

# Sunrise Mental Health Ltd

## Bloomfield Rd

### Inspection report

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Date of inspection visit:  
27 February 2020

Date of publication:  
07 May 2020

### 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

### About the service

Bloomfield Road is a residential care home that provides accommodation and personal care support for up to five adults with mental health needs. At the time of our inspection five people were using the service.

People's experience of using this service and what we found:

The service took an active role in supporting people re-establish and build relationships which mattered to them. People received support to achieve positive outcomes and maintain their mental wellbeing and move onto independent living. People were supported to achieve their goals and gain control of their lives. The service met people's communication needs.

People were safe at the service. There were systems and processes to safeguarding people from abuse; and staff knew the procedures to follow to report any concerns of abuse. People's needs were met by enough numbers of staff who had undergone safe recruitment checks. Risks to people were managed effectively to reduce harm. Medicines were administered and managed safely, and records were maintained. The environment was well maintained, and clean. Staff followed good infection control procedures. There were systems in place to learn lessons when things go wrong.

People's care needs were assessed in line with recommended guidance, and their support planned and delivered in a personalised way. Care plans were developed with the involvement of people and relevant professionals. Regular reviews took place to ensure support delivered to people met their needs. People's nutritional and dietary needs were met. People received support to maintain good health; and staff worked effectively with health and social care professionals.

Staff were trained, supervised and had the skills and knowledge to meet the needs of people they supported. There were suitable facilities available for people to use. Staff supported people to express their views. People were encouraged to follow their interests, develop daily living skills and encouraged to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People knew how to make a complaint if they were unhappy with the service. The views of people, relatives, staff and professionals were sought and used to develop the service. The quality of the service was regularly assessed and monitored to drive improvements. The service worked in partnership with external organisations to develop and improve the service.

You can read the report from our last comprehensive inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection and update:

The last rating for this service was Good (published 22 September 2017). At this inspection the service remained Good overall.

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bloomfield Rd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Bloomfield Road Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The inspection site visit took place on 27 February 2020.

#### What we did before the inspection

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We received feedback from a member of the local authority commissioning team.

During the inspection we spoke with three people using the service, a care coordinator, the registered manager, operations manager and operations director. We reviewed three people's care records and

medicine administration records for four people. We reviewed three staff member's recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

After the inspection, we received feedback from one relative; and we spoke with the home manager and three support workers.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe at the service. One person said, "I am very safe here." A relative told us, "Yes, I do think that my relative is safe at this care home. As far as I am aware, there has never been any concerns about their safety."
- Staff had received training in safeguarding adults from abuse and knew actions to take to protect people including reporting to the registered manager and whistleblowing to external organisations if concerns were not addressed by the registered manager.
- The registered manager understood their responsibilities to safeguard people from abuse including notifying CQC of any safeguarding concerns. The registered manager had followed their local authority safeguarding procedures to address a recent incident.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks and their health and safety maximised. Risks to people were assessed and management plans were devised to promote their health and safety. Risk assessments covered people's physical health conditions, mental health conditions, behaviours, accessing the community and completing activities of daily living.
- Risk management plans were in place to support people. The input of relevant health professionals was sought in the assessment process and in developing risk management plans. Indicators and signs to recognise when people's mental health was deteriorating were included in their care plans to ensure staff were aware. There was guidance available to staff on actions to follow to manage crisis where required.
- Care plans were reviewed and updated regularly to ensure they reflected people's conditions and risks.
- The health and safety of the environment and equipment was well maintained. The risk of fire was assessed, and actions identified had been addressed. Weekly fire alarms tests took place to check that the alarm system was working properly. Regular fire drills took place so staff could practice evacuation procedures. We saw valid certificates for legionella, gas safety, electrical safety and portable appliance tests.

Staffing and recruitment

- The service maintained sufficient staffing levels to meet people's needs safely. People told us staff were always around to support them.
- Staff told us they were enough to support people safely. One staff said, "There is usually two staff during the day and one staff at weekends. But you are never really on your own because there is support anytime you need it. If we need extra staff because of activities on something going on, we speak to the registered manager and she sorts something out for us. I feel comfortable and safe when I'm working."

- Staffing levels were planned based on people's needs, and activities of the day. If people's needs changed, staffing was adjusted to meet their needs. The provider had pool of staff who were willing to cover absence or shortfalls. The registered manager also covered shifts if needed.
- The provider continued to follow safe recruitment process to ensure people were supported by staff who were fit and safe to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

#### Using medicines safely

- People received their medicines safely. Staff were trained in the safe administration and management of medicines.
- People's medicines were stored safely in locked cabinets in people's rooms and the room temperature was monitored to ensure they were within the recommended temperature for storing medicines.
- Medicine administration records (MAR) we checked were completed correctly. Record were kept when people had their monthly injections and when they were due for blood tests.
- There were systems in place for receiving medicines into the home and for returning unused medicines. Staff carried out regular checks and audits on medicine stocks to identify any errors and took appropriate action if any were found.

