had received training specific to meet the needs of people using the service. Staff received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were involved in planning of their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as independent as possible. People were supported to have a healthy and balanced diet.

There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. They were aware of the complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service, staff and relatives through surveys. They used feedback from these surveys to make improvements at the home. Health care professionals were also encouraged to give feedback of their experience of the service. The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager.

We found a breach of the legal requirements in relation to staff recruitment. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 was not always safe.

Some recruitment checks were not always carried out such as reasons for gaps in employment. This was because potential employees were not required to complete a formal application form that would highlight gaps in employment and further education.

Records relating to the management of medicines were robust and ensured people received their medicines as detailed within their care plans.

People using the service and staff told us there was always enough staff on shift and our observations and available documentation supported this.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Requires improvement



### Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences and they were supported to enjoy a nutritious and healthy diet.

People had access to a GP and other health care professionals when needed and experienced positive outcomes regarding their health.

Good



### Is the service caring?

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

People had been involved in planning for their care needs.

There were regular meetings where people could talk about things that were important to them and about the things they wanted to do.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Staff encouraged people to be as independent as possible. There were activities for people to partake in if they wished to.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

## Is the service well-led?

The service was well-led.

The provider took into account the views of people using the service, relatives, health care professionals and staff.

The manager recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Records including medicines records were held securely and confidentially.

Good



# Elmdene

## 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 unannounced inspection was carried out on the 26 October 2015. The inspection team consisted of two inspectors. Before the inspection we looked at the information we held about the service including notifications they had sent to us. A notification is information about important events that the service is required to send to us by law. We also received feedback from health care professionals.

We spent time observing the care and support being provided. We spoke with two people who used the service. We also spoke with two members of staff, the provider and the registered manager. We looked at records; including four people's care records, staff recruitment and training records and records relating to the management of the service.

As part of the inspection we looked at records held by the provider. These included audits, incident logs, feed-back questionnaires, minutes from meetings and records related to the management of the service. In addition we looked at all areas of the building including an empty bedroom, communal areas, office and outside grounds.

Throughout the course of the inspection we observed how people were being supported with activities of daily life, which included independent living with decreasing levels of support from staff.

# Is the service safe?

## Our findings

People we spoke with said that they felt safe at the home and well treated. They felt confident that there were always sufficient staff around to support them. They said that the manager was always on hand and thought that she knew them well and their issues. One person who uses the service said, “I’m safe and happy and the carers always come with me to all my appointments.”

However, the provider did not have robust recruitment procedures in place as appropriate recruitment checks did not take place before staff started work.

We looked at the recruitment records of all staff. We saw criminal record checks, health declarations, proof of identification and checks on eligibility to work had been carried out. Most files included two references. We saw a member of staff’s ‘personal profile’ that included some information about previous employment history. However, none of the files we looked at included completed application forms. The provider had not consistently obtained and recorded evidence of previous health and social care experience and qualifications, their full employment history or explored explanations for any breaks in employment or education. This may place people using the service at risk of receiving care from unsuitable staff.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit, the manager told us, and we saw examples of, the processes they had implemented to ensure staff recruitment checks were robust. However, we could not monitor this new system at the time of the inspection.

Care plans detailed that the goal was for people to take care and control over their own lives including medicines and appointments with health care professionals thereby promoting responsibility and independent living. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person using the service said, “I do my own tablets, the staff just checks to make sure I have taken them. They record it in the medicines book.”

All the people using the service were supported to administer their own medicines and people told us that appropriate support was in place to manage their medicines safely. There were individual medicines administration records (MAR) for each person using the service. The records included information about the person using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer and assist with medicines. These systems and alerts to staff ensured that people were protected from medicines errors.

Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home and medicines correctly returned to the pharmacist. People received their medicines as prescribed by healthcare professionals. We checked the balances of medicines stored in the cupboard against the medicine administration records (MAR’s) for people using the service and found these records were up to date and accurate.

Records confirmed that all staff working at the home had completed training on the safe administration of medicines.

