

Moonesswar Jingree

Sunlight House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 8 June 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the home was carried out on 6 June 2015 when we rated the service as 'Requires Improvement'. We also imposed two requirement notices that we checked during a focused inspection on 26 November 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating as we wanted to see consistent improvements at the service.

Sunlight House is a care home that provides accommodation and personal support for up to four people. The service specialises in supporting younger adults living with mental ill health or a learning disability. There were four people living at the home when we inspected, one of whom was visually impaired.

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). 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.

The provider did not always operate safe recruitment procedures. While we saw relevant pre-employment checks had been undertaken in respect of all the services' permanent members of staff, we found no such recruitment checks had been carried out on a volunteer who had supported people using the service during a recent holiday. This meant people were at risk of receiving inappropriate care and support from volunteers who might not be 'fit' or 'proper' to work in an adult social care setting.

Staff assessed and identified the risks to people's health and safety. We saw the majority of these risks were managed appropriately. However, sufficient action was not taken to protect people from the risk of fire because no fire safety risk assessments had been undertaken by the provider.

A system was in place to supervise and appraise staffs' work performance. However, this was not being followed and staff were not receiving the support they required to undertake their duties.

A full training programme was in place to enable staff to update their knowledge and skills. However, we found that staff were not up to date with this programme and had not completed the necessary training for their role. A system was in place to supervise and support staff. However, this was not being followed and staff were not receiving the support they required to undertake their duties.

Systems were in place to monitor and review the quality of service delivery. We saw that these reviewed all aspects of service delivery and had identified some of the concerns we found during this inspection. However, sufficient improvement had not been made to ensure high quality care was consistently provided that kept people safe. This was because the provider had failed to carry out fire safety risk assessments, check the suitability of everyone who worked at the home and ensure staff were appropriately supported to perform their role.

We identified four breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

The aforementioned breaches notwithstanding, people told us they were happy living at Sunlight House. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people. Our discussions with people using the service and visiting community based mental health professionals supported this. People's rights to privacy and dignity were also respected.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. We saw people could move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

People's care plans were up to date and contained detailed information about their individual support needs. Staff were aware of people's preferences and routines and this enabled personalised care to be provided. Staff were also aware of what behaviour people displayed to express their emotions and this enabled staff to provide the support people required.

People were encouraged to maintain relationships with people who were important to them. There were no restrictions on visiting times and we saw staff made peoples' guests feel welcome. Staff encouraged people to pursue meaningful social, leisure and educational activities that interested them. People were supported to be as independent as they wanted and could be.

People were supported to keep healthy and well. Staff supported people to access physical and mental health care services and accompanied them to appointments as and when required. Staff also worked closely with community based mental health care professionals to ensure people received all the emotional care and support they needed. People received their medicines as prescribed and staff supported people to manage their medicines safely.

There was a choice of meals, snacks and drinks and staff supported people to eat healthily. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

There were enough suitably competent staff to care for and support people. The provider reviewed and planned staffing levels to ensure there were always enough staff to meet the needs of everyone who lived at the home.

Staff supported people to make choices about day-to-day decisions. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided. The 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 provider encouraged an open and transparent culture. They proactively sought the views of people using the service, their relatives, community based health and social care professionals and staff about how the care and support people received could be improved. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Relevant pre-employment checks had been undertaken in respect of all the services' permanent members of staff; However, no such recruitment checks had been carried out on a volunteer who had supported people using the service during a recent holiday.

Risks to people's safety had been identified although appropriate measures had not been taken to protect people from the risk of fire.

There were safeguarding and whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service. People were given their prescribed medicines at times they needed them.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Staff had not completed the required training or received adequate support to ensure they had the skills and knowledge to undertake their roles.

Staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received the support they needed to maintain good health and wellbeing. Staff worked well with community based mental 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.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were caring and supportive and always respected people's privacy and dignity.

Staff were knowledgeable about the people they supported, which included their personal preferences and routines.

People's views about their preferences had been sought and

Good ●

were fully involved in making decisions about the care and support they received.

Is the service responsive?

The service was responsive. Staff supported people in line with their care plans. They were aware of what support people required and what aspects of daily living people were expected to undertake independently.

People had regular opportunities to participate in a wide variety of meaningful social and educational activities that reflected their social interests and needs.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Good ●

Is the service well-led?

Some aspects of the service were not well-led. Systems were in place to monitor and review the quality of service delivery. Through these processes the provider had identified the same concerns we had during this inspection; however, sufficient action had not been taken to make the necessary improvements.

