

## Sunrise Mental Health Ltd

# Eglington

### Inspection report

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Date of inspection visit: 9 December 2015  
Date of publication: 18/02/2016

#### 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 9 November 2015 and was unannounced. This was the first inspection at the home.

Eglington provides accommodation and personal care for up to six people with mental health needs. On the day of the inspection there were 5 people using the service.

There was 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.

People told us they felt safe and staff treated them well. People were involved in their care planning where possible. Medicines had been managed appropriately. Equipment had been serviced on a regular basis to ensure that it remained suitable for use. Care plans were reflective of people's individual care and preferences. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. Care plans were reflective of people's individual care and

# Summary of findings

preferences. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes. People had access to a range of healthcare professionals when required. People were supported to have a healthy and balanced diet.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff encouraged people to be as independent as possible. For example to brush their hair or put their laundry away.

Staff had undertaken mandatory training which included safeguarding, mental capacity, health and safety and medicines administration.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate

recruitment checks took place before staff started work and there were enough staff on duty and deployed throughout the home to meet people's care and support needs.

Staff treated people with empathy and compassion; while respecting their privacy and dignity. Each person had key worker assigned to them to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care.

People told us that both the registered manager and the provider were always available and could approach them at any time. Systems were place to monitor and evaluate the quality and safety of the service. However, these were not always used effectively to ensure staff had received up to date refresher training.

# 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 staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

Appropriate recruitment checks took place before staff started work.

There were enough staff deployed to meet people's needs.

Good



### Is the service effective?

The service was effective

Staff had undertaken mandatory training.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People enjoyed nutritious and varied meals and were supported to eat them.

People had access to healthcare when they needed it.

Good



### Is the service caring?

The service was caring

Staff delivered care and support with compassion and consideration.

People were treated with respect and their dignity was protected.

Staff encouraged people to be as independent as possible.

Good



### Is the service responsive?

The service was responsive

Staff were knowledgeable about people's support needs and their preferences in order to provide a personalised service.

There were a variety of activities on offer that met people's need for stimulation.

People knew how to make complaints and were confident that their complaints would be fully investigated and action taken if necessary.

Good



### Is the service well-led?

The service was well-led

The provider was not monitoring all refresher training for staff.

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the provider were supportive.

Good



# Summary of findings

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

# Eglington

## 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 unannounced inspection took place on 9 December 2015. The inspection team on the day consisted of one adult social care inspector and one 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 service is registered to provide accommodation and care for up to six people. At the time of this inspection the home was providing care and support to five people. We spent time observing the care and support being delivered. We spoke with two people using the service, three members of staff, the provider and the registered manager. We reviewed records, including the care records of the five people using the service, five staff members' recruitment files and training records. We also looked at records related to the management of the service such as policies, staff rotas and checks on premises and equipment at the service.

During the inspection we looked at other records held by the provider. These included quality audits, accident and incident records and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service and felt well cared for. One person said “The staff are brilliant, staff treat me well. They help me make dinner; yes I do feel safe here”.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for.

There was a calm and peaceful atmosphere throughout the home and we noted that people were relaxed and comfortable. A signing in book was in use in the office area; to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

Assessments had been made about physical and environmental risks to people's safety. We saw risk assessments were in people's care files and included risks to themselves in relation to smoking, self-harm, self-neglect, diet and weight, substance misuse, non-compliance with medicines and mental health relapse. We saw that people's care plans included information for staff on how to support people appropriately in order to minimise the risk to them. Risk assessments were reviewed on a regular basis by the registered manager.

Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid training. The provider had carried out regular weekly fire drills to ensure premises conformed to fire safety standards. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date. Accidents and incidents involving the safety of people using the service were recorded and acted on appropriately.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before

staff started work for the service. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

One member of staff told us that they didn't use agency staff and the continuity of 'Seeing the same staff everyday helped people to feel safe and secure. There were enough staff deployed to meet people's needs and we saw requests for assistance for assistance were met promptly during the inspection. We observed staff had time to talk to people and accompanied them to activities or to the shops on either a group or one to one basis. One person told us “There are enough staff to meet my needs. Day and night staff are very supportive”.

