Sunrise Care Limited

Viola 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

Overall summary

Viola House provides accommodation and personal care for a maximum of 12 people with learning disabilities. There were 9 people at the time of this inspection.

The inspection took place on the 30 June 2015 and was unannounced. At our last inspection in June 2014 we found the provider was meeting the all the regulations we inspected. .

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

Relatives of people receiving care felt their relatives were safe. Staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised.

Risk assessments were in place for every person receiving care. We saw these reflected current risks and ways to reduce the risk from happening.

Summary of findings

There were appropriate arrangements for the management of people's medicines and staff had received training in administering medicines.

Staff received an induction and training and they were supported through regular supervision and appraisal. We saw staff had received training in the Mental Capacity Act (MCA) 2005 and people's capacity was assessed in line with the MCA.

People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

We saw that staff were caring and promoted people's independence. They knew people's needs well. People were treated with dignity and respect. Relatives told us they were well looked after. They felt confident they could share any concerns and these would be acted upon.

There was a positive and open culture at the service. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. Systems were in place to monitor and improve the quality of the service.

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.

Relatives told us people were safe using the service and with staff who supported them.

Recruitment procedures ensured that people were looked after by suitable staff.

Assessments were undertaken of risks to people who used the service.

People received their medicines as prescribed and medicines were kept secure.

Good

Is the service effective?
The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs.

Staff contacted health care professionals when they were needed to meet people's needs.

People were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Relatives told us and we saw people's privacy dignity and privacy and dignity was respected

We saw that staff treated with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Staff knew people well and understood their needs and preferences.

Good

Is the service responsive?
The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and needs.

People needs were responded to. Relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place.

Good

Is the service well-led?
The service was well-led.

The registered manager and the service director were experienced. They supported and managed staff to provide people with safe and appropriate care.

Staff received the support they needed to care for people competently and they were clear about their roles and responsibilities.

Good

Summary of findings

The service had a system to monitor the quality of the service through internal audits and provider visits. Any issues identified were acted on.	

Viola 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 30 June 2015 and it was unannounced. Before our inspection, we reviewed information we held about the home. This included notifications submitted by the home and safeguarding information received by us.

The inspection team consisted of one inspector. We spoke with one of the nine people who used the service. We also spoke with three members of the management team, and, six care staff and four relatives of people receiving care.

We observed care and support in communal areas and also looked at the kitchen. We reviewed a range of records about people's care and how the home was managed. These included the care records for five people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the medicines records and the quality assurance audits completed.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection the provider 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. We reviewed the information included in the PIR along with other information we held about the home.

Good

Is the service safe?

Our findings

The relatives of people felt the service was safe. When we asked if their relatives were safe, one relative told us, "My relative is safe. The home has installed safety rails on the stairs and have ensured windows have safety locks" and another said, "I have no doubt everyone is safe."

There were arrangements in place to ensure people were protected from abuse. There was a safeguarding policy and details of the local safeguarding team were available in the office. Staff could explain how they would recognise and report abuse. They told us they would report concerns to their manager. They were also aware they could report to local authority safeguarding team and the Care Quality Commission (CQC). Staff were aware of the provider's whistleblowing policy and said they would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action. From talking with staff and looking at their training records it was evident they received regular training to ensure they stayed up to date with the process for reporting safety concerns.

The registered manager and operations director also demonstrated an understanding of their safeguarding roles and responsibilities. There were clear policies for staff to follow. For example, we looked at the 'policy for the management of customer's money and financial affairs'. The policy covered relevant areas to ensure people were protected against financial abuse. Areas covered included the need for mental capacity assessments for people who lacked capacity to manage their own money, secure storage of people's money and the need for two signatories for each transaction. We saw that the provider followed this policy in practice. We counted people's money and it all tallied with the balance recorded in the balance book. We saw evidence the director was handing over responsibilities for managing one person's finances to the local authority.

We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks. The incident record sheet included information about the date of the accident, who was involved, what happened, cause, and outcome. These incidents were analysed by the manager and discussed at staff meetings in order to share learning. We also saw the registered manager ensured any learning from the incidents fed into people's care plans.

We checked staff files to see if the service was following thorough recruitment procedures to ensure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual.

There were sufficient staff to meet the needs of people and we saw they were deployed effectively. There was an on-call system which, ensured there was always a senior manager at hand to provide advice for any matters of concern. When we asked relatives if there were sufficient staff, one told us, "I have no reasons to complain, the care is excellent." We saw evidence and the manager told us they were in the process of recruiting to add two more care staff due to the restructuring of the service, which began in November 2014.