#### Preventing and controlling infection

- The home was clean and free from unpleasant smell. There were handwashing facilities in the toilets. Staff had received training in infection control and food hygiene. Staff knew to use personal protective equipment (PPE) such as gloves and aprons where required.

#### Learning lessons when things go wrong

- Staff used the systems available to report incidents and accidents. The registered manager told us staff kept them updated about any incident whether minor or serious and they reviewed them and took actions to reduce the risk of a repeat. Handover meetings and team meetings were used to share learning with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice guidelines. The registered manager carried out an assessment of people's needs before they came to stay in the home to ensure they could meet their needs.
- Assessments covered various areas of people's needs including mental health, physical health, behaviour, activities of daily living, social contacts and interactions. Relevant professionals such as psychologists, psychiatrist, occupational therapist and the mental health team were involved in assessing people's need where appropriate.

Staff support: induction, training, skills and experience

- Staff were trained and had the experience and skills to support people appropriately. Staff told us and records confirmed that staff received training, to be effective in their roles. Staff felt confident and supported in their roles. One staff member told us, "I have done a lot of training. We do training sessions as a team to discuss various areas. We have done mental health training and challenging behaviour. Before I started working with Sunrise, I did not have any experience about mental health conditions but now I have some knowledge and can support service users."
- Staff received regular supervision to be effective in their roles and supervision meetings covered people's well-being, health and safety concerns and other matters relating to service delivery. Appraisals were conducted annually where staff received feedback on their work performance. Training needs were also discussed with staff during supervision and appraisal meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and dietary needs were met. People's care plans included information about their individual dietary needs and requirements. People shopped and cooked for themselves as they wished, and staff supported people to prepare their meals where this was required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's day to day healthcare needs were met by a range of healthcare professionals such as GPs, dentists, opticians, psychologists, psychiatrists and community mental health nurses. Staff reminded people of their appointments and where people needed support from staff to attend these appointments, staff accompanied them. One care coordinator we spoke to told us staff liaised with them effectively and shared any concerns they may have about people's conditions promptly.
- Each person had a personal profile which contained personal information about them, their medical history and support requirements. These were shared with relevant professionals with the consent of people

when they move between services.

Adapting service, design, decoration to meet people's needs

- The home was designed and decorated to meet people's needs. Each person had their own room which they decorated to their preference and taste.
- There was a communal lounge for people to socialise and relax. There was a self-contained annexe at the back of the main house which was used as step-down accommodation to prepare people for independent living.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to their care and treatment before it was delivered. The registered manager and staff understood their responsibilities in enabling people to make their own decisions. At the time of our inspection no one was considered as lacking capacity to make decisions and no one needed a restriction on their freedom. People went out and returned to the home as they wished.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind to them. One person said, "They [staff] are very nice to me, without them I would not have been here today." Another person said, "They [staff] are really nice, they are like my friends." One relative commented, "The staff are very caring and respectful."
- Staff spoke to people respectfully and politely. People were relaxed with staff and chatted with them freely and staff listened with interest. We heard staff ask people how their day has been, and staff accompanied one person who was getting bored out for a walk to catch some fresh air.
- Staff knew people well and what could trigger a change in mood. They were sensitive about mental health and emotional needs and took steps to avoid upsetting people or triggering a relapse.
- People's cultural, religious and other protected characteristics were respected and promoted. Care records detailed people's backgrounds and included their protected characteristics such as religion, culture, ethnicity, sexuality and disability.
- People were supported to follow their religious beliefs and maintain their cultural practices. People went to places of worship of their choice. People prepared their cultural/ethnic food; and we saw people dressed in their cultural attire.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express themselves and make decisions about their day-to-day care. People did the things they wanted to do, went out and returned freely. They choose how they spent their time, what activities they did and who they spoke with; and staff respected people's decisions and choices.
- People were supported to express their views about their care. Relatives and professionals were involved where people had requested support at meetings or in decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. People had keys to lock their rooms if they wished. We saw staff knock on people's doors before entering. Confidential and personal details about people were discussed in private rooms to maintain confidentiality.
- People were supported and encouraged to develop skills and become more independent. People prepared their meals themselves, did their shopping and laundry. Care plans identified people's potential to move on to semi-independent living accommodation and staff worked with them to achieve goals identified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service took an active role in building and reconnecting people to relationships which mattered to them. Two people told us of how the service had facilitated and supported them to reconnect to their loved ones.
- The service had assessed and found that supporting people reunite with their loved ones would have positive impact on their well-being. They liaised with the mental health team and social services to re-establish a relationship between the individuals and their loved ones. The service achieved this by setting person centred goals with individuals, supporting them to achieve their goals which included maintaining their health and well-being and participating in activities. One of the individuals told us, "I have my family and can visit them, it means so much for me, I have been so much happier." We saw a report from a healthcare professional involved in one of the individuals care that confirmed that the person had made significant improvements since they started living at the service.
- The service supported people to sustain relationship which mattered to them. Staff supported people to arrange activities they could do together with their loved ones when they visit to make their time together fun and memorable. They supported people to arrange visits to the cinema, shopping trips and games they could enjoy together. The person told us, "Without staff I won't be here today. They have done so much for me. I am very happy." They showed us pictures of themselves and their children together during a visit.
- People were supported to do the things they enjoyed and to follow their interests. People engaged in educational and work programmes they were interested in. One person was studying an educational programme and had a paid job. Two other people volunteered in a charity shop. They told us they enjoyed it. People also participated in social and leisure activities of their interest such as visits to libraries and trips to places. We saw people go out to the local community as they wished.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service supported people in a person-centred way. People told us their individual needs were met at the service. One person told us, "The staff know how to support me. They have supported me to feel better, I now go out every day to do things." A relative said, "The service and staff are very responsive to the needs of my relative and they do understand her condition well and her requirements."
- People were supported to maintain their physical and mental wellbeing. For example, one person had gained excessive weight which affected their physical health, self-esteem and confidence and their ability to carry out daily activities. Staff agreed a plan with the person and supported them to make positive lifestyle