Medicines were stored and administered and recorded appropriately and the service carried out a weekly audit to identify any shortfalls which might compromise safety. People's photographs were used on medicine administration records so that staff could identify the correct person to receive their medicines. The majority of people had their medicines administered; one person was supported to take their medicines safely and, there was a risk assessment in place. This person told us “Staff bring the medication from upstairs to downstairs (to person's bedroom) I get my medication on time.” Staff authorised to administer medicines had been trained.

The Medicine Administration Records (MAR) were up to date and the amount of medicines administered was clearly recorded. We saw that the local pharmacist carried out medicines audits at the home every four weeks to check that there were no shortfalls which might compromise safety and check to ensure that the correctly prescribed and dose of medicine is administered. We saw records detailing medicines being returned to the pharmacist by the service.

# Is the service effective?

## Our findings

We saw staff had undertaken mandatory training. This included safeguarding, mental capacity, health and safety and medicines management.

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for all staff that had completed one year in service and specific learning and development needs had been discussed at appraisals. For example a member of staff had wanted to undertake an additional qualification in challenging behaviour and we saw the staff member had been supported to access this course. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One person told us "I get a lot of encouragement and they (managers) appreciate how hard I work".

We saw that people's care plans included information about their diet and nutritional needs, likes, dislikes and food preferences. People told us that they took turns cooking for themselves and the other people who used the service. They cooked a range of range of meals that were enjoyed by everyone in the home. One person told us "The food is nice; we start dinner at 4pm, the food nutritious". Another person said "I like cooking and cook for a lot of people, I cook lasagne, chicken and eggs".

On the day of the inspection we saw one person being supported by a member of staff to cook bacon and eggs. The support staff offered to people was unrushed and interactions were friendly and caring.

We saw some people had attended "A taste of health" cookery course run by the local authority.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the home was currently subject to a DoLS authorisation. One person told us "My freedom is not restricted here".

Records showed that people had access to a range of healthcare professionals in order that they maintain good health. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals. Records in care files showed that people using the service had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as GPs, dentists and opticians when required.

# Is the service caring?

## Our findings

People told us that the service was caring and staff treated them in a dignified manner. One person said “Staff are very kind and caring”. Another said “Staff respect my privacy, staff are very patient and give me enough time to make decisions”.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. Staff protected people’s privacy and dignity throughout the inspection. We saw staff knocked before entering people’s rooms and talked to people about what they would be doing when they supported them. One person told us “Staff respect my privacy; staff are very patient they give me enough time to make decisions”.

People using the service told us they had been consulted about their care and support needs. The manager showed us that people’s care files recorded the regular meetings they had with their key worker and care co-ordinator to discuss and put any necessary changes in place. For example, when one person was preparing to move out of the home and live independently. We saw people had regular meetings with the Care Program approach (CPA) which is used to plan people’s mental health care.

The atmosphere throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. We saw people were well presented and looked clean and comfortable. We saw staff and people who used the service engaged in conversations that were relaxed and friendly and staff worked calmly when offering support to people, taking their time and offering encouragement.

People were encouraged to be independent where possible. Throughout the course of the inspection we observed people being supported with activities of daily life, with decreasing levels of support from staff in order to help prepare them for independent living. For example, shopping and cooking for themselves, independently travelling to attend activities and managing their finances. One person told us “I am ready to move into my flat, there is a meeting today about it

Staff demonstrated that they knew people as individuals and they understood the best ways to communicate with different people. Staff gave reassurance and provided distraction when people became agitated. Care plans contained guidance to staff about how each person communicated and this information was followed in practice so that people were supported to interact.

Staff told us and we saw that they promoted people’s independence by encouraging them to cook for themselves, brush their hair and put their laundry away.