We asked the manager for records of medicine’s audits. There were no records of audits held at the service. She told us they checked medicines on a weekly basis but did not keep a formal record. We were also told that the local pharmacist carried out medicines audits at the home every four weeks. Following the inspection, we spoke to a health professional who said they carry out medicines audits when delivering and returning medicines. A record was provided that showed that there were external audits of medicines being returned by the service against MAR’s charts and a further check to ensure that the correctly prescribed and dose of medicine is administered.

The home had a policy for safeguarding adults from abuse. The manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and whom they would report any safeguarding concerns to. The manager said that all staff had received training on safeguarding adults from abuse and training records confirmed this. Staff told us they were aware of the organisation’s whistle-blowing procedure and they would use it if they needed to.

## Is the service safe?

People using the service, the staff and manager told us there were always enough staff on duty to meet people's needs. One person using the service said, "There is always plenty of staff around." Another person said, "There is enough staff here, enough for us anyway." A third person commented, "We have enough staff to meet people's needs, the manager and the provider are here a lot too and help if we need them to." The manager showed us a staffing roster and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

We found assessments were undertaken to assess any risks to people using the service. For example, when a new person moved into the home staff accompanied them on shopping trips to assess their ability to handle financial

transactions independently. We saw other risk assessments were in people's care files and included risks to themselves and others for areas such as smoking, weight and diet, self-neglect, non-compliance with medicines, substance misuse and mental health relapse. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. Risk assessments were reviewed and signed by the manager on a monthly basis.

There were procedures in place in the event of an emergency. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Staff training records confirmed that all staff had completed training on fire safety.

# Is the service effective?

## Our findings

People using the service said staff knew them well and knew what help they needed. One person said, “I have two keyworkers. They help me and are nice and friendly. I still need support to cook and they help me with this.”

Staff told us they had completed an induction when they started work and were up to date with their mandatory training. They told us they received regular supervision and an annual appraisal of their work performance and said this helped them in providing the care and support to people using the service. They said they had been well trained by the organisation and they were aware of people’s health and support needs.

Staff were knowledgeable about the people they supported. They were aware of people’s preferences and interests, as well as their health and support needs. One said, “The training I received on mental health awareness has helped me to understand people’s needs. I feel I know what I need to do to support people.”

Staff were supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. One member of staff told us, “I have been here for one year, I have completed a lot of training for example, safeguarding, fire safety, first aid, administering medicines, health and safety and the Mental Capacity Act 2005. I get regular supervision from the manager. All of this has helped me to understand the needs of the people using the service.”

We looked at staff training records which showed that all staff had completed a thorough induction programme and initial training that the provider considered mandatory. Mandatory training included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and managing behaviour that may challenge the service. They had completed other training relevant to the needs of people using the service, for example, lone working, break-away techniques, substance misuse and mental health awareness. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS sets out what must be done to ensure that the human rights of people who lack capacity to make decisions are protected. Staff understood that where a

person might not have capacity to make decisions about certain things, the manager would make sure that capacity assessments are carried out. We saw that two members of staff had attained nationally accredited qualifications in health and social care. The manager told us that all of the remaining staff had enrolled on an accredited health and social care course.

The manager told us that all people using the service had mental capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person’s ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals. We were told that this was to ensure that appropriate capacity assessments were undertaken and encompassed all relevant information and people’s views. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their ‘best interests’ in line with the MCA. The manager and staff we spoke with had a clear understanding of the MCA and DoLS and how this should be applied to support people using the service.

Staff told us they prompted people’s independence by encouraging them to buy their own food and cook for themselves. Some people had attended a five week “A taste of health” cookery course run by the local authority. On the day of the inspection people using the service had attended a class at local community centre to learn how to cook a healthy pizza. We saw that people’s care plans included information on their diet and nutritional needs and food preferences. One person using the service said, “I cook my own meals. Rice and chicken. I don’t need any help from staff. I do it all myself” Another person said, “I have two special nights where I cook for everyone. When I came here I couldn’t cook anything but now I can. My favourite meals to cook are toad in the hole and spaghetti bolognaise. The staff always encourage us to eat healthy options. This will all help me when I move out to my own place one day.” Another person said, “I am trying to lose weight so I don’t eat snacks but other people do. There is always plenty of fruit and fruit juice if you want it.”

