

DJ & GM Phillips

Sunrays

Inspection report

Stratton Road
Bude
Cornwall
EX23 8AQ

Tel: 01566781285

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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 Sunrays on 12 August 2017, the inspection was announced. This was because the service provides respite and supported holidays for people with learning disabilities and is not occupied on a full time basis. We wanted to make sure the registered manager would be available to talk with us. The service is registered to provide accommodation and support for up to four people. At the time of the inspection no-one was staying at the service. This was the first time the service had been inspected.

There was a registered manager in post. 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 registered manager was also one of the two registered providers. Both took an active role in the running of the service on a day to day basis. The providers run another service fairly close to Sunrays and the two services had close links. Throughout the report we will refer to this service as the provider's sister home. The sister home was often used as a base where people would meet up at the start and beginning of the day. This meant people were able to join in with activities taking place at that service if they wished to.

There were clear lines of responsibility in place. The registered manager was supported by an assistant manager and senior support workers. The assistant manager had oversight of the staff training schedule and shared responsibility for providing staff supervision.

Newly employed staff first worked at the provider's sister home. As this was a busier service with a larger staff team this gave them an opportunity to spend a period of time shadowing more experienced staff. Sunrays was staffed by care workers who were experienced and had a good understanding of the organisation's ethos and working practices. Before a new employee started working with the organisation pre-employment checks were carried out. This included Disclosure and Barring checks (DBS) to help ensure they were suitable to work in the caring sector. There were enough staff to support people to take part in their chosen activity and support them with any personal care.

Before arrival people and their carer's were asked detailed questions about their support requirements. The registered manager used this information to decide whether they were able to meet the person's needs. They considered the needs of all the guests when deciding whether to accept a booking. Information from the pre-booking process was used to develop a care plan if necessary, although many people brought an existing care plan with them. Any risks were identified and staff told us they felt they had all the information they needed to do their jobs effectively. Most of the people using Sunrays were return visitors who were familiar with the service and the staff team.

On arrival at the service staff explained the evacuation procedures and other housekeeping issues. People then spent time planning activities for the period of their stay. Staff encouraged people to try new pastimes

and experiences as well as supporting them to find activities which reflected their preferences and interests.

On their return from trips out people spent time either in their room or one of the two available lounges. There was a range of DVDs and books available as well as computer games, board games and puzzles. People were provided with breakfast and an evening meal. A packed lunch was supplied for people to have on trips out if they wished. The food was varied and people's individual dietary needs were catered for.

The provider acted in accordance with the requirements laid out in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Staff recognised and respected people's rights.

There were effective quality assurance systems in place to monitor the standards of the care provided. People, relatives and staff were asked for their opinions and suggestions regarding the running of the service.

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. Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good ●

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

There was a varied menu available for people which took into account individuals dietary requirements.

Is the service caring?

Good ●

The service was caring. The atmosphere was relaxed and appropriate for a holiday setting.

Staff had built trusting relationships with people.

There were systems in place to help ensure people were able to make meaningful and informed choices about how they spent their time on holiday.

Is the service responsive?

Good ●

The service was responsive. Information about people's support needs was gathered when they booked their holidays.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good 

The service was well-led. The staff team told us they were well supported by the registered manager and provider.

Management and staff were focused on ensuring people had a positive holiday experience.

There was a robust system of quality assurance checks in place to help ensure the safety and suitability of the environment.

Sunrays

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 12 August 2017 and was announced. We gave notice of our inspection visit because Sunrays is a respite and holiday service and is not occupied on a full time basis. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We had not received any notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the two providers, one of who was the registered manager, the assistant manager and another member of staff. Following the inspection we contacted four relatives of people who had used the service to hear their views. We also spoke with another two members of staff.

We looked at an example of a typical care plan, staff recruitment records and other records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us they had no concerns about their family members safety and well-being when they were staying at Sunrays. One commented; "Oh yes, he's safe!"

