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Sunny Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Sunny Lodge on the 4 December 2018.

Sunny Lodge is a residential care home for up to four people with learning disabilities. At the time of our inspection four people were using the service. The service had spacious living areas and was set in a converted bungalow. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The provider had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social

activities. The provider had systems in place to respond to complaints.

The service was well-led. The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sunny Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with four people, the provider and two care workers. We reviewed a range of records held in relation to people's care and the running of the service.

Is the service safe?

Our findings

People expressed that they felt safe living at the service. One person said, "I am happy living here, the staff treat me nice."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. The provider protected people from financial abuse and supported people to manage their money. Where appropriate some people had their money managed by guardians to ensure their finances were protected.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered such aspects as road safety, managing money, environmental risks and supporting behaviour that challenged. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid, if they needed immediate assistance from medical services staff knew to call for an ambulance.

People received care from an experienced and consistent staff team. The provider told us that staff had worked with people for a number of years and knew them well. Staff told us that there were enough staff available to support people with all their needs, including trips into the community. The provider had an effective recruitment process in place when needed and staff recruited were suitable for the role they were employed for. People met with new staff as part of the interview process to observe their interactions and skills with people. The provider had a values based interview system and only wanted to employ staff with the right attitude to work with people.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had the appropriate professionals in place to deal with these. There were systems in place to learn from risks, significant incidents or accidents at the service and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. Some people were supported to dispense their own medication under staff supervision and there were risk assessments in place for this. The provider ensured staff training was kept up to date and observed medication practices. Regular audits were completed and policies and procedures were up to date.

Is the service effective?

Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve national recognised training certificates. One member of staff said, "I have just completed a team leading course and I am waiting for my certificate to come."

The provider told us that all staff repeated mandatory training yearly to keep them up to date. Staff were encouraged to develop their skills by taking on additional training such as the team leading course. New staff had a full induction and worked with experienced staff during their induction. Staff received regular supervision to discuss their performance and training needs and had a yearly appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. The provider told us that people were supported to have access to advocates if required to help them with important decisions about their care. This told us people's rights were being protected.

People had enough to eat and drink. We saw that people had access to the kitchen and risk assessments were in place so that people could be supported to make food and drink independently. Where required staff supported people, and prepared their meals for them. Some people liked to assist staff with cooking and baking. We saw that menus were planned weekly however people had choice over what they wanted to eat and could have an alternative if they did not like the planned menu. Staff completed nutritional assessments and supported people with special diets where needed. Risk assessments were in place to support one person who was at risk of choking due to eating too quickly and we saw that staff sat with them to encourage them to eat slowly.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs and specialist nurses. The provider told us people were supported to attend health appointments as required and that people had regular health reviews and medication reviews. We saw people had been supported to access yearly influenza vaccinations.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms which had been individually decorated the way people wanted them. They also had access to a large garden.

Is the service caring?

Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships and were relaxed in each other's company. People either told us or indicated with a thumb up that they were happy living at the service.

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. Each person had a keyworker who worked with them to review their care needs and how they wanted to be supported. Staff told us that where one person wanted to maintain their independence and go to the shops independently they had risk management plans in place to manage. On days when they needed additional support staff observed them from a distance so that they could maintain the level of independence they wanted.

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. One person was supported to video call their relatives to maintain regular contact. People were treated with dignity and respect and their diverse needs were also supported. If people chose to attend church they were supported to do this. We saw that people's privacy was respected and staff asked permission before entering their rooms. We saw that people also discussed with each other at house meetings about respecting each other's privacy.

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed with people so that staff had the most up to date information they needed to provide support.

The service remained responsive. The provider ensured people had all the support they needed for any changing health needs by involving the appropriate health professional. For example, where one person's needs change in relation to their epilepsy the provider worked with the epilepsy nurse specialist to stabilise their treatment. The provider told us as people aged they would change and adapt the environment to meet their needs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, attending college, local shops, restaurants and places of interest. One person told us, "I am going to college later to do dancing." People told us that they enjoyed going out every day for walks or to the local shops to buy magazines and books. One person we saw was going out with staff for lunch and to spend time shopping. The provider told us that they supported people to go away on holidays each year and some people preferred to go out on day trips rather than staying away from the service. One person told us they enjoyed going to the local zoo.

The provider had a complaints process in place and would fully investigate any concerns raised. People told us that they were generally happy and if they had any problems they would speak with the provider.

There was not any end of life care being delivered at the service, however the provider told us that they knew how to get support from the GP and palliative care team should this be required.

Is the service well-led?

Our findings

The provider was also the manager at the service they were supported by a deputy manager. A provider is a person who has registered with the Care Quality Commission. 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 provider understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained. The latest CQC inspection report rating was on display at the home. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgements.

Staff shared the provider's vision for the service that people had the best quality of life possible. One member of staff told us, "We want to provide good care so that people are happy."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the provider and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and had regular staff meetings to discuss the running of the service and any improvements that could be made. Staff were always able to contact the provider or deputy manager should they need support. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The provider told us that people raised any concerns with them on a daily basis and were very able to discuss any concerns they had. In addition, staff held monthly meetings with people, from minutes we saw they mainly focussed on discussing outings, but they also discussed other aspects of community living and the running of the service. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The provider told us the home was inclusive in the local community and that they had built relationships with local traders. The provider went on to say people were well known in the local shops, post office, bank and accessed the local library.

The provider had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on such aspects as health and safety and care records this information was used as appropriate to continually improve the care people received.