choices including undertaking regular exercise and following a healthy eating plan. This had enabled person to attain a healthy weight which had improved their physical health and self-confidence. It also improved their mental wellbeing and independence. For example, they now lived in the step down/ semi-independent part of the home while waiting to move to independent living accommodation.

- Each person had a care plan which contained detailed information about their individual needs such as those relating to their mental and physical health, interests and goals they wanted to achieve. Care plans were developed in line with the care programme approach (CPA) and they provided information to guide staff on the best possible ways to support people with their mental health needs. CPA is a framework used to assess and coordinate the needs of people using mental health services.
- Care plans were reviewed and updated as required to ensure they continued to reflect people's needs. Regular key-work sessions (meetings between people and staff responsible for supporting them) took place to discuss concerns people may have. CPA reviews took place to discuss people's care, progress and support required.
- Staff understood people's needs and how to support them. One member of staff told us, "We have regular meetings to discuss people's needs including their relapse indicators and how to support them. These help us identify early when someone may be relapsing and so take the right steps to support them." A visiting professional we spoke to told us, "The service is focused on achieving positive outcomes for people and help them maintain their mental health."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met communication needs in line with the Accessible Information Standard.
- Adequate arrangements were in place to support people who were non-English speakers to communicate and express their views about their care. For example, interpreters were involved to interpret and support with communication during meetings. The service had also supported the people to improve their English language skills by supporting them register for lessons. The service also employed a staff member from people's ethnic backgrounds to work with them to aid with communication. We saw staff an application on their phones to learn basic words to communicate where they had difficulty communicating with people due to language barrier.
- The registered manager told us if people needed information in various formats and languages, they would provide it.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to express their concerns or make a complaint about the service. One person said, "I will speak to the [Registered manager] if I have concerns or I will contact my care coordinator." There was a complaint procedure in place. The registered manager understood their responsibility to respond appropriately. There had not been any complaints since our last inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The service was focused on achieving good outcomes for people and maintaining their mental health. People told us they received the support they needed to maintain and improve their well-being. One person said, "I have been very well since I came here. I do a lot of things now." Another person told us, "I have improved so much since I started staying here. I used to go in and out of hospital, but I have been so much stable that I now work, go to school."
- Staff had the training and support to meet people's needs. Staff understood their roles and knew the conditions of people and how to support them. A support staff said, "We are supported by the registered manager to work with people and support them achieve their goals. It is not easy, but we try our best and it gives me satisfaction to see people improving and doing better. I guess that's the reward of the hard work."
- The registered manager understood and acted on the duty of candour. They knew their responsibility to share information appropriately and to be open when things went wrong including carrying out investigations and ensuring lessons were learnt from them.
- Staff also confirmed they were encouraged to raise any concerns they may have to the registered manager or to higher authorities. A relative commented, "The management of the service is very good and have been impressed by the way they have managed the care home. They are very open and honest and very supportive."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and responsibility in providing effective care to people. The registered manager complied with the requirements of their Care Quality Commission (CQC) registration including submitting notifications of significant events at their service. They also displayed the last CQC inspection rating of the service at the location and on the provider's website.
- The service had systems in place to regularly assess and monitor the quality of service provided. Audits conducted included care records, staff files, health and safety checks, environmental checks, medication audits and infection control.
- The registered manager had oversight of the service and assess the quality of the service on an ongoing basis. They carried out regular spot checks and spoke to people to find out their views about the service.

Satisfaction surveys were also used to capture the views of people, their relatives, staff and professionals about the service. The responses from a recent survey were all positive.

- Regular meetings took place with people and staff. These meetings were used to get feedback from people and staff about the service and to consult and update people about the service. Meetings were also used as training sessions and to share best practice.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had links with the local community and worked closely with the service commissioners, healthcare services including mental health services, charitable organisations and advocacy services.
- Professionals we contacted told us the registered manager liaised effectively with them to meet people's needs.