

Sunny Mount (Knowle)

Sunny Mount (Knowle) Limited - 127 Longdon Road

Inspection report

127 Longdon Road
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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 11 March 2016 and was an announced inspection. This was because the location is a small care home for younger adults who are often out of the home during the daytime and we needed to be sure that people would be available to talk to us.

Sunnymount - 127 Longdon Road provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. The communal areas of the home were on the ground floor, together with one bedroom. The rest of the bedrooms were on the first floor. Four people lived in the home at the time of our visit.

The home had a registered manager at the time of our inspection. 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. The manager was supported by a care manager who was responsible for the daily running of the home.

The home had a friendly and 'homely' atmosphere and staff told us that they enjoyed working there. We saw staff were responsive to people's needs and had good knowledge of how people preferred their support to be provided.

People and their relatives told us they felt safe and well cared for at the home. There were enough suitably trained staff to keep people safe. Staff had received training in safeguarding and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with people's care and support. Risk assessments and management plans were in place to manage the identified risks. Medicines were managed safely so people received their medication as prescribed.

People had the capacity to make all day to day decisions for themselves. The registered manager and the care manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were supported in a way that did not restrict their freedom.

Staff were kind and considerate to people. They respected and understood people's need for privacy and promoted their independence. People were involved in planning their daily activities and chose to pursue a variety of hobbies and interests at home and in their local community.

People chose what they would like to eat and drink and their nutritional needs were met. People were supported to maintain their health and well-being and staff knew when to refer to other health professionals.

People and their relatives knew how to make a complaint. A system was in place to manage complaints

received about the service.

People were positive about the management team and the running of the service. Staff were encouraged to continue to develop their skills in health and social care. They told us they felt supported by the managers to carry out their roles effectively.

Staff, people, their relatives and staff were asked their opinions about the home and there were processes to monitor the quality of care provided.

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.

There were enough staff to meet people's needs. Medicines were stored safely and people received these as prescribed. Risks to people's health and wellbeing were managed well. Staff were aware of the signs of abuse and understood their responsibilities to report concerns.

Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the skills to provide the care they required. The provider met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received food and drink of their choice, and were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people who lived at the home and the staff who supported them. Staff promoted people's independence and dignity. People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to make choices and were supported by staff who understood their needs. People took part in activities and hobbies that interested them. People knew how to make a complaint and the provider had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

There was a clear leadership structure, and management were open to ideas and suggestions from staff and people who lived at the home. There were systems and processes to monitor the quality of the care provided.

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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 11 March and was announced. We told the provider we would be visiting because the location is a small care home for younger adults who are often out during the daytime. We needed to be sure that people would be available to speak with. The visit was carried out by one inspector.

Before the inspection we spoke to the local authority commissioning team and asked if they had any information about the service. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They made us aware they had last visited in November 2015. They observed positive interactions between the staff and the people who lived at the home and had no concerns about the quality of care provided.

We reviewed the information we held about the home and the statutory notifications that the manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our visit reflected the information contained within the PIR.

During the inspection we spoke to three people who lived at the home, one person's relative, the registered manager, the care manager and a support worker. We reviewed three people's care plans and daily records

to see how their support was planned and delivered. We reviewed records of checks the staff and the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

One person who lived at the home told us, "It's safe, I haven't got any worries". One person's relative told us, "[Person] is safe; it gives me peace of mind knowing they are looked after so well."

The atmosphere at 127 Longdon Road was relaxed and interactions between staff and the people who lived there were warm and friendly. One person told us, "The staff are the best!" We saw people approached staff confidently and responded positively when staff approached them. This showed us they trusted the staff.

On the day of the visit two staff were on duty. Staff we spoke with told us there were enough of them to meet people's needs and keep people safe. One staff member said, "Staff turnover is low, most of the staff have worked here for many years". We observed staff were not rushed and had time to sit and talk with people. The care manager told us there were no staff vacancies and agency staff were never used. This meant that people were supported by experienced staff and consistent who knew them well.

Procedures were in place to protect people from harm. One person told us, "I would tell [care manager] or my sister if people were being nasty to me." Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training.

Staff described various forms of abuse to us and understood their responsibilities to report any concerns. One member of staff told us, "I report everything straight away to the care manager if I have any concerns or worries". The care manager understood their responsibility to protect people and to report potential safeguarding incidents. The care manager told us, "I would contact the registered manager immediately and report concerns to the local safeguarding team". Records showed appropriate and timely referrals had been made to the local authority as required. Staff confirmed the provider had a whistle blowing policy in place and they were confident to raise any concerns they had.

