

Moonesswar Jingree Sunlight House

Inspection report

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Date of inspection visit: 6 June 2015

Date of publication: 22/07/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 6 June 2015 and was unannounced.

At the home's last inspection on 24 July 2014, we found the service was in breach of the regulations in respect of staff training and the lack of guidance in care plans to enable staff to appropriately manage risks people might face. We asked the provider to take action to make improvements. We went back to the service on 6 June 2015 to check that improvements had been made and found these regulations had been met.

Sunlight House is a care home that provides accommodation and personal support for up to four people. The home specialises in supporting people with a past or present experience of mental ill health or learning disabilities. The care home also caters for people with a visual impairment. There were four people using the service when we visited.

The home is owned by an individual who is the registered provider. A registered provider is a person who has registered with the Care Quality Commission (CQC).

Summary of findings

Registered providers 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.

We found staff regularly failed to sign for medicines they had administered on behalf of people using the service. This failure might have put people at risk of not receiving their prescribed medicines at times they needed them. The provider had established systems and processes to monitor the safety and quality of the service provided at the home. However these were not always effective. This meant errors were not always identified quickly and appropriate action taken in a timely way to rectify and learn lessons from mistakes made. These were breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives told us Sunlight House was a safe place to live in. Staff had refreshed their training in safeguarding adults at risk since our last inspection and knew how and when to report their concerns if they suspected someone at the home was at risk of abuse or neglect.

Where risks to people had been identified because of their circumstances and specific needs, there was guidance for staff on how to minimise these in order to keep people safe from injury or harm in the home and wider community. Regular maintenance and service checks were carried out at the home to ensure the environment was safe.

People said they were happy living at the home. They told us staff looked after them in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were respected.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of

their choosing. People said they felt comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints, appropriately.

People were supported to keep healthy and well. Staff ensured people were able to promptly access healthcare services when this was needed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Consent to care was sought by staff prior to any support being provided to people. Care plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. People's beliefs and values were respected. Care plans gave guidance and instructions to staff on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

There were enough staff deployed in the home to care for and support the people who lived at Sunlight House. Staff were more knowledgeable about the individual needs and preferences of people they cared for. Staff had a good understanding and awareness of people's needs and how these should be met. Staff also felt supported by the registered provider and had opportunities to share their views and ideas about how people's experiences of using the service could be improved.

The registered provider understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. The registered provider demonstrated a good understanding of their role and responsibilities, and staff told us they were always supportive and fair.

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?

We found that action had been taken to improve safety in the home, but some aspects of the service remained unsafe.

Medicines were not always managed safely because staff frequently failed to sign for medicines they had administered. This meant it was not always clear whether people had been given their prescribed medicines at times they needed them.

People told us they were safe at the home. Staff now understood what abuse was and knew how to report it. Arrangements to identify risks had also been improved and appropriate steps taken by staff to keep people safe and mitigate the hazards they might face. The provider effectively monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

There were enough staff to meet the needs of people using the service.

Requires improvement



Is the service effective?

The service was effective.

Staff were suitably trained and knowledgeable about the support people required.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered provider and staff were aware of their responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care.

People received the support they needed to maintain good health. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care and support. Care plans provided staff with clear information and guidance about how to meet people's individual needs and preferences. Staff were aware of what mattered to people and ensured their needs were met.

Staff supported people to develop and maintain their independent living skills.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans developed and reviewed with their involvement. Care was person centred and focussed on what was important to the individual and how they wanted to be supported.

People were supported to access fulfilling social, educational and vocational activities in their local community which were of interest to them.

There were systems in place to deal with complaints. People felt comfortable talking to the registered provider or other staff if they had a concern and were confident it would be addressed.

Good



Is the service well-led?

The service was not always well-led.

Although there were systems to assess the quality of the service provided in the home we found that these were not effective. The systems used had not ensured that people were protected against receiving inappropriate or unsafe care and support.