The provider had measures and procedures in place to help reduce people's risks. People's care needs had been carefully assessed and risk assessments had been prepared. These contained action for minimising potential risks. The assessments included a general risk assessment of the environment and a specific risk assessment to the individual such as risks related to medical conditions such as epilepsy. We saw that risk assessments regarding the safety and security of the premises were up to date and had been reviewed.

There were suitable arrangements for the recording of medicines received, their storage, administration and disposal. All medicines were safely stored in a locked medicine cabinet, which was located in the medicines storage room. We saw from an audit chart that the temperature of the room where medicines were stored had been monitored and was within the recommended range. This room was kept locked when not in use and keys to the room were kept on the staff in charge of shift.

We checked medicine administration records and found all medicines administered had been recorded and each entry had been signed appropriately; there were no gaps in the medicine administration records examined. Medicine administration records tallied with the stocks in the medicines cabinet. Medicines that were to be administered 'as required' (PRN) were included on the medicine administration records and there were appropriate guidelines for their administration.

Good

Is the service effective?

Our findings

Relatives told us staff were well trained and competent in their jobs. They told us they were happy with the food that people ate. One person receiving care told us, "I am happy with the food."

People had their physical and mental health needs monitored. We saw everyone person had a health action plan (HAP). HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life, healthy foods and when to go for check-up. We saw that all the HAPs were presented in a pictorial format to make sure they were accessible to people. They listed services and support people needed to be healthy. Care plans had been prepared and were reviewed every three months and we saw these were up to date.

People were supported to see appropriate health and social care professionals to meet their healthcare needs. One relative told us, "Staff support [my relative] to attend GP and dental appointments. [My relative] has never missed an appointment." We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. There was evidence of recent appointments with healthcare professionals such as people's GP, dietitians, speech and language therapists and hospital specialists. For example, we saw people with swallowing difficulties had been referred for speech and language therapy input. One person's care plan highlighted, "I can swallow my food but I do not chew it, so it needs to be mashed." We observed this person during lunch time and we saw staff were aware of this person's needs.

Staff understood the importance of ensuring people consented to the support they provided. They were knowledgeable about the Mental Capacity Act (MCA) 2005, and how important it was for people to agree to support provided. They told us if they had any concerns about people's ability to consent, this would be discussed with the registered manager. We examined how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process when it was needed. People were referred to advocacy services where this was needed.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were seven DOLS authorisations for people living at the service. We saw the provider had followed the correct process to gain authorisation. Staff we spoke with said they had received the relevant MCA and DoLS training and we confirmed this from records.

Staff told us the management team was supportive. Their comments included, "If I need help, one of the managers will come on the floor to help out." At this inspection we saw the registered manager helping out with lunch and attending to people's needs. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. This included, safeguarding, equalities and diversity, epilepsy awareness, challenging behaviour, infection control, emergency first aid and health and safety.

Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. There was evidence that supervision had been carried out regularly. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. Appraisals were structured and covered a review of the year, manager's career development recommendation, a personal development plan and comments from the manager and staff. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

We looked at the arrangements for the provision of meals. One person receiving care told us, "I am happy with the food." We also received positive comments from relatives regarding what people eat and drink. Their comments included, "I visit on a regular basis and there is always food and drink" and "I have no concerns about my [relative's] dietary needs. Staff know what they are doing" We saw that there was food available at the home. The fridge and freezer were well stocked with fresh and frozen food.

Good

Is the service effective?

The care records contained information regarding the dietary and nutritional needs of people. For example, we saw that a person was at risk of dehydration and it was recorded in this person's care plan they needed support with 'having adequate fluid intake'. We saw that fluid and food intake had been recorded and there was a remainder for staff to inform this person's GP of any unexpected weight loss or gain.

Good

Is the service caring?

Our findings

We received positive feedback from people's relatives. Their comments included, "Staff are very caring. If I have doubts I would move my [relative]. My [relative] is happy. Staff offer to sit and read for [my relative], and help with everyday activities" and "I feel my [relative] is well cared for. Staff are helpful and show respect at all time"

Staff treated people with dignity and respect. We observed that staff were pleasant and spoke in a friendly and respectful manner towards people. They were aware of the importance of ensuring that people's dignity and privacy were protected. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed.

Information was publicly available in relation to advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes. The manager advised us that advocacy services were obtained for people in need, and we saw examples of this.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people feel at home.

