Sunrise Care Limited

Resource Centre and Respite Service

Inspection report

92 Preston Road, Wembley, Middlesex,
HA9 8NL
Tel: 0208 621 4204
Website: www.sunrisecare.co.uk

Date of inspection visit: 12 May 2015
Date of publication: 14/07/2015

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

Overall summary

This inspection took place on 12 May 2015 and was announced. We gave the provider two days' notice of our inspection as we needed to make sure that someone was at the office. The service was last inspected in May 2013 and was found to be fully compliant with all the regulations we checked at that time.

Resource Centre and Respite Service is a care home that is registered to accommodate up to three adults who may have learning disabilities, autism or mental health needs. The location was also used as a day centre and also provided an outreach service. This inspection was focussed on the respite component of the service. At the time of our visit, the service was providing respite care for one person. The registered manager told us the service was working to get more people to use the service. Respite care is the provision of short-term accommodation in a facility outside the home. This provides temporary relief to those who are caring for family members, who might otherwise require permanent placement in a facility outside the home.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for one person. However, the provider immediately applied for a DoLS authorisation for this person, when we highlighted this.

There were procedures in place for ensuring any concerns regarding care and safety of people using the service were appropriately responded to. Staff understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways people might experience abuse and the steps to take if they were concerned that abuse had taken place.

Staff had the skills and knowledge to support people who used the service. There were enough staff available at the service. Staff told us that the training was comprehensive and provided them with the knowledge, information and skills they needed to look after people who used the service.

People using the service were supported to eat healthy foods. Care plans included information about supporting people to eat a healthy diet.

We saw people receiving care were treated with dignity and respect. Staff understood the need to protect the people's privacy and dignity. They understood and were aware of how to respond to people's religious and cultural needs.

The service carried out assessments of the people's needs to determine if they could be met by the service before they commenced providing care. This was to ensure the service was appropriate and could meet their needs.

There was a system to assure the quality of service they provided. We saw that the service was regularly reviewed. Prompt action had been taken to improve the service where shortfalls had been identified.

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?

Good

The service was safe. There were appropriate safeguarding and whistleblowing procedures in place. Staff understood the procedures they needed to follow to ensure people receiving care were safe.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

The provider had sufficient staff to meet the people's needs. The rotas showed there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. However, the provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for one person but this was immediately arranged when we highlighted it.

People had access to a range of healthcare professionals. We saw from records they were supported to attend healthcare appointments if needed.

People's nutritional needs were met. The menus we saw offered a variety of choice and provided a well-balanced diet for people living in the home.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about people's needs and how to ensure they were met.

We saw staff treated people with dignity and respect. This was also confirmed by healthcare professionals involved in care.

People were involved in their care and their views were respected and acted on.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

Care plans were in place which were personalised to meet the needs of the people. These were kept under review and up-to-date to reflect the people's current needs.

People's views were taken into consideration and appropriate action taken to ensure the service was responsive to their needs.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and clear lines of accountability.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

Resource Centre and Respite Service

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.

The inspection team consisted of one inspector. We visited Resource Centre and Respite Service on 12 May 2015. During the course of the inspection we observed the care of one person using the service; spoke with their relatives and three professionals involved in their care. We also spoke with staff and the registered manager. We examined a range of records which related to people's care and the running of the home. These included: care records, staff records, audits and various policies and procedures that related to the management of the service.

We were not able to speak with people using the service because they had limited speech. As a result, we used the Short Observational Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service.

Good

Is the service safe?

Our findings

The relative of a person receiving care was complimentary about the quality of service. The relative told us, they were 'happy' with the service provided.

The service had policies and procedures in place to protect people using the service from harm. All staff undertook training about how to safeguard adults during their induction period and there was regular refresher training. Staff understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Staff told us they would directly report any concerns about the safety and welfare of people to the registered manager. They were also aware they could report allegations of abuse to the local authority safeguarding team and the CQC if management staff had taken no action in response to relevant information.

Assessments were undertaken to identify risks to people who used the service. When risks were identified, management plans were developed to reduce the risks occurring. We saw management plans for risks arising from accessing the community without support, falls, and other medical conditions. All staff were familiar with the risks associated with people's support and knew what steps needed to be taken to manage them. For example, staff were able to describe how they would manage a medical condition, including action to take in the event of an emergency. Where people using the service had a history of behaviours that challenged the service, there were behaviour support plans in place.

Through our observations and discussions with professionals working with people using the service and staff, we found there were enough staff with the right experience and training to meet the needs of the people receiving support. The registered manager told us staffing levels were arranged according to the needs of people using the service. At this inspection, we saw the staff rotas accurately recorded the number of staff on duty each day.

