

Moonesswar Jingree
Sunlight House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sunlight House is a small care home that provides accommodation and personal support for up to four people. The service specialises in supporting younger adults who have mental health needs and/or a learning disability or an autistic spectrum disorder. There were four people using the service at the time of our inspection.

The service is owned and managed 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.

We last carried out a comprehensive inspection of this service on 2 June 2016 when we found the provider to be in breach of the regulations. Consequently we rated them 'Requires Improvement' overall and for the three key questions 'Is the care home safe', 'effective' and 'well-led'. This was because the provider had failed to ensure their fire safety arrangements, staff recruitment, staff training and support, and governance systems were well-managed.

We undertook a follow-up focused inspection on 24 November 2016 to check the provider had implemented the improvement plan they had sent us and addressed all the aforementioned issues. However, whilst we saw improvements had been made by the provider to meet the regulations we did not change their overall rating of 'Requires Improvement' because we wanted to see they could consistently sustain these improvements over time.

At this comprehensive inspection we found the provider continued to maintain the improvements they had achieved at their previous inspection in relation to their fire safety, staff recruitment, staff training and support, and governance arrangements. However, the improvements described above notwithstanding we continued to rate the service as 'Requires Improvement' overall. This was because we identified a new breach of the regulations. Specifically, the provider had failed to submit statutory notifications to us about several police incidents involving people using the service. Providers are required by law to notify the Care Quality Commission (CQC) without delay about the occurrence of any incidents or events that adversely affect the health, safety and well-being of people using the service. This meant we did not know what action the provider had taken to keep people safe and mitigate the risk of similar incidents reoccurring.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009. You can see what action we told the provider to take at the back of the full version of the report.

In addition, we found inappropriate language had been used to describe people in their care plan. We discussed this with the registered provider who agreed to review and amended care plans where appropriate, and to remind staff not to use inappropriate language to describe people in future. Progress

made by the service to achieve this stated aim will also be assessed at their next inspection.

The aforementioned issues notwithstanding people told us they remained happy with the standard of care and support they received at Sunlight House. We saw staff looked after people in a way that was compassionate and kind. Staff had clearly built up good working relationships with people using the service and their relatives. Our discussions with people, their relatives and community health and social care professionals supported this.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs and wishes. Personal fire safety risk assessments remained in place and people routinely participated in fire evacuation drills. Staff recruitment procedures were robust which mitigated the risk of people being cared for by unsuitable staff. There were enough staff to keep people safe. The premises were safe for people to use because managers and staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff continued to receive appropriate training and support from the registered provider which ensured they had the right knowledge and skills to meet people's needs. People were supported to eat and drink enough to meet their dietary needs and preferences. They also received the support they needed to stay healthy, both physically and emotionally, and to access health and social care services as and when they required.

Staff continued to care and treat people with dignity and respect. People's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met. This meant people were supported by staff who knew them well and understood their personal needs and preferences. Staff encouraged people to actively participate in meaningful leisure, educational and vocational activities that reflected their interests and to maintain relationships with people that mattered to them.

People and staff spoke positively about the management style of the registered provider who led by example. The service had an open and transparent culture. People and their relatives felt comfortable raising any issues they might have about the home with the registered provider and staff. The service had arrangements in place to deal with people's concerns and complaints. The provider routinely gathered feedback from people using the service, their relatives and professional representatives which they used to improve the quality of the service they provided at Sunlight House. They also continued to regularly carry out a range of audits to assess and monitor the quality and safety of the home.

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. The provider continued to complete checks to ensure as far as possible, only suitable staff were employed. There were enough staff to meet people's needs.

Staff knew how to safeguard people at risk. There were assessments in place to ensure people were kept as safe as possible.

Medicines were managed safely and people received them as prescribed.

Good ●

Is the service effective?

The service was effective. Staff continued to receive their required training and were adequately supported by the registered provider and senior staff team. This meant they had the right knowledge and skills to undertake their roles.

The registered provider was knowledgeable about and adhered to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy, both physically and emotionally, and to access healthcare services.

Good ●

Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Good ●

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive. Although personalised care plans were in place which set out clearly how staff should meet people's care and support needs; we found inappropriate language had been used in some care plans we looked at.

People were involved in discussions and decisions about their care and support needs. Staff understood the individual needs, preferences and interests of the people they supported.

People had sufficient opportunities to participate in a wide variety of meaningful social, leisure and educational activities at home and in the local community that reflected their social interests.

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

Is the service well-led?

Some aspects of the service were not well led. This was because the provider had failed to notify the CQC without delay about the occurrence of police incidents involving people using the service, which they are legally required to do so.

The provider continued to routinely gather feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Requires Improvement' annually. This unannounced inspection took place on 13 September 2017 and was carried out by a single inspector.

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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During the inspection we spoke with a range of people about this service either in person or by telephone. They included two people using the service, two of their relatives, the registered provider who also managed the service and two senior support workers. We also received written comments from two local authority social care professionals who had clients living at Sunlight House. Throughout our inspection we undertook general observations of staff interacting with the people who lived at Sunlight House. We also looked at a range of records including care plans for all four people using the service, four staff files and other documents that related to the overall governance of Sunlight House.

Is the service safe?

