







# Orione Care Sundial House

## Inspection report

Orchard Lane  
East Molesey  
Surrey  
KT8 0BN  
Tel: 020 8398 8620  
Website: [www.orionecare.org](http://www.orionecare.org)

Date of inspection visit: 23 October 2014  
Date of publication: 16/03/2015

### 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

The inspection took place on 23 October 2014 and was unannounced.

The service is a care home providing personal care and support for up to seven adults who have a learning disability, some of whom may also have sensory impairment or mental health conditions. There were six men living at the home at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us that they liked the staff that supported them and that staff were kind and helpful. They said that staff were always available to help them when they needed support and that they had good relationships with the staff. One person told us, "I get on well with them [staff]" and another described the staff as "Very good."

# Summary of findings

Relatives and advocates told us that their family members were very happy at the service and spoke highly of the staff team. One relative told us, “It’s wonderful. He couldn’t be in a better place”, and an advocate said, “The staff do a wonderful job” and “They have a very positive attitude towards advocacy.”

The provider had systems in place to help protect people from harm and to keep them safe. Risks to people had been assessed and their care was planned in a way that minimised the likelihood of harm and promoted their freedom and choice. For example one person travelled independently on public transport. Staff explained the measures that had been put in place to ensure that the person was supported to travel safely.

There were enough staff with appropriate skills and experience to keep people safe and to meet their needs. People told us that staff supported them to go out when they wished and to take part in activities. Relatives said that staff supported people to keep in contact with them regularly.

People were supported to maintain good health and to access healthcare professionals as needed. They were provided with a varied and balanced diet and their nutritional needs were assessed and monitored. People’s medicines were managed safely and appropriately.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered

manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Care plans contained mental capacity assessments and DoLS applications had been made to ensure that people were unlawfully not deprived of their liberty.

People received care which met their individual needs. They had opportunities to give their views about the service they received and to be involved in planning activities, contributing to the menu and commenting on their experiences. There was evidence that the provider had responded positively to the requests and suggestions people made.

We observed that staff were kind and caring and supported people in a way that maintained their privacy and dignity. Staff had positive relationships with the people they cared for which were based on trust and respect.

The service was well led, with an open and inclusive culture. Staff said the registered manager was approachable and supportive. Staff had opportunities to meet regularly as a group and told us that they worked well together as a team. People told us they would feel comfortable speaking to staff or the registered manager if they were unhappy about something.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and were confident with the way in which they were supported. The staff had a good understanding of procedures for safeguarding people and what to do if they felt someone was at risk of abuse.

Individual risks to people had been assessed. The provider had taken action to minimise the likelihood of harm in the least restrictive way.

There were enough suitable staff employed to keep people safe and meet their needs.

People received the right medicines to meet their needs in a safe and appropriate way.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were skilled and appropriately trained to meet their needs.

The provider had gained the consent of people who lived at the service before providing their care. The provider acted in accordance with legal requirements to ensure that decisions were made in people's best interests.

People were supported to eat a variety of and nutritionally balanced food and drink.

People were given the support they needed to maintain good health and had access to healthcare services as they required.

Good



### Is the service caring?

The service was caring.

People said they were treated with respect and that staff were kind and supportive.

People were involved in planning their care and told us they could have their say about the support they received.

Staff maintained people's privacy and dignity and respected their choices.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support that met their individual needs. People and their representatives were involved in developing and reviewing their care plans to ensure they reflected their needs and preferences.

People and their representatives had opportunities to give their views about the service they received. People and their representatives felt able to raise concerns and the provider responded appropriately to any issues people raised.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a positive culture which was open and inclusive.

Staff felt well supported in their roles.

There were systems in place to monitor the quality of the service and to address any issues identified.

Good



# Sundial House

## 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 checked 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 took place on 23 October 2014 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who accompanied us on this inspection had experience as a family carer of a person with a learning disability and had worked with people whose behaviour challenges services.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events that had taken place since the last inspection. The registered manager had 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.'

During the inspection we spoke with four people who lived at the service, who gave us their views about the care and support they received. We also spoke with four staff on duty, including the registered manager. We observed how people were being cared for and how staff interacted with people. We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and four records relating to this. We looked at three staff recruitment files, minutes of staff meetings and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as health and safety checks, surveys and feedback from family members and the provider's own audits of different aspects of the service.

