

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We last carried out an unannounced comprehensive inspection of this service on 2 June 2016 when we found the provider was in breach of four regulations. These related to the provider's fire safety arrangements, staff recruitment and use of volunteers, staff training and support, and governance systems. Following our inspection the provider sent us an action plan which stated what they would do to make the necessary improvements. We undertook this unannounced focused inspection on 24 November 2016 to check the provider had implemented their action plan and were now meeting legal requirements.

This report only covers our findings in relation to this inspection. You can read the report from our previous comprehensive and focused inspections, by selecting the 'all reports' link for 'Sunlight House' on our website at www.cqc.org.uk.

Sunlight House is a small care home that provides accommodation and personal care and support for up to four younger adults. The service specialises in supporting young people living with a learning disability or mental ill health. There were four people living at the home 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). 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.

During our focused inspection, we found that the registered provider had followed their action plan and now met legal requirements.

Specifically, we found the provider's fire safety arrangements had been improved. Since our last inspection a fire safety risk assessment for the premises and personal emergency evacuation plans (PEEP) had been created in respect of all four people who lived at the home.

The provider had improved their staff recruitment practices. Appropriate employment and criminal records checks had been carried out on all new staff to ensure they were suitable and fit to work at the home. In addition, the provider confirmed they no longer employed untrained volunteers to support people living there.

We also saw improvements had been made to the way staff were trained and supported to meet people's needs. Staff training was in areas and topics relevant to their work which included courses on learning disability and mental health awareness. Staff also received regular supervision meetings with their line manager and had their working practices appraised annually.□

The way the provider assessed and monitored the quality and safety of service people received had

improved. A range of regular audits had been introduced by the registered provider to help them continually review and monitor staff recruitment, training and support, and their fire safety arrangements. This help ensure staff remained suitably fit and competent to work at Sunlight House and fire safety arrangements were fit for purpose.

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. We found that appropriate action had been taken by the provider to improve safety.

The provider's fire safety arrangements were now robust. A fire risk assessment for the premises had been undertaken and personnel emergency evacuation plans were in place for everyone who lived at the home. This meant fire safety risks people might face were identified and suitably managed.

The provider had checked the suitability and fitness of staff to work for the service. They no longer recruited or used volunteers.

Requires Improvement ●

Is the service effective?

We found that appropriate action had been taken by the provider to meet legal requirements.

The provider ensured staff were appropriately trained and supported to carry out the duties they were employed to perform.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

Requires Improvement ●

Is the service well-led?

We found that appropriate action had been taken by the provider to meet legal requirements.

The provider operated effective governance systems and regularly checked the quality of care people received.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require the service to have a registered manager in post and demonstrate sustained good practice in relation to the operation of the providers governance systems.

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 unannounced focused inspection was undertaken by a single inspector on 24 November 2016. The inspection was carried out to check all the improvements the provider said they would make to ensure they met their legal requirements had been implemented. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached at their last inspection.

During our inspection we spoke with all four people who lived at the home and three members of staff, including the senior support worker who was in charge of the shift at the time of our visit.

Records we looked at included all four care plans that were in place for everyone who lived at the home, ten staff files and various other documents that related to the overall management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Sunlight House. One person said, "I feel safe here because I know the staff will look after me." Another person told us, "I like and trust the other people who live with me and the staff that work here."

At our last inspection of the service in June 2016 we rated them 'requires improvement' when answering the key question 'is the service safe?' This was because we found concerns with the provider's risk management and staff recruitment arrangements. Specifically, we found gaps in staff recruitment checks the provider should have undertaken to ensure volunteers they employed were suitable to work for the service and fire safety risk assessments for the building and people who lived in the home.

At this inspection we found the provider's fire safety arrangements had been improved. People living in the home told us they knew what to do in the event of the fire alarm being activated. One person said, "We often practice going out of the house with staff when the fire bell goes off." Another person told us, "I would run out of the front door as quickly as I could, which we did with the staff the other day." We saw one person who lived at the home had recently completed a fire awareness training course at college. Minutes of meetings involving people living in the home indicated the services emergency evacuation procedures were a regular agenda item. This was confirmed by discussions we had with two people who lived at the home and a senior member of staff.