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. During the day there were always at least two members of staff on duty. One of these would always be a driver to ensure people were able to go out on trips or visit the provider's sister home. A sleep in member of staff was on duty during the night time. As well as care staff there was domestic support and an administrative worker available to support the service if required.

Staff retention was good and there was a core team of staff in place who had been with the organisation for over a year. Some people returned to the service for holidays or respite on a regular basis and this meant they were supported by a consistent staff team who they were familiar with.

Before new staff started work Disclosure and Barring (DBS) checks were completed to help ensure they were suitable to work in the care sector. Potential employees were required to complete an application form from which their employment history could be checked and any gaps in employment explained. Two written references were obtained including one from the last employer.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Refresher safeguarding training had been completed in June 2017. The registered manager, assistant manager and a senior support worker had completed additional safeguarding training provided by the local authority. The registered manager had also attended a safeguarding for managers workshop. There were comprehensive safeguarding policies in place. These were regularly reviewed and contained contact details of the local safeguarding team and CQC. In our conversations with the management team and staff it was clear they were acutely aware of the need to safeguard people appropriately while helping to ensure they had positive experiences. Staff told us they were confident about raising concerns, one commented; "I would speak up if I felt something wasn't right."

Risk assessments were in place to help ensure people were protected from avoidable harm while on their holiday or receiving respite care. Some risk assessments concerned the environment or regular trips. Other risk assessments were about individual's specific needs and these were put in place using information gathered during the booking procedure and at check in.

Care plans contained brief details about what might make people feel anxious and unsafe. For example, one person disliked crowded places and had a fear of high ceilings such as ones that might be found in a theatre. This information enabled staff to arrange activities which were in line with the person's preferences but did not cause them distress or anxiety.

People's medicines were managed safely and stored securely. The registered manager gathered information about people's needs in respect of medicines during the booking process. When people arrived for their

holiday the amount of medicine they had with them was checked and this was repeated when they left. Most people were responsible for taking their own medicine which they kept in lockable storage in their bedrooms. There was a fridge available for keeping medicines which required storing at low temperatures. Staff had received training in the administration of medicines. A relative told us their family member was supported to take their medicines on time and as prescribed.

When people arrived at Sunrays, staff explained the evacuation procedures in case of fire. Fire safety checks were carried out by staff and external contractors as required.

Is the service effective?

Our findings

Staff had received training to equip them with the necessary skills to meet people's specific needs. This included training identified as necessary for the service and training aimed at meeting people's individual needs such as epilepsy and diabetes. Most training was provided on-line, although first aid and moving and handling training was delivered face to face. The assistant manager had an initial teaching qualification. This meant they were able to support staff with their learning. Staff told us they had enough training to enable them to carry out their roles effectively.

Staff received supervision from a member of the management team. This had not been taking place regularly for all staff in recent months. The registered manager told us supervisions had 'slipped' during the busy summer period. Plans for all staff to receive supervision were being made. Some staff had received supervision and the notes showed these were an opportunity to discuss any concerns. Staff were also encouraged to develop their interests and skills with training and opportunities for career progression. Staff told us they felt well supported and the management team were approachable.

New staff were required to undertake an induction consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

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).

No applications to deprive people of their liberty had been made at any time. The registered manager told us people were largely relatively independent and able to make decisions and choices. There were up to date policies and procedures in place.

Menus were varied and healthy and people had a choice of meals throughout the day and. For example, breakfast options changed daily. If required, people were provided with a packed lunch. The provider told us they worked to provide healthy options while respecting people's choices. Staff were booked to complete training in diet and nutrition within the next few weeks. All had undertaken training in food hygiene. A relative told us staff were aware of their family members specific needs in relation to food.

People were supported to access other health care professionals as necessary, for example GP's, and district

nurses. The registered manager told us they had a good relationship with the local GP and could contact them for advice if needed.

The interior of the building was well maintained and decorated. People had a choice of two lounges and a conservatory where they could choose to spend their time. All bedrooms were en-suite. There was a bedroom and accessible bathroom on the ground floor to enable people with mobility problems to use the service.