The care manager had a positive approach to risk taking and encouraged people to be independent both outside and within the home. Staff were knowledgeable about the risks to each person's health and wellbeing. They told us people's support needs varied according to their abilities and preferred routines. Detailed risk assessments and management plans were in place for staff to follow to reduce the risks. For example, we saw one person chose to travel independently each day to their work placement using public transport. They had been accompanied by staff on the journey until they felt confident to travel on their own. To reduce the risk the person had a mobile phone to contact the home if their usual route was delayed or disrupted. The care manager told us, "If [person] is not back at home by 4.20pm we phone them to check they are safe."

Risk assessments were reviewed monthly to ensure the information was correct. Staff explained if new risks were identified the care manager updated the person's risk assessment to keep the person as safe as possible.

Recruitment procedures were in place to minimise the risk to people's safety. The care manager told us all

prospective staff had an interview and people were recruited based on their experience. Prior to staff starting work at the home the provider checked they were suitable to work with people who lived there. One member of staff said, "I had to wait for my references and DBS check before I could start work." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

We checked that people received medicines when they should. One person told us, "I have one tablet in the morning. Staff help me take my tablets every day". We saw medicines were stored securely and disposed of safely when they were no longer required. Administration records and regular checks showed people had received their medicines as prescribed by their GP. Only trained competent staff administered people's medicines and staff we spoke with confirmed they had received training to administer medicines. One member of staff told us, "I have had medication training which gave me the confidence I needed to administer people's medicines". They explained the care manager observed how they handled people's medicines to ensure they were competent to do so.

The provider had taken measures to minimise the impact of unexpected events. We saw up to date fire risk assessments, and fire safety equipment was regularly tested. Each person had a personal emergency evacuation plan to ensure their individual needs for support in an emergency were detailed. Records showed that regular practice evacuations of the home took place. One person knew what to do if they heard the fire bell and said, "I don't panic, staff call the fire brigade and we go outside".

Accidents and incident records were up to date. Analysis of incidents took place and action had been taken to reduce the likelihood of the incidents happening again.

The home was clean and regular checks were carried out to ensure the building and the equipment were safe for people to use. For example, all electrical equipment had been safety tested in June 2015.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, "Staff are brilliant." One person's relative told us, "I am thrilled with the care and support that is provided, everyone is lovely". They explained their relative had lived at the home for a few years and they had noticed positive changes to their relative's well-being. For example, the person was gaining confidence and chatting more when they visited.

Staff had a good understanding of the needs of the people they supported and they communicated effectively and openly with people and each another. For example, people were given time to answer questions and make choices.

Handover meetings took place at the beginning of each shift as the staff on duty changed. The health and well-being of each person who lived at the home, and any recent changes to this, were discussed. One staff member told us, "It's a good way to find out how people are feeling and what has been happening since I was last on duty. We also have a communication book to pass on any messages." The meetings and communication book ensured people were supported by staff that had up to date information to make sure they provided care that met their needs.

New staff members received effective support when they first started working at the home. They completed an induction to the home based on the Care Certificate so they were aware of their roles and responsibilities. The Care Certificate is an identified set of standards for health and social care workers. This sets the standard for the skills, knowledge, values and behaviours expected. Staff had worked alongside experienced staff and observed how people preferred to be supported before they worked unsupervised. One staff member told us, "This is my first job in care, I spent time shadowing (working alongside) experienced staff and read people's care plans to get to know them".

Records showed care staff completed training the provider considered essential to meet the care and support needs of people who lived at the home. One staff member told us, "I have attended lots of training including safeguarding and fire safety." They explained they had worked at the home for three months and the training had helped them gain the skills and knowledge they needed to do their job well. A training schedule showed us when staff had completed training and when it was next due. This helped the care manager prioritise and plan training that the staff needed. Care staff, had completed or were working towards, level two or three qualifications in health and social care. The care manager was working towards completing a level five leadership qualification. This meant staff had the right skills and knowledge to provide effective care and support to people.

Staff told us they had regular meetings with their manager which provided them with support to be effective in their role. Meetings also gave them opportunities to talk about their work performance and personal development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the home worked within these principles and whether any conditions on authorisations to deprive a person of their liberty were met. We saw all of the people who lived at the home made decisions for themselves and their rights were protected. No one at the home had a DoLS authorisation; however the care manager was aware of the circumstances when this may have been required and had received training in this area.

We observed people supported by staff during our visit and we saw staff asked for people's consent before they provided assistance. One member of staff told us, "People have the right to refuse assistance and I respect their decisions." This showed us care workers understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

People were encouraged to eat a healthy balanced diet and had a choice of food and drink that met their dietary needs. One person said, "The food is great." Another said, "The food is lovely." Staff had good knowledge of what people enjoyed and frequently went food shopping to make sure the foods people liked were available. Staff told us menu planning was flexible and people chose each day what they wanted to eat. We saw this happened during our visit. One person had problems swallowing food. We looked at this person's care plan and saw staff had sought and followed guidance from the speech and language therapy team. Staff told us they encouraged the person to choose foods that had a soft texture which were easier for them to swallow.

