

# The Sons of Divine Providence Sundial House

## Inspection report

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### 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

Sundial House is a care home providing accommodation, personal care and support for up to seven adults who have a learning disability, some of whom may also have sensory impairment, dementia or mental health conditions. There were seven people living at the home at the time of our inspection.

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.

At the last inspection on 23 October 2014, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People were safe because staff understood any risks involved in their care and took action to minimise these risks. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained appropriate standards of fire safety. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency. People were protected against the risk of infection because the home was clean and hygienic.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. 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.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of any dietary restrictions involved in people's care. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had developed positive relationships with staff and their housemates. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families and were able to invite guests whenever they wished. People were encouraged to be independent and were supported by staff to learn and develop

new skills.

People were encouraged to give their views about the service they received and the provider responded positively to feedback. People had access to activities they enjoyed and had opportunities to enjoy an active social life. People were involved in their local community

The registered manager provided good leadership for the service. They were experienced in their role and communicated well with people, relatives and staff. Staff felt valued and had access to support and advice from the registered manager if they needed it. Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

The provider's quality monitoring checks ensured people received safe and effective care and support. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed. Records were well organised and up to date.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

There were enough staff to meet people's needs and keep them safe.

People were protected from avoidable risks

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

People received consistent care from staff who knew their needs well.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively.

### Is the service caring?

Good ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were involved in planning their care.

### Is the service responsive?

Good ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

People were encouraged to give their views about their care and these were acted upon.

### Is the service well-led?

Good ●

The service remains Good.

The registered manager provided good leadership for the service.

Staff shared important information about people's needs effectively.

Quality monitoring checks ensured people received safe and effective care and support.

Staff worked co-operatively with other professionals to provide the care people needed.

Records were well organised and up to date.

# 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 2 March 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider 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. If people were unable to tell us about their experience directly, we observed the care they received and the interactions they had with staff. We spoke with the registered manager and a member of staff. We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we received feedback from two relatives via email.

# Is the service safe?

## Our findings

People told us they felt safe at the home. They said staff were always available if they needed them.

There were enough staff to keep people safe and meet their needs at all times. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift.

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. Safeguarding was discussed in team meetings.

People were protected by the provider's recruitment procedures. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks.

Any accidents or incidents were recorded in detail by staff. The registered manager reviewed all accident/incident reports to check that any actions identified as necessary to prevent a similar event occurring in the future had been implemented.

Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and fire fighting equipment were professionally inspected and serviced at regular intervals. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

People's medicines were managed safely. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately.

The home was clean and hygienic. There was a cleaning schedule in place to ensure that people were protected from the risk of infection. Standards of infection prevention and control were checked regularly as part of the provider's quality monitoring system.

## Is the service effective?

### Our findings

Relatives told us people's care was provided by regular staff who knew their needs well. They said this meant their family members received consistent care and support. One relative told us, "The staff are professional. They listen to the residents and always appear to act correctly."

The provider supported staff to attend the training they needed to meet people's needs effectively. All staff attended an induction when they started work and had access to refresher training in core areas. Staff told us they were able to access any additional training they needed, either through the provider's own trainer or via e-learning. Each member of staff met regularly with the registered manager for one-to-one supervision six times each year. Staff told us these sessions provided opportunities to discuss their performance and training needs. One member of staff said, "Supervision is useful. It's open and honest and I can say what I want."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

People's best interests had been considered when decisions that affected them were made. The provider involved all relevant people, such as families and healthcare professionals, to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. People were involved in choosing the communal evening meal and chose what they wanted at breakfast and lunch-time. Staff were aware of any dietary restrictions involved in people's care.

People's healthcare needs were monitored and they were supported to access treatment if they needed it. People told us staff helped them make a medical appointment if they felt unwell. People who had ongoing conditions, such as epilepsy or diabetes, were supported to see specialist healthcare professionals regularly to monitor these conditions. One person who had diabetes had been supported to reduce their reliance on medicines and to manage their condition through diet and exercise.



## Is the service caring?

### Our findings

People told us they enjoyed living at the home and that staff were caring. They said they had good relationships with staff and their housemates. Relatives told us their family members were happy at the home and enjoyed the company of staff. One relative said, "He enjoys the interaction of other residents and staff there and is very happy." Another relative told us, "[Person] is happy and well looked after" and said they found the staff to be "caring."