Is the service caring?

Our findings

No-one was staying at Sunrays at the time of the inspection and no-one was due to for some time. Therefore we were unable to observe how people spent their time or talk to them during their holiday. Instead we contacted relatives of some people who had used the service recently. All of them told us their family members thoroughly enjoyed their holidays and looked forward to going. Comments included; "He always comes back full of beans" and "The staff are wonderful, [person's name] is very able to tell me if anything was wrong and is very happy."

Staff worked to help ensure people's voices were heard. On their arrival at Sunrays staff spoke with each person individually to make sure they understood what activities were being offered and find out what they would prefer to do. As well as the structured trips out staff also made efforts to identify how people liked to spend time when they were relaxing at the service. One member of staff said; "You get a lot of information from families but I like to ask lots of questions as well, you can learn about people all the time."

Some people had stayed at the service, or the sister home, on several occasions. Staff were familiar with people's needs and had developed strong trusting relationships with people. A member of staff told us; "Most people have been to Sunrays or [name of the providers other service] before and we know them well." A relative told us their family member was always happy to leave for Sunrays and had always had a good time. They said; "He seems to get on with all the other clients, he's quite happy."

One relative told us their family member had been unwell in the weeks leading up to a visit to Sunrays. The providers had been in touch throughout this period and had offered to support the person if they needed to attend any medical appointments during their stay. They had visited the person and sent a get well card as well as telephoning regularly to check on their well-being. The relative commented; "They definitely went out of their way."

Staff told us it was important to them that people enjoyed themselves and had a good experience while staying at Sunrays. One commented; "We try to make their wishes come true." They told us of one particular person who liked to arrive with a wish list of things they wanted to do during their week away. Although the weather had been bad for the duration of their stay the member of staff told us they had achieved "80%" of what was on the list. This included planning an evening meal, shopping for the ingredients and cooking the dessert.

Some people could become anxious in certain situations. Staff were aware of this and took it into consideration when planning for the week. The registered manager told us they tried to think about people's different personalities when making bookings to work out if people would get on well together. The two services were used to help accommodate people's different needs. A member of staff explained how it could be quite busy at the provider's sister home which was frequently used as a base during the day. They told us if anyone found the noise levels difficult to cope with they would leave early to return to Sunrays where they could have; "Some down time with a hot chocolate and a snack."

People's privacy and dignity was respected. Everyone had a key for their bedroom and could spend time alone if they wished. People were able to make day to day decisions, for example when to get up and go to bed.

Is the service responsive?

Our findings

When people initially enquired about booking a holiday or respite the registered manager spoke with them or their carer's to assess whether or not they could meet the person's needs. Pre-booking forms were also used but the registered manager told us the information obtained in conversations was usually more detailed and informative. Where appropriate people shared their care plans with the provider to help inform the plan of care put in place for the duration of people's stay.

Information was used to create a brief care plan if people did not provide an already existing plan. Areas covered included; medical details, assistance needed with personal care, dietary needs and communication. Sometimes more information was gathered when the person arrived for their holiday, either from themselves or support staff or relatives. This helped ensure staff had an overview of people's needs. Information about people's personal background and histories was included. This kind of information can help staff to engage with people and gain an understanding of their needs. A member of staff told us they had enough information to enable them to support people according to their needs.

Staff were kept up to date with people's changing needs. Diaries were kept for each person which were an individual record of how people had spent their time. A communication book was used to highlight any particular issues quickly to the staff team.

People were encouraged to take part in a range of activities which reflected their personal interests and preferences. For example, one person was interested in steam trains and arrangements had been made for them to visit a local steam railway. On arrival at Sunrays staff spent time with people completing a leisure and activity questionnaire to establish what pastimes they were interested in. This included suggestions for how people might like to spend their time both within the service and in the community. For example, computer games, puzzles, outings to various venues and playing golf.