Records showed since our last inspection a fire safety risk assessment for the premises and personal emergency evacuation plans had been developed for all four people who lived at the home. This provided staff with clear guidance about what action to take in the event of the services' fire alarm being activated, including emergency evacuation procedures. Other records we looked at indicated fire evacuation drills involving people living in the home and staff were carried out at regular intervals. The services fire alarm system continues to be tested weekly. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they had received fire awareness training in the last six months.

We also found improvements had been made to the process followed by the provider when recruiting new staff to the service. For all new staff, the provider had obtained recent employment and character references to verify staff's skills, experience and suitability for the role. The provider continued to ensure they obtained evidence of staff's identity, right to work in the UK, training undertaken and criminal records checks. These measures enabled the provider to assess that staff were suitable and fit to support people. Staff told us the service no longer employed volunteers and we saw this was reflected in their staff recruitment policy.

Is the service effective?

Our findings

People told us they felt staff were well trained. One person said, "I think the staff who work here must be well trained because they are all pretty good at what they do." Another person told us, "Staff know what to do. They're trained to be carers and are good at their job."

At our last inspection of the service in June 2016 we rated them 'requires improvement' when answering the key question 'is the service effective?' This was because we found the provider had failed to ensure all staff were suitably trained and supported to effectively perform their roles and responsibilities. Specifically, staff had not received training in some key aspects of their role that included supporting people living with a learning disability and mental ill health. In addition, staff did not attend regular individual supervision meetings with their line manager or have their work performance appraised annually, contrary to the provider's staff supervision and appraisal policy. This meant opportunities for staff to review and develop their working practices were limited.

At this focused inspection we found the provider had taken appropriate action to follow their improvement plan and address the staff training issues we identified at their last inspection. We found people received care and support from staff who were appropriately trained. The provider collaborated with a range of different external agency's which included the local authority, Skills for Care and a private company which provided staff training. Records showed since our last inspection staff had received learning disability and mental health awareness training from the agencies described above.

Staff we spoke with confirmed they had attended a number of training courses in the past six months that had included learning disability and mental health awareness, supporting people with diabetes, equality and diversity and safeguarding adults at risk. Staff spoke positively about the training they had received. One member of staff told us, "We've had a lot of training lately. Last month I attended a learning disability and mental health awareness course and refreshed my safeguarding training." Staff demonstrated a good understanding of the specific needs and preferences of the people they supported. For example, we saw staff actively encouraged and supported two people to make a meal in the kitchen, which their care plans clearly stated was an independent living skill and personal goal both these individuals wanted to achieve.

The support staff received from the registered provider and senior staff had also improved. There was a supervision and annual appraisal framework in place through which staff had regular, planned meetings with the registered provider or a senior staff member. Records showed during 2016 long standing members of the staff team had received at least two individual supervision meetings with the registered provider or senior staff and had their work performance in the past year appraised.

Staff spoke positively about the support they received from the registered provider and senior staff. One member of staff said, "I feel supported by the owner [registered provider]. They're very understanding about my home situation and take this into account when giving me shifts." Another member of staff told us, "I tend to meet with senior staff every three or four months, which is in addition to the staff meetings we're always having here. We meet up pretty regularly these days." A senior member of staff confirmed these

individual and group meetings were used to review staffs' working practices and professional development, as well as provide staff with the opportunity to discuss their work and any issues they might have.

Is the service well-led?

Our findings

At our last inspection of the service in June 2016 we rated them 'requires improvement' when answering the key question 'is the service well-led?' This was because we found the provider did not operate effective governance systems. Specifically, their governance systems had failed to identify a number of the issues we found at our last inspection in relation to assessing and managing fire safety risks to people, recruiting suitable staff and volunteers, and ensuring staff were properly trained and supported to carry out their roles.

During this focused inspection we found the provider had taken appropriate action to follow their improvement plan and address the quality monitoring issues we identified at their last inspection. Records showed an updated fire risk assessment for the premises and personal emergency evacuation plans had been developed for everyone who lived at the home. Senior staff told us these fire safety assessments would be reviewed annually by the registered provider to ensure they remained accurate and current.

We saw since our last inspection the registered provider had introduced a new log book which they used to keep an up to date record of any training, supervision and appraisal dates staff had received, as well as the due dates for their of next training course or supervision/appraisal meeting. The meant the register provider was able to closely monitor and plan the training and support their staff received. We also saw the provider had created a new audit template to record the issue date of staffs Disclosure and Barring Service (DBS) checks so the registered provider would know when DBS checks were due for renewal which according to the provider's policy was three years.