People had regular contact with the Community Mental Health Team and they had access to a range of other health



## Is the service effective?

care professionals such as dentists, opticians and chiropodists when required. We saw the care files of people using the service included records of their appointments with healthcare professionals.

Staff monitored people's mental and physical health and wellbeing on a daily basis. Where there were concerns, people were referred to appropriate healthcare professionals. One person using the service said, "I have a care coordinator and a community psychiatric nurse (CPN), I see them about once a month or when I need to. I can go and see my GP or dentist when I need to. I just got my teeth fixed."

We saw a number of examples of positive feedback from health care professionals who visit the home. One told us,

"The home looks after four service users I work with. All have gained skills within weeks of moving that they had not had in previous placements. This is thanks to the high expectations of staff who all seem very positive to the people living there and the excellent link work to local resources."

Another visiting professional said, "Sunrise is a unique home, and I have looked after several residents. After 3 months at the home all had made huge gains using public transport independently, cooking, participating in exercise, increased self-confidence and are able to step down to lower supported placements quite quickly. The organisation is viewed positively. They achieve amazing results and have optimism, hope, and resourcefulness."

# Is the service caring?

## Our findings

Throughout the course of our inspection we observed staff engaged in meaningful conversation with people who use the service. Staff were seen speaking with and treating people in a respectful and dignified manner. One member of staff was supporting two people in a gardening activity. We saw them laughing and joking together and enjoying the activity. One person said, "The staff are really nice, they are kind and treat me and everyone here with respect." Another person said, "This is the best place I have ever lived in, much better than the last place. The staff are looking after me better, I feel a lot better and I can do a lot more things for myself."

Feed-back questionnaires were available for people to complete and we saw good examples of the care provided at the home. A relative said, "When (my relative) requested to see a dentist the staff did everything possible to get her there promptly. She has also asked about having her hair done and I believe that members of staff are in the process of colouring her hair at the moment."

Another person whose relative lived at the home said, "What a transformation. After only 4 months I can have a conversation with (my relative) and enjoy (my relative's) company again. (My relative) is so much better due to having such a caring environment and staff."

People told us they had been consulted about their care and support needs. They were allocated named key workers to co-ordinate their care and were happy with the support they received from staff. One person said, "I have a care plan and I know what's in it. I have a keyworker to talk with and I have care coordinators who I see when I need to." Another person said, "I have a care coordinator and a keyworker. We talk about what I need and if anything has changed they put it in my support plan."

People told us about regular residents' meetings where they were able to talk about things that were important to

them and about the activities they wanted to do. We looked at the minutes from the last two residents' meetings. We saw meetings were well attended by people using the service and their comments and suggestions had been recorded. Items discussed at the meetings on 11 and 16 October 2015 included healthy meals, cooking, going to the gym, trips out and house cleaning. One person using the service told us, "I find the residents' meetings really useful and good. We can make plans about important things like what we want to do and who's going to do the cooking." Another person said, "These are important for us. We can tell staff about the things we want. They do most of the things we want."

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and they made sure information about them was kept confidential at all times. One member of staff said that all the people using the service were independent and did not require any support with personal care, however on occasions they might remind or prompt people to change their clothing or to have a bath or shower. One person using the service said, "Staff always knock on the door if they want to speak with me or to check if I am okay." Another person said, "The staff respect my dignity and privacy. I feel free to make my own choices here."

We saw records relating to a local authority referral where the home had declined to admit a person. The concern was that the home could not meet the person's needs and this would interfere with the progress and care of the existing people who use the service. The local authority officer said, "It is refreshing that a provider considers the wellbeing of other residents rather than just filling a bed. The panel realised that this was a challenging case but were looking for a nurturing environment that would be able to help with some of the issues which is why the home was put forward as an option."

# Is the service responsive?

## Our findings

People told us they were provided with a service user's guide when they moved into the home. This booklet included important information such as the complaint's procedure and people said that if they did not understand any of the content, staff would help them. People told us they had care plans and they had regular discussions with their keyworkers and care coordinators about their care and support needs. One person said, "I have two keyworkers and they help me with my needs."