People were supported to see relatives and friends. Staff said that visitors could come at any reasonable time. One person told us “You can have visitors; I’ve seen my dad twice at his house”.

People were given information about the service. We saw people were provided with appropriate information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home.



# Is the service responsive?

## Our findings

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. Records showed that people were assigned keyworkers to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care.

We saw care files included support plans, care plans and risk assessments. Care plans were reviewed on a monthly basis and were agreed and signed by people who used the service. . We looked at five people's care files and saw their health care and support needs had been assessed before they moved into the home. People's records were person centred and identified their choices and preferences. For example, the activities people liked to do and what they favourite foods were.

Care plans documented clear guidance for staff on how people's health needs should be met. We saw people were involved in the planning of their care, and that their key workers, care coordinators and

relevant healthcare professionals were involved in the care planning process. One relative commented in a feedback questionnaire that "When my relative needed to see a dentist, staff did everything possible to get them to see the dentist promptly as possible".

People's care plans also contained some details relating to their preferred social activities and personal history. Staff we spoke with demonstrated a good knowledge of people's preferences within their daily routines. For example what

time they preferred to wake up. People's religious needs and preferences had been recorded in their care files. Staff told us they some people attended church on a Sunday, this was recorded in their care plans.

People were supported to follow their interest and take part in activities. A range of personalised activities were offered and people who used the service attended these on a daily basis. This included horse riding, line dancing, cooking clubs, swimming, exercise classes and going to the gym. People also went on regular outings to the theatre, to farms and to Southend. The provider told us that a two day cruise was being planned for people to go in 2016. One person told us "I'm involved in social activities every day, I do keep fit, go to the gardening group and the horse riding group".

We saw that the garden had a large comfortable open wooden shed that people could use to smoke if they chose to.

We saw the service had a complaints policy in place and the procedure was on display on a noticeboard for people within the home should they need to raise concerns and people had a copy of the complaints procedure in the service user guide. Although the home maintained a complaints folder they had not received any complaints to date, however if they did the manager said they would follow the complaints process to investigate the matter.

We saw that regular residents' meetings were held to provide people with an opportunity to air their views about the service. Minutes of these meetings showed they were well attended and that people engaged with the process and their suggestions had been actioned. Items discussed included menus, activities and a request for a DVD player to watch Christmas films.

# Is the service well-led?

## Our findings

The provider had systems in place to monitor the quality and safety of the service. Records demonstrated regular audits were being carried out at the home. These included medicines administration; environmental health and fire safety audits. For example a person's bed rail had snapped. Action was taken the same day to have the bed frame replaced.

The home had a registered manager in place who was supported in running the service by the provider. There was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it.

Staff told us they were happy and fulfilled working in the service and spoke positively about the robust leadership which was receptive to staff input. Staff said that the managers were really supportive and they operated an open door policy. One member of staff said "The managers are amazing, I can talk to them. If I need support I get it" Another said "Both the managers are hands on and I can go to them with anything". Staff also that managers were always around and available and they could approach them at any time. Staff felt there was a culture of openness and honesty in the service and they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Staff we spoke to told us that the home's ethos and vision was to enable people to move on to living independently. One person told us "I miss people when they go on to live by themselves but they are ready to move on" and "we work well as a team preparing people to move on".

Staff attended handover meetings at the end of every shift. Regular staff meetings took place with minutes of these meetings confirming discussions around areas such as medication audits, the whistleblowing policy and ensuring people who use the service's rights are always upheld handover procedures and people who will be leaving the service to live independently. One member of staff told us "I benefit from staff meetings, I'm learning all the time". These meetings kept staff informed of any developments or changes within the service and staff were supported in their roles. Staff told us their views were considered and responded to. For example, a blackboard to write down the evening meal for the day was purchased for the kitchen following staff feedback.

We saw that the home also carried out annual residents and relative survey for 2015, however, the feedback had not been analysed as the survey had been undertaken very recently. Overall the feedback received was positive. The provider told us they would use the feedback to make positive changes.