Each person had a health plan and a hospital passport. Health plans identified the support people required to maintain their emotional and physical well-being. This helped staff ensure people had access to the relevant health and social care professionals. Hospital passports included important information about the person that hospital staff would need to know if the person was admitted to hospital. For example, any allergies they had and what foods they liked to eat. This meant people would not be disadvantaged when visiting hospital because health care professionals would have information to help them meet their needs.

One person told us, "I go and see the doctor if I am poorly." Care records showed contact was made with health professionals to support people when needed. These included the GP, psychologists, dentists and opticians.

Is the service caring?

Our findings

We asked people what they thought about the staff who supported them. One person put their thumb up in the air and told us, "I like all the staff, they are kind to me." Another said, "I like everyone." One person's relative was complimentary towards the staff and told us, "I just can't sing their praises enough. They really do care." Comments from staff about the home included "It's a lovely place to work," and, "It's just so friendly and relaxed." They explained because the home was small they were able to build up good relationships with the people who lived there.

We spent time in the communal lounge where the atmosphere was calm and relaxed. We saw people were supported by staff who knew people's abilities, support needs and preferred routines. People and staff chatted and watched a film together. Staff were caring towards people and treated them with kindness.

People had lived together at the home for several years and they told us they shared similar interests. For example, they all enjoyed watching films and had chosen to go to the cinema together later that evening with support from staff. We saw people had formed good relationships with each other. One person had been out for the day and when they returned, the other people greeted them and asked if they had a nice day.

Staff we spoke with acknowledged that whilst 127 Longdon Road was their work place, it was first and foremost the home of the people who lived there. A member of staff said, "It's their home, we are visitors." Staff were aware of people's right to privacy and provided support in a dignified way. We saw staff knock people's bedroom doors and wait for permission before they entered. One staff member told us, "I treat everyone how I like to be treated or how I would treat a member of my own family."

Three people showed us their bedrooms and all three had chosen their décor and furnishings. For example, one person had chosen to have the wallpaper and curtains of the football club they supported. Their family photographs were on display and we saw they had lots of personal belongings. One person told us, "I went on a cruise and whilst I was on holiday my room was decorated for me." The care manager confirmed that rooms had been re-decorated whilst people were on holiday to reduce disruption and minimise changes to people's daily routine. They told us one person who lived at the home could become unsettled if their daily routine changed. They described in detail how they reassured the person if any changes were going to happen.

Staff recognised the importance of promoting people's independence and supported people to complete every day household tasks in the home. One person told us, "I clean my bedroom and help with the washing." We saw staff encouraged people to wash and dry up dishes after lunch. A staff member told us, "Everyone helps out." They explained one person who lived at the home enjoyed doing the vacuuming in communal areas and chose to do this most mornings.

There were no restrictions on visiting times and people were encouraged to maintain relationships with people who were important to them. One person told us, "I visit my mum and we talk on the telephone."

Staff confirmed all of the people who lived at the home had frequent family contact and chose to spend time with their families. One person's family lived abroad and we saw the person had visited them recently. The care manager told us, "It is really important to [person] to visit their family every year. We do everything that we can to support them to plan their visit." They explained how they had supported the person with their travelling arrangements and checked they had arrived at their destination safely.

Information about a local advocacy service was on display in the home. The care manager told us no one at the home currently used the services of an advocate however they had in the past and this was available to support people if required. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make a decision.

Is the service responsive?

Our findings

People received care and support that was individual to their needs. One person told us, "Staff help me when I need them, I have no worries." We observed staff approached people in a friendly and respectful way. Staff quickly responded when people wanted something and took positive steps to engage with them.

A service user guide contained information about the home in large print which made it easier for people who lived at the home to read. Prior to people coming to live at the home, people's support needs had been assessed to ensure staff were able to meet their needs.

Everyone who lived at the home had a personalised care support plan. The support plans we looked at included information about people's likes, dislikes and things that were important to them. The information had been reviewed monthly and this ensured the information was correct and people's needs continued to be met. All three people had contributed to and signed their support plan. A relative we spoke with confirmed they had been involved with support planning. They said, "I am very involved in [person's] care and I support them when they have meetings or reviews".

The support plans gave staff clear guidance about the support people required and the way they preferred it to be provided. For example, we saw that one person chose to use a list with pictures as a prompt to follow their morning routine. The person ticked as completed tasks such as 'brush my teeth and wash my hair' which were on their list. One member of staff told us, "The picture list really works for [person]. It's a great way for them to make sure they are ready for the day ahead".