There were arrangements to meet the varied and diverse needs of people. Care records of people contained details of people's religious and cultural background, their interests, and activities they liked. The service had a policy on equality and diversity and we saw that this was followed in practice. There were arrangements in place to ensure that the religious and cultural needs of people were responded to. Staff demonstrated that they understood and respected the diversity and human rights of people and we saw specific requirements in relation to food and religious observances. For example, one person was supported to attend their place of worship, and another person was on a special diet

People were involved in developing their support plan and that staff were aware of people's individual care needs. We found that people and their relatives were invited and attended, review meetings, where possible. Relatives told us they regularly attended meetings regarding the welfare of their relatives. They informed us they received regular feedback from the provider. The provider sent annual surveys but the relatives told us usually the provider is aware of their views beforehand as they are regularly in contact. This ensured relative were able to discuss people's care, and where possible changes made to people's care plans, based on what they said.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Relatives told us they were involved in the care of people.

People received personalised care. They received support that was specific to their needs and preferences. We saw that health and social care professionals were involved where necessary. For example we observed people were offered one to one support where needed; people with swallowing difficulties had their food cut into small pieces to reduce the risk of choking; and there were specific plans for people with epilepsy.

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff; input from relatives and advocates. Some care records showed people's involvement. For example, one person's HAP read, 'I have contributed and agreed to all issues raised'; and another care plan read, "I like to have a drink in a beaker so that l can drink independently'. Care plans showed staff recorded relevant information about people living at the home; their likes and dislikes; and daily routines. This was important because we saw that staff were knowledgeable about people's preferences, which ensured they provided appropriate care and support.

People's concerns were responded to and addressed. Staff were aware that complaints needed to be documented and relayed to their managers. There was a complaints procedure in place and relatives of people we managed to speak with told us, they have never needed to complain; however, they felt listened to and happy to discuss any concerns with the staff or management team. One relative told us, "I am always asked if I am happy." We saw that people's concerns were responded to and addressed. For example, one person refused to take medicines in tablet form and staff arranged for this person's medicines to be supplied in liquid form, which this person preferred.

Care plans reflected their health and social care needs. They had been kept up-to-date and reviewed. We saw care files divided into sections, thus making it easier to find relevant information. For example, the sections included personal details, communication, professionals involved in people's care, physical health, money management, activity timetable, likes and dislikes, daily routines, annual health check, health service passport and DoLS. Information under each section was detailed and written in a clear way. Staff told us that they found the care plans helpful and were able to refer to them from time to time.

People were involved in a range of activities. We saw the daily activity timetable of people was written in an accessible way, with pictures to indicate the type of activities. Most people attended day centres, and there were activity choices for those who stayed at home.

Good

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in post, who was described by staff as approachable and accessible. Staff were comfortable raising concerns and were confident issues would be addressed appropriately. At this inspection we saw the registered manager and the service director interacting with people and ensuring they received the care they needed.

The service provided a person centred approach. The organisation's statement of purpose documented a philosophy, which set out what was expected of its employees, including valuing equality and diversity, privacy and dignity, choice, independence, and respect. We saw this philosophy was embedded in the service through talking to people using the service and staff and the records we examined.

There was a clear management structure and staff were aware of the roles of the management team. We spoke with the registered manager and the service director, who both had a regular presence in the home. Both were readily available to staff and people who used the service to answer any queries and provide support and guidance. They demonstrated they were knowledgeable about the details of care. On occasions we observed both attending to people, which showed they had regular contact with people who used the service.

The provider promoted a positive culture that was open, inclusive and empowering. We saw evidence the provider sought feedback from staff, people who used the service and their relatives. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. We saw results of surveys that were carried out May 2015. Relatives' overall impression of the home was excellent and that they would recommend the home to other potential people. The provider had volunteered to take part in 'Expect the Best' audit. This is a peer group audit that is carried out by a national learning disability charity. This is a quality checking exercise that is undertaken at the behest of the local authority to check the quality of service provided by participating providers.

Staff were supported to question practice, or to raise any concerns they may have about the service. In a staff survey that was conducted in May 2015, staff had responded positively to many questions, including, 'To what extent do you feel valued by the organisation; To what extent do you feel your ideas are valued'. We saw that the registered manager had put in place an action plan to address areas where concerns were raised. We saw evidence of regular staff meetings.

There were quality assurance processes to ensure the quality of the service was under constant review. We saw from associated action plans that findings were used to drive improvement. Audits were carried at management and director levels. These were conducted in a number of areas including, health and safety, medicines, people's files and finances. The registered manager told us that findings from these fed into the service's improvement plan. We saw the service improvement plan and it covered improvements of internal processes, service user requirements, and staff development.