People spoke positively about the registered provider and how they ran the care home in an inclusive and transparent way.

Requires improvement



Sunlight 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.

This inspection was carried out by a single inspector on 6 June 2015 and was unannounced.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 our inspection we spoke with all four people who lived at the home and a visiting relative. We also talked with the registered provider and two support workers.

We looked at various records that related to people's care, staffing and the overall management of the service. This included four care plans, four staff files, and other records relating to the management of the service, such as medicines administration record (MAR) sheets.

Is the service safe?

Our findings

People were not protected against the risk associated with medicines because staff did not always maintain accurate medicines records to show whether people received their medicines as prescribed. Ten medicines administration record (MAR) sheets we examined contained a large number of omissions where staff had failed to sign for medicines prescribed to be administered to people.

Although we saw information about the use of ‘as required’ medicines was available in the home, it did not provide staff with enough detailed guidance about when they should consider administering this type of behavioural modification medicines. We discussed this issue with the registered provider who agreed to provide staff with more detailed guidance about when and how they should administer ‘as required’ medicines on behalf of the people using the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines as prescribed. One person said, “The staff always make sure they give me my tablets before I go out.” We saw medicines were kept safely stored away either in a locked medicines cabinet or in people’s bedroom for those who managed their own medicines. Each person had a profile which explained what their medicines were for and how they were to be administered. Records showed us all staff responsible for the management of medicines in the home had received up to date training regarding the safe handling of medicines.

On 24 July 2014 we inspected the service and identified two breaches of the regulations with regards to staff’s understanding of how to respond to abuse or neglect and the lack of guidance in care plans about how staff should be supporting people to manage identified risks. This meant people were placed at risk of abuse and/or harm. The provider sent us an action plan telling us they would ensure all staff refreshed their safeguarding adults training and risk management plans were updated by June 2015. During this inspection we found the service had taken appropriate steps to meet their action plan and to protect people.

People told us Sunlight House was a safe place to live. One person said, “I’ve always felt safe living here”. Two other

people mentioned talking about abuse and what to do if it happened to them at a recent meeting with their fellow service users and staff. We saw the minutes of a meeting between people using the service and the registered provider where safeguarding awareness had been discussed. Other records we looked at showed us that staff had refreshed their safeguarding adults training in the past six months, which the registered provider and staff confirmed. It was clear from discussions we had with staff that their knowledge and understanding of what constituted abuse, how to recognise the signs of abuse and how to report any concerns they might have had significantly improved. One member of staff said, “I would tell the owner straight away if I saw anything bad happen to the people who lived here”, while another member of staff told us, “I would ring Merton Council or you [the CQC] if I was worried about the way the owners treated people at Sunlight House”.

The provider’s arrangements for identifying and managing risks appropriately had also improved since our last inspection. We saw care plans included risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should be supporting people to manage identified risks and keep them safe. For example, we saw care plans contained clear instructions about how to minimise the risks associated with individuals traveling independently on public transport, self-medicating and managing their own finances. Staff had a good understanding of the specific hazards each person might face at the home and what they needed to do to keep them safe. One member of staff was able to give us an example about people’s behaviours which might challenge others and how they would use de-escalation techniques to prevent or manage potential hazardous situations. Where any new risks had been identified people’s records were updated promptly so staff had access to up to date information about how to protect people. Information was also shared by through team meetings so that all staff were made aware of any changes in people’s needs and what they must do to support them.

There were arrangements in place to deal with foreseeable emergencies. The service had developed a range of contingency plans to help staff deal with emergencies. Fire safety records indicated people using the service and staff routinely participated in fire evacuation drills, which staff confirmed. Staff demonstrated a good understanding of

Is the service safe?

their fire safety roles and responsibilities and told us they received on-going fire safety training. Other records showed us all staff had completed their basic first aid training, which the registered provider and staff confirmed.