After the inspection we spoke by telephone with three relatives and two advocates of people living at the service.

Our last inspection of the service was carried out on 24 May 2013 when all the standards we assessed were met.

# Is the service safe?

## Our findings

People told us that staff were always available when they needed them and that they provided safe care. They said that staff did not make them feel rushed when providing their care and kept them safe and comfortable when providing any personal care. One person told us “Staff are good, they always help me if I ask them to.” We observed during our visit that there were enough staff available to ensure that people were safe and that their needs were met.

Staff told us there were always enough staff on duty to meet people’s needs and to keep them safe. They said that they had access to additional support from the registered manager if required and to on-call support when the registered manager was not available. The registered manager explained how staffing numbers were calculated based on people’s individual needs. The registered manager was able to demonstrate that staffing hours were planned flexibly so that support was available when people needed it.

The provider had taken steps to help protect people from avoidable harm and discrimination. There were written procedures for safeguarding adults at risk. Staff told us they were aware of these and were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff were also aware of the provider’s whistle-blowing procedures, which enabled them to raise concerns if necessary. There was information about safeguarding adults on display and readily available for staff, people living at the service and visitors. Information had also been provided to people living at the service about what to do if they felt unsafe or at risk. People told us that they knew how to raise concerns if they were unhappy about their care. People said that they would feel comfortable speaking to a member of staff or the registered manager and were aware that they could contact people from outside the service if they needed to.

The provider had assessed the risks for each individual and recorded these. We checked a sample of risk assessments

and found that plans had been developed to support people’s choices whilst minimising the likelihood of harm. Staff were aware of people’s individual risk assessments and told us how they supported people to keep them safe. For example one person travelled independently on public transport. Staff explained the measures that had been put in place to ensure that the person was supported to travel safely and the action that would be taken if the person did not arrive at the expected time.

The provider had robust recruitment procedures, which meant that people unsuitable to work at the service were not appointed. We checked staff files and found that the provider had obtained a Disclosure and Barring Service (DBS) certificate, proof of identity and written references for each member of staff. We also found evidence that applicants had submitted an application form and attended a face-to-face interview. The manager told us that bank staff were subject to the same recruitment procedures as permanent staff.

People’s medicines were managed so they received them safely. People told us they had their medicines on time and when they needed them. They said they were able to request additional medicines, for example pain killers, if they needed them. There was an appropriate procedure for the recording, administration and disposal of medicines. All staff responsible for administering medicines had been trained and their competency had been assessed. Medicines were stored securely. We looked at the medicine administration records for people and found that these were clear and accurate. Audits were carried out regularly to ensure that medicines were managed appropriately.

The provider had appropriate procedures in place to manage emergencies, including the provision of alternative accommodation if required. Staff were aware of emergency procedures and drills were held regularly to ensure that procedures were followed correctly. People’s individual needs in the event of a fire had been assessed and the service’s fire procedures adapted accordingly.

# Is the service effective?

## Our findings

People received their care from staff who knew them well and who had the knowledge and skills to provide good quality care. People told us that staff knew their needs and how they preferred things to be done. For example people said that they knew how they preferred their care and support to be provided and were aware of their preferred daily routines.

Relatives and advocates told us that staff had a good understanding of people's needs. An advocate told us, "The staff have dealt with his feelings very sensitively because they know him so well." People benefited from a stable staff and management team at the service. The service had access to bank staff to cover any vacancies due to leave or sickness. This meant the provider did not have to employ agency staff who would not know people's needs.

Staff told us they received the training and support they needed to do their jobs and that they had access to good information about people's needs. The registered manager organised for all staff to undertake a range of training. There was a record to show that staff had been trained in a range of areas including safeguarding, medicines administration, health and safety and infection control. This meant that staff had the knowledge they needed to meet people's needs and provide good quality care. Staff also had an annual appraisal, at which they received feedback about their performance and had opportunities to discuss their training and development needs.

All new staff attended a formal induction and shadowed experienced staff and their skills before they worked unsupervised. The registered manager told us that all staff also had a competency assessment before their probationary period was completed. We met one member of staff who had recently joined the service. They told us the registered manager and other staff had been very supportive, offering them advice and guidance.