Assessments were undertaken to identify people's support needs before they moved into the home. Care files included care and health needs assessments, care plans, support plans and risk assessments. Files were well organised and easy to follow. They identified people's needs and objectives and support plans included detailed information and guidance for staff about how people's needs should be met. Care files demonstrated that people using the service, their care coordinators, keyworkers and appropriate healthcare professionals were involved in the care planning process. We saw reports from the Care Program Approach (CPA) review meetings were available in people's care files. CPA is a way that services are assessed, planned and reviewed for someone with mental health problems. Care files were reviewed by the manager on a monthly basis and were agreed and signed by people using the service and the manager.

Care and support plans emphasised the home's philosophy of supporting people to learn new skills, gain confidence and move into their own homes. The plans showed how staff could provide support where people found tasks challenging but allowed people independence on matters they were comfortable with. One person using the service said, "I am moving out shortly to my own place, it's all in the pipe line. I have learned so much since I came here."

When I came I couldn't cook, I didn't look after myself properly, I couldn't do a lot for myself. But now I can cook, take my medicines, look after how I look, pay my bills and do my washing."

People lived in comfortable and tidy surroundings. There was a cabin in the garden where people who use the service could smoke if they wished to. One person said, "It's good to have a place to smoke as we can't do it in the house. I use this e-cigarette, I can use it in the house but I like to sit out here with the girls and chat. It's really comfortable living here. I have a nice room with all of my own things in it. When I move out I can take it all with me."

One person using the service said there were plenty of opportunities to do things both in and out of the home. They told us they tidied their room and did their own washing, cooking and shopping. They said, "We do a lot here. We just don't stay in all the time. We get up and do things." All of the people using the service told us they enjoyed a wide range of activities. These included visiting the gym, line dancing, Tai Chi, water aerobics and cooking clubs. Some people attended religious services on Sundays and some visited relatives. Some people attended activities such as coffee mornings and other events organised by MIND the mental health charity.

People said they knew about the home's complaint's procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints since opening the service. If they did, they would write to the complainant to explain what actions they planned to take and keep them fully informed throughout the process.

# Is the service well-led?

## Our findings

We saw records of audits that showed that the manager and provider monitored the service. These included health and safety audits, cleaning schedules, fire checks and quality assurance records. One member of staff said, “We all take our turn to help with all the tasks in the home and the manager checks things regularly.”

People using the service told us there was always a relaxed atmosphere in the home and they felt staff valued their views and opinions. One said, “I can ask about anything and know that my opinion counts when we discuss things in meetings.”

Throughout the course of the inspection it was clear from the manager, staff, health care professionals and people using the service that the ethos of the home was to improve people’s confidence in their own abilities so that they could move on to independent living. One member of staff said, “We have a very good team, the relationship between people using the service and staff is always good. The reason we are here is to help people move on. Since I have been here, three people have moved out into their own places. It’s really rewarding seeing all the work we have done with people that helps them to do that.” Another member of staff said, “The management is really supportive. The manager or the provider will come here anytime there is a problem even when they are off or at the other care home. There is an open door policy so we can talk with them about anything.”

In written feedback, a Commissioner of adult social care services said, “I can’t tell you how pleased we have been

with the progress you have been making with service users referred to Sunrise. We are currently commissioning a review of some of our services and I have suggested that colleagues come and visit you and the team to see one of the real good news stories in the borough.”

Staff felt they could express their views at team meetings. One member of staff said, “We can talk about people’s needs and what the team needs to do to support them.” We saw that staff meetings were held every month and detailed minutes showed that staff and management discussed care and support provided, staffing and training issues. Meetings were well attended by staff.

At another staff meeting we saw that a minor medicines error had been noted and corrected by the manager. Staff were advised of this and how to avoid future errors and it was used as an opportunity for a refresher in the meeting of the home’s policies and systems.

The manager told us that they visited the home regularly 'out of office hours' to ensure that everything was running well. Staff commented that the manager and provider were always available to assist and support them with any issues.

The provider took into account the views of people using the service, through surveys. These included the views of relatives and staff. We saw returned questionnaires from people using the service and their relatives that showed they were satisfied with the care and support provided. One relative’s comment ‘thanked the team’ for the assistance they had provided and the ‘good leadership’ at the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>The provider did not have robust recruitment procedures in place as appropriate recruitment checks did not take place before staff started work.</b></p>