The home was well maintained which contributed to people's safety. Maintenance records showed us equipment, including fire alarms, extinguishers, portable electrical equipment and gas appliances had been regularly checked and serviced in accordance with the manufacturer's guidelines. We also saw a fire safety risk assessment of the home had been carried out, which the registered provider regularly reviewed.

There were sufficient numbers of staff deployed in the home to keep people safe. People said there were enough

staff available when they needed them. One person said, "You can always get hold of someone when you need staff to help you." A relative told us, "I think sometimes they could do with more staff on duty, but to be fair there's always someone about." Duty rosters we looked at indicated staffing levels were flexible and regularly increased to ensure enough staff were always available to support people, for example with community based social activities. At the weekends we saw staffing numbers were often reduced when people stayed overnight with their families. The registered provider confirmed staffing levels were constantly reviewed and determined according to the number and dependency levels of the people using the service.

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us they felt staff had the right mix of knowledge, skills and experience to meet their needs. One person said, “The staff know what I like and let me do my own thing.” Another person told us, “Staff seem to be happy most of the time and seem to know what to do”. A family member was also complimentary about the staff and told us, “The staff are nice and generally do a good job looking after [my relative].”

On 24 July 2014 we inspected the service and identified a breach of the regulations regarding staff training. This meant staff may not have had all the knowledge and skills they needed to effectively meet the needs of the people living at the home. The provider sent us an action plan telling us all staff would be properly trained to effectively carry out their roles and responsibilities as support workers by June 2015. During this inspection we found the provider had taken all the action they said they would in their improvement plan and to improve staffs’ competency.

Records showed, since the home’s last inspection staff had completed training on safeguarding adults, managing behaviours that challenged and mental health awareness, which had been provided by an external training agency. Records also showed the registered provider had developed a training plan with this training agency, which identified each member of staff’s training needs. These indicated staff were regularly updating their existing knowledge and skills, as well as receiving further training in topics and areas that were relevant to their work. Staff spoke positively about the training they had received in the past six months, which they said helped them in their roles. Two members of staff told us opportunities for them to refresh their existing knowledge and skills had improved now the provider had enrolled with an external organisation to provide their training.

Staff received effective support from the registered provider. Records showed us staff regularly met as a group and had one to one meetings with the registered provider where they could discuss any work issues they might have and their learning and development needs. Two members of staff member told us they felt well supported by the registered provider.

The registered provider and staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered provider demonstrated a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. We saw an application to deprive an individual of their liberty had been properly made by the service to the appropriate body.

Records showed people's capacity to consent and to make decisions was assessed and reviewed by staff. People records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. Throughout our inspection we saw staff always sought people's consent before carrying out any care or support. Records showed people had been asked to consent to the care and support they received by signing their care plan. A member of staff told us when they supported people they offered them choice and respected the decisions they made.

Staff did not use restraint or other restrictive practices in situations where people’s behaviour may have challenged others. People’s records showed there was guidance for staff about the techniques and strategies they should use to positively redirect people when they became anxious or upset. Staff demonstrated a good understanding about the specific triggers and situations that could cause people to become upset and how they could intervene in a positive way by redirecting and calming them.

Staff supported people to eat healthily. People told us staff encouraged them to choose what they ate and drank. One person told us, “I can go in the kitchen whenever I want to make myself a snack or get a drink.” Another person said, “Staff always ask me what I would like to eat and sometimes I go to the supermarket to buy food with them.” We saw people could help themselves to food and drink from the fridge and various kitchen cupboards. People’s nutrition and dietary needs had been assessed and reviewed regularly.

Is the service effective?

People were supported to maintain good mental and physical health and had access to health care services as and when they needed them. One person gave us an example of how staff had helped them get in contact with a community based agency that supported and improved the lives of visually impaired people. Records indicated representatives from this agency had visited the home on numerous occasions to assess the environment, which they concluded was suitable for people with a visual impairment to safely live. We saw care plans contained important information about the support people needed to access healthcare services such as the GP, community psychiatric nurse (CPN) or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented.