One staff member told us in detail about people and their preferred routines. They knew what people enjoyed doing, for example one person enjoyed watching DVDs and going to a local cafe for a milkshake. We asked staff how they offered people choices. They told us everyone could speak about their choices and staff also used Makaton as this gave additional help for some people to make their choices. Makaton uses signs and symbols to help people communicate. This meant staff supported people to make choices in a way they understood.

People told us they were involved in planning activities they were interested in and enjoyed. One person told us, "I go to the pub and on holiday". Another said, "I go to the theatre and the cinema". One person's relative told us, "[Person] has a great social life, they are always going on day trips and out for meals".

Staff told us they supported people to participate in as many activities which they enjoyed as possible. For example, two people supported Aston Villa football club and they each had a season ticket to attend all home matches.

We saw people had meetings every month to discuss home life and make any changes if necessary. During the meetings people were involved in discussions about activities and had the opportunity to offer suggestions. Records showed people had said they would like to go to the Harry Potter Studios in London. This had been arranged to take place the week after our visit. One person said, "I can't wait, I am very

excited".

On the day of our visit people chose to do different things. For example, one person went to their work placement at a local farm and another chose to remain at home watching films. Photographs of previous social events which included recent holidays were on display.

People knew how to make a complaint. One person told us, "I would tell [care manager] or my sister". One person's relative was confident to raise a complaint and explained there had never been any problems. They told us, "I know that if there was problem I know it would be sorted out straight away". A system was in place to manage complaints about the home. No complaints had been received in the last twelve months. The care manager told us. "If we received a complaint I would refer it to the registered manager to investigate and resolve".

Is the service well-led?

Our findings

We spoke with people, their relatives and staff about the management team at 127 Longdon Road. One person told us, "They [care manager] are great". The registered manager was also the operations manager for the organisation. They were supported by a care manager who was responsible for the daily running of the home. Both the registered manager and the care manager understood their roles and responsibilities. A relative explained the managers were approachable and said, "Nothing is too much trouble; they go above and beyond what I would expect".

Staff were positive about the support they received from management. A new staff member told us, "She [care manager] is very supportive". They explained they had first volunteered at the home whilst completing a college course in health and social care and they had 'jumped at the chance' when they were offered a permanent job. They told us they were motivated to do a good job and they felt staff morale was high.

We asked the care manager if they felt supported in their role. They told us, "Yes, I have meetings with the registered manager and we talk on the telephone most days". The registered manager was complimentary towards the care manager and said, "They are very committed to the home and the people who live there". They confirmed they visited the home frequently and they were always available if the care manager needed and advice or guidance.

Due to the size of the home, staff often worked alone. To provide them with support a 24 hour on-call system was in place. This meant staff could always contact a member of the management team and seek guidance when they needed it. One staff member told us, "I have previously phoned the care manager who advised me on how to resolve an issue". They explained this made them feel supported and confident to deal with the situation.

The care manager told us the home was pro-active and had good relationships with health professionals. For example, psychology service and speech and language therapy. They explained staff working at the home recognised their limitations and knew when they needed to involve health professionals to meet people's needs.

The care manager had a 'hands on approach' and worked alongside staff on a daily basis. This ensured they had an overview of how staff were providing care and support to people. We saw good team work and communication between the member of staff and the care manager during the visit.

Staff told us they were confident to raise any concerns with the care manager or the registered manager. Team meetings took place occasionally and they were able to contribute items for discussion.

We asked people if there was anything that would make the home a nicer place for them to live. People could not think of anything that needed to be improved. One person told us, "We are like a big happy family". We asked the managers what they were most proud of. The care manager said, "This home run for the people who live here, we have a committed and caring staff team". The registered manager told us "The

people who live at the home are at the forefront of all that we do; we want them to know that their quality and experience of life really matters to us".

People, their relatives and staff were asked their opinions about the care provided, through questionnaires and satisfaction surveys. We looked at six surveys which were completed in February 2016. All responses were positive about the quality of care provided and the ethos of the home. One relative had written, "The strength of Longdon Road is [care manager] who leads the team to make sure residents come first". Another commented, "[Person] is fortunate to live in such a pleasant and caring home with such dedicated staff".

Internal audits and checks took place within the home to ensure the safety and quality of service was maintained. For example, regular checks of people's risk assessments and the home environment were carried out. We saw the front of the house was going to be repainted in the next few months which was part of an on-going maintenance plan.

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The registered manager told us they understood their legal responsibilities for submitting statutory notifications to the CQC, including incidents that affected people who lived at the home or how the service operated. It is important that the CQC receives all necessary notifications so we can monitor the service and take action when required.