People's views, including those who used the service, staff working at the home and external health and social care professionals were welcomed and valued by the provider.

The provider adhered to the requirements of their registration with the Care Quality Commission.

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 took place on 2 and 8 June 2016. The first day was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. We reviewed any notifications sent to us by the provider about significant incidents and events that occurred at the service, which the provider is required by law to send to us. Before the inspection we asked the provider to complete 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 our inspection we spoke with all four people who lived at the home, two visiting community professionals, the registered provider and four members of staff. We examined the care plans that were in place for everyone who lived at the home and staff records for seven members of staff who worked there. We also looked at the provider's arrangements for managing medicines and records relating to the overall management of the home. We undertook general observations of staff interaction with the people who lived at Sunlight House throughout the day.

After the visit we spoke on the telephone to the family members of two people who lived at the home.

Is the service safe?

Our findings

People were not protected from the risks of being cared for by unsuitable staff because the provider did not operate safe staff recruitment procedures. Staff records indicated pre-employment checks had been undertaken by the provider on all their permanent members of staff. This included checking all new staffs' identity, obtaining references from their previous employers, checking their eligibility to work in the UK and completing criminal records checks on them.

However, the provider told us that none of the aforementioned recruitment checks had been obtained in respect of a volunteer who had accompanied three people using the service and several members of staff on a recent holiday. It was clear from discussions with the provider they do not have any policies and procedures in place regarding the recruitment, training or use of volunteers to support people living at Sunlight House.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some systems were in place to ensure a safe environment was provided, these included gas, water and electrical safety checks. We saw fire alarms and extinguishers were regularly tested and serviced in accordance with the manufacturer's guidelines and staff were aware of fire evacuation procedures. However, we found the provider had not carried out a fire safety risk assessment for the home or put in place personal emergency evacuation plans (PEEP) for each person who lived at Sunlight House.

The provider was in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The issues described above notwithstanding the provider identified and managed other risks appropriately. We saw individual risk assessments were undertaken and management plans developed to instruct staff about how to minimise risks associated with people traveling independently in the wider community, making hot drinks and using knives in the kitchen. Staff had received positive behavioural support training and were able to explain how they would support people when they behaved in way that challenged the service. The provider told us they worked closely with other mental health and social care professionals to try and identify triggers to people's behaviour and how they could support the person to prevent the behaviour from occurring.

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe living at Sunlight House. One person said, "I feel totally safe living here." The provider had procedures in place which set out the action staff should take to report a concern. We saw contact numbers for organisations people using the service and staff should report any concerns they might have displayed in the office and kitchen. Other records showed staff had received up to date safeguarding adults training. It was clear from discussions we had with staff that they knew what constituted abuse and neglect, how to recognise these signs and who they should report their concerns to.

There were enough staff deployed in the home to meet people's needs. People said there were enough staff available when they needed them. One person told us, "There's always at least one member of staff in the house." We saw the staff rota for the service was planned in advance and took account of the number and level of care and support people required in the home. The provider told us staffing levels were flexible. They gave us an example of how the service operated an on call system at night, which meant the one member of staff who slept in could contact a designated member of staff who lived nearby for additional support in the event of an emergency.

Medicines management in the home was safe. We saw medicines were safely stored away in locked medicines cabinets. Medicines records showed people had individualised medicines administration (MAR) sheets that included their photograph, a list of their known allergies and information about how the individual preferred to take their medicines. The MAR sheets we viewed were completed correctly. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Records showed staff had received up to date training in the safe management of medicines and their competency to continue handling medicines safely was regularly assessed.

Is the service effective?

Our findings

People told us staff had the right knowledge, skills and experience to understand and meet their needs and preferences. One person's relative said, "The staff do a good job looking after my [family member]." The provider told us they had recently introduced the 'Care Certificate' and all new staff employed from now on would be required to work towards achieving this award. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Systems were in place to ensure staff stayed up to date with the training the provider considered mandatory for their role. Staff records indicated that most staff had completed training in mental health awareness, understanding psychosis and schizophrenia, and supporting people who were visually impaired. Staff spoke positively about the training they had received recently. They told us their training was always on-going and relevant to their role. One member of staff said, "The training received since working at Sunlight House had been excellent."

However, records indicated staff had not received up to date training in learning disability awareness. This was confirmed by the provider and staff we spoke with. Several members of staff said they felt they would benefit from receiving this specialist training as it would help them have a better understanding of the needs of people using the service who lived with a learning disability.