The provider ensured staff employed by the service were safe to work with the people they cared for. There were suitable recruitment procedures and we saw required checks were undertaken before staff began to work for the provider. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the UK.

We checked the arrangements for the management of people's medicines. We found the medicines of people were managed safely There was a policy and procedure for the management of medicines which provided guidance for staff. Staff who administered medicines were appropriately trained. We looked at the medication administration records (MAR) for people. These showed all required medicines were in stock and people had received their medicines as prescribed.

We found that medicines were stored securely in locked and designated medicine cabinets. Medicines were supplied pre-packed by the pharmacy. This minimised the risk of dispensing errors by staff. However, we saw that one person who had been prescribed medicines to be used 'as required' or PRN did not have protocols to support staff in their use. The manager provided evidence immediately following the inspection that PRN protocols were in place.

Good

Is the service effective?

Our findings

The registered manager told us one person using the service was not subject to DoLS. The DoLS are there to make sure people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

We identified one person receiving care needed to be considered for a DoLS Authorisation because they were subject to continuous supervision by staff. The person lacked capacity to decide on some aspects of their care. Their care plan stated they received two days respite care every week. The person could not freely leave the home unaccompanied during this period because of safety concerns, and therefore was under 'continuous supervision' for the duration of their stay. When we raised our concerns, the provider immediately applied for DoLS authorisation for this individual on the same day.

A relative of one person who used the service told us they were happy with the service. A healthcare professional said, "[person] refers to the service as a "hotel", which is wonderful. [Person] really enjoys going there and has a great relationship with support staff."

People receiving care were supported by staff who had the knowledge and skills required to meet their needs. We saw that staff had completed the Diploma in Health and Social Care at levels two and three. They had also completed training in areas relevant to their roles such as Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), epilepsy, challenging behaviour and medicines management. Staff told us that the organisation provided a good level of training in the areas they needed in order to support people effectively.

We also saw all staff had a Care Certificate. Staff had started training for the Care Certificate prior to its official introduction in April 2015 that all had gained a certificate by the time of this inspection. A Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The standards include, work on a person centred way, communication, privacy and dignity, health and safety, and fluids and nutrition. At this inspection we observed staff adhering to these standards as they provided care.

We spoke with staff and looked at their files to assess how they were supported to fulfil their roles and responsibilities. Staff received supervision once every three months and yearly appraisals. However, two staff had only worked for the provider for a year and were due for their appraisals. The registered manager showed us evidence she was planning to carry out the appraisals.

Staff were able to tell us about their responsibilities under the MCA and DoLS. They understood their obligations with respect to people's choices. Staff were clear when people had the capacity to make their own decisions, and told us that this would be respected. They knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. We saw when one person was not able to give consent staff talked to the person's relatives to get information about their preferences.

People were supported to get involved in decisions about their nutrition and hydration needs. One person was involved in shopping and helping with preparing meals. There was a choice of foods that suited the people's recorded needs and preferences. We looked at the menu and saw that there was a choice of main meals each day plus a selection of alternatives that were always available.

We saw that when there were concerns about one person's weight, dietary intake advice was sought from the relevant healthcare professional. At this inspection we saw there was an on-going investigation into one person's weight and a referral had been made to a dietitian.

People had access to a range of health care professionals. The registered manager told us staff accompanied people receiving care to some healthcare appointments if needed. Records were kept of medical appointments which included details of any follow up action required. These showed people had access to various health care professionals, including GPs and dietitians.

Good

Is the service caring?

Our findings

Staff understood the care and support needs of the people using the service. They told us about the people's life history, daily routines and preferences. A healthcare professional told us people were 'treated with dignity and respect.'

People were involved in decisions about their care. A healthcare professional told us, "[Person] receives a highly person centred care from the organisation." We saw that care plans were person centred and clearly showed input from people using the service, with support from their families. Staff were knowledgeable about the people's needs and were able to describe the care and support required.

People receiving care were encouraged to be as independent as they could. One person's support plan indicated, "[Person] needs support with all their personal care needs. Staff need to encourage [person] to be as independent as much as possible." We saw staff treated people with respect and in a caring, professional manner throughout this inspection. During a meal time we saw staff offering the people choices and listening to and respecting their responses. Staff always ensured people had sufficient time to make choices. We read daily log notes, and in one example staff had given a description about how the person had exercised their independence during an outing. They wrote, "[Person] went shopping and was able to select a dessert from two options. At the service check, [person] was able to put items in the bag."

People using the service or their representatives were involved in reviewing the care and support they received. The care plans we looked at included assessments of the people's health and social care needs, life history and information about their likes, dislikes, hobbies and interests. Staff were able to describe the care and support people required and demonstrated a good understanding of people's individual needs. A healthcare professional told us staff had always attended all meetings arranged for people and provided very useful contributions.