In addition to formal training staff met regularly as a team and individually with the registered manager. Team meetings were used to share information about each person and their wellbeing and to discuss any new guidance or changes in the service. Staff told us that these meetings were useful in ensuring people received their care

in a consistent way. There was a handover of information each day to ensure staff beginning their shift were up to date with any relevant information about people's needs or welfare.

People told us that staff asked them for their consent when they were supporting them. They said staff encouraged them to make decisions and supported their choices. We observed during the inspection that staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner. The registered manager told us that they had applied for a DoLS authorisation for some people as they were subject to constant supervision at the home. This meant that people's consent to care and treatment was sought in line with legislation and guidance.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us they liked the food at the service and that they were consulted about the menu. People said that evening meals were planned in advance but that they chose what they wanted for breakfast and lunch each day. They told us that this was a system they liked as they liked the flexibility of being able to choose what they wanted each day. People told us that they enjoyed eating out and that staff supported them to do this. We noted that staff encouraged people to make decisions about what they wanted for lunch. Staff also encouraged people to prepare their lunch independently and provided support if needed. People's nutritional needs had been assessed and recorded and where people had a particular dietary need a care plan had been developed to address this.

People were supported to maintain good health and had access to the healthcare services they needed. People told us they were able to see their doctor and other healthcare professionals when they needed to. They said that they

## Is the service effective?

were able to attend healthcare appointments independently if they wished but that staff supported them to do so if they wished. We saw evidence that people's healthcare needs had been assessed and that care plans had been developed to meet specific health needs. For example one person had been referred to specialist services to manage issues relating to their mental health.

We found that the outcomes of healthcare appointments were recorded and incorporated into people's care plans. A Health Action Plan had been created for each person and had been developed with their input. The Health Action Plans we checked contained clear, accessible information about people's healthcare needs and described the action necessary to ensure these needs were met.



# Is the service caring?

## Our findings

People told us that staff were kind and caring. They said they had good relationships with the staff. One person told us, “I get on well with them [staff]” and another described the staff as “Very good.” We observed during our inspection that staff supported people in a kind and respectful manner and were attentive to their needs. For example, we heard staff ask one person about their day when they arrived home and ask them what they would like to make for lunch. Staff were aware of people’s individual communication methods and we observed that staff were able to communicate effectively with the people they supported.

Relatives and advocates told us that people were happy at the home. One relative said of their family member, “He’s very happy there. He’s very contented” and an advocate told us, “It’s wonderful. He couldn’t be in a better place.” Relatives and advocates praised the staff and the support they provided to people. One advocate told us, “The staff do a wonderful job” and another said, “His keyworker is fantastic, it’s more than just a job for her. The other staff are equally as good.”

People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people’s choice, privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people’s needs in a discreet and private way.

We observed that people were encouraged by staff to make day to day decisions about their lives. People were also encouraged to maintain their independence and to develop new skills. For example, one person told us they were encouraged to bathe themselves and to make their own drinks and snacks. We observed staff caring for people in a kind and sensitive manner, ensuring their wellbeing and comfort. People’s movements were unrestricted and they were able to choose where they spent their time. There was a calm and respectful atmosphere and people were relaxed.

The provider had made available a range of information about the service for people and their relatives. Important information was displayed on notice boards and relatives told us they were kept up to date about events at the service. We read minutes of residents’ meetings and found that people were consulted about changes in the service, menu options and activities. Staff offered people choices and respected their wishes.

People’s personal care needs were met. Care plans included information about people’s preferences and showed they had been consulted about their care and treatment. People told us they could have baths or showers whenever they wished. People appeared well cared for, were wearing clean clothes and were appropriately dressed for comfort and the time of year.

# Is the service responsive?

## Our findings

People told us they were treated as individuals and able to make decisions about their care. One person said, “The staff talk to me about the support I need.” The registered manager told us that people’s individual needs were established during assessments before they moved to the service. We saw evidence of this. Assessments of individual need were detailed and included clear information about different aspects of people’s health and personal care.

Care plans gave clear instructions for staff on how to meet the individual needs of each person. The care plans were regularly reviewed, which meant that any changes in people’s needs were addressed quickly. There were systems in place to audit and check care plans and risk assessments to make sure these were up to date and relevant. People’s individual needs were discussed during the staff handover and people received care which was individualised and personal to them.