Staff monitored people's general health and wellbeing daily and recorded this. Care plans set out in detail how people could remain healthy and which health care professionals

they needed to be in regular contact with to achieve this. Where there was a concern about an individual we noted prompt action was taken by staff to ensure the concern was discussed with the registered provider and the appropriate support from healthcare professionals, such as their GP or CPN, was obtained. Outcomes from these referrals to professionals was documented.

During our tour of the premises we saw people's bedrooms were personalised according to their individual tastes and interests. People told us Sunlight House was a comfortable place to live. One person said, "I'm happy with the way my bedroom is decorated." We saw people's bedrooms were personalised and contained all manner of people's personal possessions, including; family photographs, pictures and ornaments. Staff told us people were supported to furnish and decorate their rooms how they liked.

Is the service caring?

Our findings

People were supported by caring and respectful staff. People spoke positively about the staff and typically described them as friendly and kind. Comments we received included, “I really like living here. I would give it ten out of ten”, “I’m happy to be here for now. The staff are great” and, “the staff are friendly enough and do their best to look after me”. Feedback we received from a relative was equally complimentary about the standard of care and support provided by staff at the home. They told us, “I think Sunlight House is a good home because of the staff who treat [my family member] really well.” Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw conversations between people and staff were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. We saw several good examples of staff sitting and talking with people in a very relaxed and informal manner.

People’s privacy and dignity was respected. People told us staff always respected their privacy. One person said, “Staff are good at making sure they always knock on my bedroom door and ask to come in. I can also make phone calls in private from my bedroom.” Two other people told us they had been given a key for their bedroom, which we saw they locked before they went out. Two members of staff confirmed it was custom and practice not to enter a person’s room without their permission. We observed staff always call people by their preferred names, which were identified in people’s care plans.

People were supported to maintain relationships with their families and friends. A relative told us they were a regular visitor to the home and that staff always made them feel

welcome. Care plans identified all of the people involved in the individual’s life, both personal and professional, and made it clear how staff should support people to maintain these relationships.

People were supported to express their views and to get involved in making decisions about the care they received. Two people told us they had regular talks with the provider and staff. Another person said, “Staff listen to me. They do what I want them to ninety-nine percent of the time.” Records showed people shared their views about the care and support they received through group meetings with their fellow peers, which were held every six to eight weeks at the home.

People were encouraged and supported to be as independent as they wanted to be. They told us staff helped them maintain their independent living skills as well as learn new ones. Typical feedback we received from people included, “I’m allowed to go out by myself on the bus”, “we’re expected to clean our rooms and do our laundry once a week” and “staff let me look after my medicines, which I keep in my room”. During our inspection we saw people were encouraged by staff to undertake tasks and activities aimed at promoting their independence. For example, staff supported people with their laundry and to wash up their dirty dishes and cutlery after they had eaten. Records showed people had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. In the wider community, people were supported to attend the local day centre where they undertook classes, such as maths and English, to promote confidence and independence. The registered provider told us one person worked in a local shop as a volunteer.

Is the service responsive?

Our findings

People were involved in assessing and planning the care and support they received. People told us staff had asked them how they wanted to be supported when they first moved in. One person said, “I saw my room and stayed for tea so I could see what it was like here before I moved in.” Records showed people and where appropriate their relatives had been involved in the initial assessment and care planning process. People also told us they were aware they had a care plan which staff had helped them create.

Care plans were personalised and reflected people’s diverse life histories, abilities, personal and mental health needs, preferences and goals, as well as details about the levels of staff support they each required to remain physically healthy and safe. Care plans also included detailed information for staff about people’s daily routines, food and drink preferences, social interests and relationships that were important to them. It was clear from discussions we had with staff that they were familiar with people’s life histories and preferences. We saw the registered provider used the outcomes of the Care Programme Approach (CPA) for each person to plan their care and support. CPA is a multi-professional approach to assess, plan and review the care and treatment for people with a past or present experience of mental ill health.