People were encouraged to try new activities and set goals. A relative told us; "One time he did some rowing! I couldn't believe it, he's not really athletic." A mini bus and staff car were available to help ensure people could be offered a variety of activities. Theatre trips were often arranged and at Christmas time people were supported to attend a pantomime and take part in Christmas shopping trips. Activities for the evening were arranged if people requested this. Staff rotas were flexible to enable people to take part in the activities they enjoyed when they wanted to. A relative commented; "He's very busy."

There was a complaints policy in place which outlined how to raise concerns and the time scales of when complaints would be addressed. At the time of the inspection there was no easy read complaints policy available for people. We discussed this with the registered manager. Following the inspection they provided us with a newly developed easy read complaints policy. This used simple text and pictures to outline the key points of the complaints procedure. There were no on-going complaints at the time of the inspection.

Staff met with people at the beginning of the week to give people an opportunity to air any concerns. In addition people were asked to complete feedback forms following their holiday. A relative told us they had

not needed to complain but would be confident to do so. One commented; "I would tell them, I think they would want to know."

Is the service well-led?

Our findings

There was a clear management structure in place. The business was owned by the two providers who were both involved with running the service on a daily basis. Each had clearly defined roles and responsibilities and one of them was the registered manager. The providers were supported by an assistant manager who had oversight of the training schedule and shared responsibility for staff supervisions. The registered manager had an NVQ5 in management training and the assistant manager was starting their NVQ5 in the near future. This demonstrated the management team worked to ensure they had the relevant skills and knowledge to enable them to carry out their roles effectively.

The management team were supported by senior support workers who were able to organise shifts and take responsibility for administering medicines if required. All staff were encouraged to complete relevant qualifications to enable them to fulfil their roles and responsibilities. Staff initially worked at the provider's sister home as this was more heavily staffed and enabled them to develop an understanding of the organisations values over a period of time. The registered manager told us new staff would not work at Sunrays until they were confident of their abilities.

The aim of the service was to offer a bed and breakfast type experience for people visiting the area with opportunities to visit local attractions. There were close links with the sister home and this enabled people to take advantage of the activities and facilities there as well. As many people returned to the service regularly, or had previously stayed at the other service, they were familiar with staff and had formed good relationships with them.

The staff team shared responsibility for various daily and weekly checks. The communication book was used by staff to record what tasks and checks they had completed during their shift. Regular checks relating to the quality and safety of people's care were carried out. For example, environmental and vehicle checks.

In our discussions with the management team it was clear they were committed to ensuring people were supported to have a meaningful holiday or respite break which was in line with their interests and preferences.

Any incidents were recorded and the assistant manager reviewed these monthly to check for any emerging patterns or trends. They explained the action they would take following an accident such as completing body maps, contacting emergency services or a GP and putting observation charts in place if necessary. The records showed no recent incidents had occurred.

People, their support providers or relatives and external healthcare professionals such as local pharmacists and GP's were asked annually for their views of the service. The survey for 2017 was due to be circulated during the last week of September. We looked at the responses received for the 2016 survey and saw these were positive.

Staff meetings were held to enable staff to voice any concerns or ideas and suggestions. Staff files

documented when staff had raised any concerns. The records showed action was taken to address staff issues and this followed up to help ensure staff were well supported. Staff also had access to a telephone help line provided by an external organisation. This meant they were able to raise any concerns with an independent agency if they wished to.

A monthly newsletter was produced and this was circulated to people who had used one of the provider's services. This meant people were kept informed of any developments, including staff changes or plans for the future running of the organisation. Photographs of the activities people had taken part in were also included.

Records relating to the management and running of the service and people's care were accurately maintained and securely stored. Personal information was returned to people and /or their carers following their break.

The premises had recently been refurbished and there was a Building Regulations Certificate of completion in place to show the works had been completed to the relevant standards. A general health and safety check was scheduled for later in the month. A self-employed maintenance worker was contracted to complete any necessary repairs or improvements.

There were effective quality assurance systems in place to monitor the standards of the care provided. People, relatives and staff were asked for their opinions and suggestions regarding the running of the service.