The provider was in breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

The provider's supervision and appraisal policy states all staff must attend at least four supervision meetings with their line manager and have their overall work performance appraised annually. Records indicated since the beginning of 2015 staff had only received two supervision sessions and just two out of ten staff had had their overall work performance appraised during this 18 month period. This meant staff had not received the regular support they required to undertake their roles.

The provider was also in breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

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. We saw that where it was identified that a person needed to be deprived of their liberty to keep them safe, the manager had applied to the local

authority for legal authorisation to do so through the DoLS. Staff were aware of who needed to be deprived of their liberty to remain safe. For people who did not need to be deprived of their liberty staff ensured they were aware of their freedom to move around the service and to enter and exit the service. There were key codes on the external doors but staff opened these for those able to leave the service safely.

Staff were aware of who had the capacity to make decisions and what decisions they were able to make. If people did not have the capacity to make a decision and they did not have a nominated individual to legally make decisions for them, the staff organised for best interests decisions to be made on the person's behalf. Staff were knowledgeable that people's capacity to make decisions fluctuated and they continued to offer people choices and involve them in decisions about their care as much as possible.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us the food they were offered at the home was "good" and that they were always given a choice at mealtimes. Typical comments we received included, "The food is nice", "We go shopping with staff to buy food sometimes and they [staff] always ask us what we would like to eat at mealtimes" and "Sometimes we have chicken curry, which is my favourite. We have takeaways as well which I enjoy". Staff regularly weighed people if they had concerns about them gaining or losing too much weight and liaised with health care professionals appropriately. We saw care plans included information about people's food preferences and the risks associated with them eating and drinking.

People were supported to maintain their health. People were supported by staff to maintain their physical and mental health. We received positive comments from visiting community health care professionals who told us Sunlight House took account of their advice and was meeting their clients visual impairment needs. People's health care and medical appointments were noted in their records and the outcomes from these were documented by staff. Two people had a hospital passport. This is a document that has been specially developed for adults with a learning disability and contains important information medical staff may need to know about the individual and their health in the event that they needed to go to hospital. Records showed people regularly attended appointments with their GP, community psychiatric nurses (CPN), dentist, opticians and hospital. Staff confirmed they arranged for people to have regular health check-ups and medicines reviews. Staff were also knowledgeable in recognising signs and symptoms that a person's mental or physical health was deteriorating.

Is the service caring?

Our findings

People spoke positively about the home and were enthusiastic about the kindness shown by the staff who worked there. People typically described staff as "kind" and "caring". Comments we received included, "All the staff are good to me here. My favourite member of staff is my keyworker who I particularly like", "I like living at Sunlight House because the staff are so nice" and "It's not bad place to live and most of the staff are alright." Throughout our inspection we heard conversations between people living at the home and staff which were characterised by respect and warmth. We saw several good examples of staff sitting and talking with people in a very relaxed and informal manner.

Staff ensured people's right to privacy and dignity were upheld. People told us they had been given keys to lock their bedroom doors. People also told us staff were respectful and always mindful of their privacy. One person said, "If I tell staff not to disturb me they will leave me alone in my room." Staff told us about the various ways they supported people to maintain their privacy and dignity, which included not entering a people's bedrooms without their expressed permission.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. People told us staff respected their cultural and spiritual needs and wishes. One person said, "Staff sometimes help me make a Sri Lankan curry which I used to eat a lot when I lived at home." Another person told us, "We have African food here once a week which is what I want." Records indicated staff had received equality and diversity training, which the provider confirmed. Staff demonstrated a good awareness of the diverse cultural and spiritual heritage and needs of the people using the service. For example, staff knew about the various religious faiths people practised and the importance of specific Holy dates and accompanying festivals, such as Christmas and Diwali. Staff supported people to practice their faith and regularly supported individuals to attend the local church or Hindu temple.

People were supported to maintain relationships with people that matter to them. One person told us they were free to travel independently and visit their [family member] who lived relatively nearby whenever they liked. Community professionals told us they were regular visitors to the home and were always made to feel welcome by staff.

Staff encouraged and supported people to be as independent as they wanted to be. People told us staff actively supported them to do as much for themselves as they could. Three people gave us good examples of how staff supported them to travel independently in the local community, manage their own money, go shopping for food and clothes and prepare some of their own meals. One person told us, "I look after my own money when I go out shopping and always have to make my breakfast in the morning." Another person said, "I often catch the bus on my own to go and see my [family member]." During our inspection we observed two community professionals give practical training and advice to a person who used the service and several members of staff about how to appropriately guide a visually impaired individual whilst travelling in the wider community. We also saw people prepare their own drinks and meals in the kitchen with some assistance from staff.