The service took account of people’s changing needs. People using the service and their relatives told us staff actively encouraged them to be involved in reviewing the care and support they received at the home. A relative said, “The staff are very good at letting us know what’s going on and the owner always makes sure I’m invited to any meetings about [my family member’s] care.” Records indicated that people with mental health needs had a CPN who were regularly involved in helping to coordinate and review care plans along with the people using the service,

their next of kin and staff who worked at the home. We saw care plans were updated accordingly by staff to reflect any changes in people’s needs and wishes, which ensured they remained accurate and current.

People could choose how they lived their lives, which we saw staff respected. People told us they could decide what time they got up and went to bed, what they wore each day, when they had a bath or shower, where they went and how they spend their time. One person said, “I can choose when I get up, what I wear and what I might fancy doing that day. The staff are okay with that.” Another person told us, “I wear what I want and I can go out when I want. The kitchen is always open so if I’m hungry I help myself to a food or a drink.”

People could engage in social activities that interested them. They told us they had the chance to participate in a variety of social, education and vocational activities in their local community which they found interesting. People gave examples of things they liked doing each week, which included; attending educational classes at college, working in a local shop, going for meals out and day trips with staff, going to the cinema and playing pool at home. People’s wishes about social and leisure activities were detailed in their care plan.

The provider responded to complaints appropriately. People told us they felt able to raise any issues or concerns they might have about the service they received at the home and were confident they would be taken seriously by staff. We received similar comments from a relative. They told us, “I’m sure the owner would listen to me and take my concerns seriously if I ever decided to make a formal complaint about the home.” We saw a copy of the provider’s complaints procedure was displayed on a notice board in a communal area. The procedure clearly outlined how people could make a complaint and the process for dealing with this. The procedure was also written in plain English and illustrated with easy to understand pictures and symbols.

Is the service well-led?

Our findings

People were not protected against the risk of poor care because the provider did not operate effective governance systems and processes to assess, monitor and improve the quality, safety and experiences of people using the service. Records showed the registered provider regularly undertook internal audits of working practices. However we found no evidence to show what action they had taken to rectify any issues identified as part of these routine monitoring checks. For example, the registered provider told us they carried out regular checks on staff's medicines handling practices. However we found these checks failed to spot that staff were frequently failing to sign records for medicines they had administered. Furthermore, no evidence was available to show how accidents and incidents involving people using the service had been reviewed and the lessons learnt to minimise the risk of similar events reoccurring. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this people told us they felt the registered provider managed Sunlight House well. One person said, "I think the owner is okay and runs the place well." It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. One member of staff told us, "We've had a stable staff team here for years and as a result I think we're pretty close and work well together." People told us the staff were "good listeners" and that they were able to share their views about the care and support they received through day-to-day contact with staff and regular meetings between people using the service. Two people using the

service confirmed they had "regular meetings with the owner". Another person gave us a good example of how the manager had taken on board their feedback about going on more day trips and getting a pool table for the home.

The registered provider ensured there was an open and transparent culture within the service. People were encouraged to share their views and ideas about how the care and support they received could be improved. Records showed they were supported to do this through regular house meetings with all the other people in the home. As a result of these meetings staff had arranged for people to undertake community based activities that they wished to attend together. People's annual reviews showed their views were taken into account when reviewing and planning their ongoing and future care and support needs.

Staff were asked for their views about the home. They told us they were involved in assessing the quality of their service and in helping to make Sunlight House a better place for people to live. Staff was confident the registered provider listened to what they had to say and would always take seriously any concerns they might raise with them about the home.

The registered provider demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not operate effective quality assurance systems and processes to ensure they could always assess, monitor and improve the quality and safety of the services provided and the experience of people living at the home. Regulation 17(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care was not always provided in a safe way for people using the service because the registered person did not ensure the proper and safe management of medicines. Regulation 12(2)(g)