People were supported by a stable staff team. One part-time member of staff had left since our last inspection but their hours had been made up by another member of staff who worked part-time. Staff knew people well and understood how they preferred their care and support to be provided.

People were supported to maintain relationships with their friends and families. Relatives were invited to events at the home, which were well attended, and people were able to invite guests whenever they wished. People were also supported to maintain contact with their families through social media platforms and direct messaging services. People were supported to access advocacy services if they wished.

People told us that staff treated them with respect. They said they could have privacy when they wanted it and that staff respected this. People were encouraged to make choices about their care and support. People met regularly with their keyworkers to discuss the support they received to achieve goals that were important to them. Support plans were reviewed to ensure they continued to reflect people's needs and wishes. People and their relatives were able to contribute their views to this process. One relative told us, "I always attend review meetings and my views are taken on board."

People were encouraged to be independent. Some people used public transport independently and said staff had supported them to do this until they felt safe and confident. People were involved in the life of the home and were supported by staff to manage their own cleaning and laundry.

## Is the service responsive?

### Our findings

People received care that was personalised to their needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. We saw that people's needs were kept under review and that support plans were updated if their needs changed. A person-centred plan had been developed for each person, with their input and in an accessible format.

One person had moved into the home since our last inspection. This person's pre-admission assessment identified that they had an individual need in which staff were not experienced. As a result, the provider's trainer provided training for the staff team based on the person's individual needs.

People had access to activities they enjoyed and had opportunities to enjoy an active social life. People participated in activities including horse riding, swimming and arts and crafts. The home had access to a vehicle to enable people take part in activities and staff were available to provide one-to-one support if needed. All the people living at the home had taken a holiday of their choice in 2016. Some people attended the on-site horticultural training centre and others chose to attend day centres offering classes and activities. Some people had been supported to gain employment in a paid or voluntary capacity. People were involved in their local community and regularly used local cafés, shops, pubs and restaurants.

There were appropriate procedures for managing complaints. People were encouraged to speak up if they were dissatisfied and we saw evidence that the provider had responded positively to feedback. For example one person had complained that the sofas in the shared lounge were old and no longer comfortable. The provider agreed to replace the sofas and had involved people in choosing the replacement furniture.

Residents meetings were held each month, supported by staff. People were asked if they felt safe, if there was anything they were unhappy about or anything they would like to change. People were encouraged to give their opinions about the food, the activities they took part in and whether they were happy with the keyworker they had been assigned. Relatives received an annual satisfaction survey and told us the provider was responsive to feedback.

## Is the service well-led?

### Our findings

Relatives told us the registered manager communicated well with them and they could contact the registered manager whenever they needed to. They said the registered manager was efficient and provided good leadership for the service. One relative told us they had "been pleased with the day to day running of the house" whenever they visited.

The registered manager was experienced in their role and had an in-depth knowledge of the service. Staff told us the registered manager provided good support to the staff team and to the people living at the home. They said they felt valued for the work they did and were encouraged to seek advice if they needed it. Team meetings took place regularly and were used to ensure staff were providing consistent care that reflected best practice.

The registered manager was proactive in working towards continuous improvement. For example the registered manager had introduced a weekly discussion of one of the provider's policies each week. The registered manager told us these discussions had improved staff awareness and understanding of the policies underpinning their work.

Staff demonstrated a positive approach to their work and a commitment to supporting people to live the lives they chose. Staff told us they worked well as a team to provide the support people needed. One member of staff said, "We all know each other here and we work well together. Most of us have worked here for a long time and we know the residents very well."

There was an established system of quality monitoring that ensured people received good quality care and support. Staff carried out weekly checks to ensure that people had been supported to attend any scheduled appointments and to evaluate the activities people had attended. Staff also conducted health and safety checks on the fire alarm system, the home's vehicle, food safety and infection control.

The registered manager carried out a monthly audit, which was submitted to the provider. This included a medicines audit and checks that any scheduled keyworker sessions, staff supervisions, team meetings and residents meetings had taken place. The provider's service manager carried out a quality and safety visit each month and produced a report for their visit, including any areas identified as requiring improvement. These visits checked different aspects of the service each month and included feedback from people who lived at the home.

Records provided evidence that staff liaised effectively with other professionals and agencies about people's care when required. Records in the home, including people's care records, were well organised and up to date. Confidential information was stored securely and staff attended confidentiality training in their induction.