Relatives and advocates told us that people received good care and personalised support based upon their individual needs. They also told us that staff encouraged the people they supported to develop skills and to increase their independence. For example, staff had supported people to become more independent in planning and preparing their own meals.

Each person had an allocated keyworker, whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. People met with their keyworkers each month to review progress towards any goals identified and to seek the person’s views about their support. One of the advocates we spoke with highlighted the input of the keyworker in developing people’s skills. The advocate told us that the keyworker had used “Positive and innovative” approaches to support people and to enhance their ability to communicate effectively.

The provider made sure that the service was responsive to people’s individual needs. For example one relative told us the provider had responded to their family member’s communication needs by installing a minicom system, which enabled them to keep in regular contact by telephone. (A minicom translates speech into text and is a

communication aid for people with hearing loss.) People and their relatives told us that they were asked for their views about the care and support they or their family member received. They said that they were asked for their views formally at care plan reviews and that their opinions were reflected in the resulting care plans. They also told us that they were able to discuss the care they or their family member received at any time with the registered manager. They said that the registered manager listened to and valued their views.

People were supported to lead active social lives and to maintain contact with their friends and families. People told us that they were able to make decisions about which activities they took part in and that staff respected and supported their decisions. People told us that they could take holidays and that they were able to choose when and where they went.

People had access to a range of day opportunities that met their needs and reflected their preferences. Some people chose to attend the horticultural centre adjacent to the home or to take part in on-site arts and craft activities. Other people chose to attend resource centres elsewhere in the borough, for which staff arranged transport. Staff had supported one person to obtain employment.

Relatives told us that staff communicated with them well and kept them up to date about events affecting their family member. They said they were invited to reviews and encouraged to give their views about the care their family member received. Relatives and advocates told us the registered manager and staff valued their input and suggestions to improve the service people received. One advocate told us, “I have a very good working relationship with them. They have a very positive attitude towards advocacy.”

There was an appropriate complaints procedure, which was available in a range of formats to ensure that it was accessible to people. People told us they knew how to make a complaint and felt they would be listened to if they had any concerns. Relatives and advocates told us that they had regular contact with the registered manager and that the registered manager had responded appropriately if they had raised any concerns on behalf of people. Complaints and the action taken to investigate them had been recorded. There was evidence of learning from complaints and concerns, for example through discussions at team meetings and changes in procedures. Where an

## Is the service responsive?

incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to be taken to prevent a recurrence.

# Is the service well-led?

## Our findings

People told us they felt the service was well managed. They said that the registered manager was available when they wanted to speak with them and that she listened to what they had to say. People told us that staff encouraged them to speak out if they were unhappy about something. We observed staff listening to people and responding to their concerns, recognising that what people had to say was important.

Relatives, advocates and staff spoke highly of the registered manager. One relative told us, “She does a very good job. She’s always been available if I’ve needed to speak to her” and an advocate said, “It’s extremely well run.” Staff told us they were confident the service was well managed and that the registered manager was approachable and supportive. The manager told us that the provider adopted a ‘no blame’ culture in which staff were encouraged to learn from incidents.

The provider and registered manager promoted a positive culture that was inclusive and enabling. Staff were aware of the values of the service and promoted them in their work. For example ensuring that people were treated with dignity and respect and that the service they received reflected their individual needs. Staff told us that the importance of maintaining the values of the service was discussed at team meetings.

People and their representatives told us that they were able to contribute their views about the service. The provider asked people and their relatives to complete annual satisfaction surveys. The registered manager analysed the responses to the surveys and used the information to help with developing an improvement plan. Staff told us that they were encouraged to contribute their ideas about how the service could be improved. They said that their ideas were listened to and considered. The registered manager told us that support was available to her from the provider and that the provider worked with the service to promote good quality care.

The registered manager maintained an effective system of audits on key aspects of the service such as regular checks on infection control, fire safety, audits of accidents and checks on record keeping. The provider also carried out regular quality audits at the home and produced reports of their findings. The registered manager produced an action plan to address any areas for improvement identified in the provider’s report.

The registered manager had notified the Care Quality Commission (CQC) of significant events at the home, in line with the requirements of registration. The registered manager completed the provider information return (PIR) document which informed CQC how the service was meeting the needs of people who lived at the home. The PIR set out how people were supported to make decisions and to give their views about the service.