We saw staff treated people receiving care with dignity, which was also confirmed by healthcare professionals involved in care. Staff told us they knocked and waited for people to answer before they entered their rooms. Staff were seen to be polite and friendly when engaging with the people. We saw staff attended to people's needs and answered questions and explained what was happening in a patient manner.

Staff took people's religious and cultural needs into account. The care records templates had provisions to record information about religious and cultural needs to ensure they were responded to. Where this was not relevant, as was the case with the one person receiving care, there was evidence the provider had taken this into consideration.

Good

Is the service responsive?

Our findings

People who used the service were encouraged to lead an active social life that was individualised to their needs. At this inspection, one person using the service was out throughout the day attending college. The person was able to take part in individual activities based on their preferences.

We saw from records that prior to using the service, people's health and social care needs were assessed to ensure the service was appropriate and could meet their needs. The registered manager told us people visited the service before they started using the service to familiarise themselves with staff and also to ensure staff were aware of their preferences and routines.

Following assessments, care plans were developed outlining how people's needs were to be met. The care plan and other associated documentation such as risk assessments, contained detailed information about people, including their preferred routines. These were person centred and clearly showed the input from people using the service and their relatives. The care plans of people were kept under review and up-to-date to reflect their current needs. The registered manager told us, reviews and relevant meetings were co-ordinated by a case co-ordinator.

We saw from care records that there were clear guidelines for staff on how to support people as they wished. There was a one page profile, with information about people's preferences and personal histories. For example, the profile covered areas such as, 'how best to support [person]', 'what [person] likes' and 'behaviour issues to be aware of'.

People's views were taken into consideration and appropriate action taken to ensure the service was responsive to their needs. People and their relatives were regularly asked about how they felt about the service. Where people had raised their concerns, this was recorded along with suggestions for improvement. In one example, we saw that the provider had responded to the changes in the circumstances of one person's main carer by increasing days of respite care from one a week to two.

People receiving care were supported by staff to take part in a variety of activities. These included household chores and social outings. For example, we saw from records that one person was supported to do laundry, shopping, cooking, among other chores. The person was also supported by staff to go out for swimming, cinema, cycling, bowling and boat trips. A healthcare professional told us, "[Person] enjoys frequent opportunities to access preferred community settings. On occasions [person] experiences challenges whilst in the community. The staff team remain committed to providing community support despite these challenges."

The registered manager told us the complaints policy was included in the 'customer guide', which was given to families. The service had a complaints procedure in place. A pictorial version of the complaints procedure was displayed in the communal area of the home which helped to make it accessible to people using the service.

Staff knew how to respond to complaints and understood the complaints procedure. They were aware of their responsibility to report any complaints. At the time of this inspection there were no complaints recorded. The registered manager told us they had not received any.

Good

Is the service well-led?

Our findings

There was a registered manager at the home. Staff described the manager in complimentary terms such as, “Best manager I have ever had”, “You can be open and honest with her, and “She is open to any idea you might have about the service.”

The management structure provided clear lines of responsibility and accountability. The registered manager was line managed by the service director. We saw both had a regular presence in the home. They were readily available to staff and people using the service to answer any queries and provide support and guidance. The registered manager was also supported by a deputy manager, who was available for guidance and support when she was away.

The registered manager had a Level 3 Leadership of Health and Social Care Management qualification, and was in the process of completing Level 5 of the qualification. The registered manager demonstrated she was knowledgeable about the details of care. On occasions we observed her interacting with people using the service, which showed she had regular contact with people. A healthcare professional told us the service was ‘well-led and managed’.

Staff understood their right to share any concerns about the care at the home. The service had a whistleblowing policy. Whistleblowing is making a disclosure that is in the public interest. It occurs when an employee discloses to a public body, for example, the police or a regulatory body that their employer is partaking in unlawful practices. Staff were aware of when they would need to use the whistleblowing procedure. For example, they told us they would take it upon themselves to contact the local authority, CQC or any other relevant organisation if management staff did not take action in relation to concerns about people’s safety.

The provider had effective systems to monitor incidents and accidents at the home and ensuring any learning from them was implemented. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. For example, the service had identified the times certain behaviours that challenged the service were likely to be displayed by using learning logs. This was important for decisions about community outings, which led to improved behavioural strategies.

The manager told us that she was responsible for undertaking regular audits of the home. Records showed that the provider regularly carried out health and safety audits for the home which covered fire safety, electrical checks and temperature checks.

Records of people’s care showed that the provider worked well with partners such as health and social care professionals to provide people with the service they required. A healthcare professional told us staff had a ‘good relationship with the person they supported’.