Is the service responsive?

Our findings

People received person centred care and support. People told us staff encouraged them to help develop their own care plans, which we saw were personalised. Care plans were informative and reflected the Care Programme Approach (CPA) which is a type of care planning specifically developed to care for people living with mental health needs. The plans reflected people's individual needs, abilities, preferences and the level of support they should receive from staff to stay safe and have their needs met. These plans also included detailed information about people's daily routines, how they liked to spend their time, their food preferences, social activities they enjoyed and social relationships that were important to them.

Staff were knowledgeable about people's needs and the level of support they each required. Staff were able to describe people's daily routines and their preferences as to how they were supported and cared for. Staff also told us they had read people's care plans and we saw they had signed records to confirm this and that they were familiar with their content.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. These reviews involved people using the service, their relatives (where applicable); staff and various community based mental health and social professionals. We saw care plans were regularly updated by staff to reflect any changes in that individual's needs or circumstances. This helped ensure care plans remained accurate and current. Staff told us they ensured any changes in a person's care plan was promptly shared with the provider and staff, particularly where changes to people's needs were identified.

People were supported to pursue social activities and interests that were important to them. People told us they had enough opportunities to engage in meaningful activities. Typical feedback we received included, "There's a social club we all go to once a week, which I enjoy", "I go out when I like to the local shops or café" and "I like playing pool in the conservatory and watching football on the telly with staff". Regular planned social activities included playing cards and pool, relaxing in the garden, going to the local library and a day centre, attending various educational and independent living courses at college, having meals out at local restaurants, cafes and pubs, and going away with staff on holiday. People were also supported to be active members of the local community. They were registered to vote in elections.

The provider responded to complaints appropriately. People told us if they had any concerns or issues they felt comfortable raising them with the provider or any of the staff who worked at the home. We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. Copies of this procedure were displayed in the home. We saw a process was in place for the provider to log and investigate any complaints received so people's complaints were addressed appropriately.

Is the service well-led?

Our findings

The service had systems in place to monitor and review the quality of care delivered. There was a range of audits undertaken, including reviewing care plans, medicines, infection control, food hygiene, and health and safety arrangements. Furthermore, in the past 12 months the provider had contracted an independent auditor to review the service and identify how they might improve. Through these systems the provider had identified the concerns that we found during our inspection. They had started to work on and improve the quality of service delivery, including improving staff training and reviewing risk assessments more frequently.

However, sufficient improvement had not been made to ensure high quality care was consistently provided that kept people safe. This was because the provider had failed to carry out fire safety risk assessments, to properly check the suitability of everyone who supported people who used the service, and to ensure staff were appropriately supported to perform their role.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. People and their relatives told us they were encouraged to share their views about Sunlight House including, what the service did well and what they could do better. Two people gave us good examples of changes they had wanted to make to the interior décor of their bedrooms, which we saw had been implemented by the provider. Records showed the provider used a range of methods to gather people's views and/or suggestions which included monthly house meetings and bi-annual care plan reviews. The service also used satisfaction questionnaires to obtain feedback from people's relatives and professional representatives, such as CPNs. It was clear from the results of the most recent survey conducted by the home that people's professional representatives were satisfied with the overall standard of care and support provided at the home.

The provider valued and listened to staff. Staff told us they were confident any concerns or poor practice issues they raised with the provider would be taken seriously and dealt with quickly. Records indicated meetings were held every month where staff could discuss the needs of people using the service and what they could do better at Sunlight House. Staff also told us that any incidents involving the people using the service were discussed at their team meetings to ensure everyone was aware what happened and the improvements that were needed.

The provider demonstrated a good understanding of their role and responsibilities particularly with regard to CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that service users were protected from unsafe care and treatment, by; ensuring risks to service users were assessed and mitigated. Regulation 12 (1) (2) (a) (b).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured that sufficient systems were in place to monitor and improve the quality of the service, and to ensure risks to people were identified and mitigated. Regulation 17 (1) (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had failed to establish and operate staff recruitment procedures safely to ensure service users were not placed at unnecessary risk of receiving inappropriate care and support from people who might not be 'fit and proper' or of 'good' character. Regulation 19(1) (2) & (3)
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

People using the service were at risk of not always having their needs fully met because staff had not received all the training and support they required to enable them to carry out the duties they were employed to perform safely and to a relevant standard. Regulation 18(2) (a)