Our findings

At our last inspection of this service in November 2016, we found the provider had improved their staff recruitment and fire safety arrangements. Specifically, we saw fire safety risk assessment for the premises and personal emergency evacuation plans (PEEPs) had been developed in respect of everyone using the service and appropriate employment and criminal records checks carried out in respect of all new staff.

Since our last inspection the provider had not employed any new staff, but was in the process of checking the suitability and fitness of a prospective new recruit. The provider confirmed this person had not been permitted to commence working at the service while they continued to check their proof of identity, criminal record and employment references. Records showed the provider continued to carry out criminal records checks at three yearly intervals on all existing staff to assess their on-going suitability.

At this inspection we found the provider continued to maintain improvements they had previously made. For example, records showed the service had put in place a personal emergency evacuation plan for a person who had moved into Sunlight House within the last three months. This record made it clear to staff the help this person would need to leave the building safely in the event of a fire. We saw fire alarms and extinguishers were regularly tested and serviced in accordance with the manufacturer's guidelines. Staff demonstrated a good understanding of their fire safety responsibilities and confirmed they continued to participate in fire evacuation drills of the home at least bi-annually and had received fire safety training in the last 12 months.

Medicines continued to be managed safely. People told us they were given their medicines on time as they were prescribed. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines were safely stored away in a locked medicines cabinet in the office. Medicines administration records (MARs) were also appropriately maintained by staff. For example, there were no gaps or omissions on any of the medicines records we looked at. Stock and balance checks we carried out of people's prescribed medicines confirmed they had been given as indicated on people's MAR sheets. Staff had received training in the safe management of medicines in the past year and their competency to handle medicines safely was routinely assessed. A recent medicines audit undertaken by a community pharmacist in July 2017 showed they were satisfied the service's medicines management.

We noted MAR sheets did not include a profile photograph of the person prescribed the medicines. We discussed this with the registered provider who agreed it would be a good idea to have a photograph of people on their MAR sheet to minimise the risk of staff administering medicines to the wrong person.

People told us they felt safe living at Sunlight House. One person said, "I do feel safe staying here. There's always a member of staff around, even at night", while a relative told us, "I think my [family member] is a lot safer living here with staff than they were at their old place."

People were protected from the risk of abuse or harm. Since our last inspection all staff had refreshed their

safeguarding adults at risk training. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people who lived at the home. Staff, had also received positive behavioural support training and were able to explain how they would support people when they behaved in way that challenged the service. This helped staff maintain people's safety.

The provider identified and managed risks appropriately. A healthcare professional told us, "Staff appear to be good at following the risk management plan and the guidelines that are in place to minimise the risks associated with my client." The registered provider and staff assessed and reviewed risks to people due to their specific health care needs. Risk management plans were in place for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. For example, risk management plans were in place that enabled people to travel independently in the wider community, make their own hot drinks and access sharps from a locked draw in the kitchen when required.

The environment was well-maintained which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in relation to the service's portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden.

There were enough staff to support people. Throughout our inspection we saw staff were clearly visible in the communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff responding quickly to people's questions about managing their money and their planned activities for the day. We saw the staff rota was planned in advance and took account of the number and level of care and support people required in the home. The registered 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.

Is the service effective?

Our findings

At our last inspection of this service in November 2016 we found the provider had improved the way they trained and supported staff. Specifically, we saw all staff had received learning disability and mental health awareness training, and had regular one-to-one supervision and appraisals meetings with the registered provider.

At this inspection we found the provider had maintained a rolling programme of training and support for staff to help them to meet people's needs. A healthcare professional told us, "Our client has a keyworker who has experience with working with people with mental health issues." Records indicated in the last 24 months staff had refreshed their existing knowledge and skills in a range of topics that were relevant to their roles. This included food hygiene, dignity in care, first aid, equality and diversity, infection control and health and safety. In addition, the registered provider and senior staff had recently received specialist training in the misuse of drugs and alcohol and diabetes awareness, which meant they had the right mix of knowledge and skills to meet people's specific needs. Staff spoke positively about all the on-going training they had received. One member of staff told us, "I've done a lot of E-learning on the computer recently and have managed to update my mandatory training in safeguarding, food hygiene and infection control."

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff continued to regularly attend one-to-one supervision meetings with the registered provider who also appraised their overall work performance annually. Staff told us the registered provider regularly worked on shift in the home and would always make himself available to discuss their work and training needs.

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).

People told us staff enabled them to make choices and decisions and sought their consent to support them. For example, although there were key codes on the front door people we spoke with said staff would always open this door which lead externally on request and could access the local community whenever they wished. During our inspection we observed two people go out unaccompanied by staff. Staff confirmed these people had decided to visit their next of kin and both had the capacity and skills to travel independently in the wider community. Staff received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities under the Act. For example, staff were aware using the service had the capacity to make decisions. There were no DoLS authorisations in place at the time of our inspection.

People were supported to have enough to eat and drink. People typically described the food and drink they

chose to have as "good". Feedback included, "The food is very good. I can choose what to eat and drink whenever I want"; "I like takeaway pizza which we sometimes have", and "The staff often make my [family member] chicken curry and semolina, which is their favourite." We saw care plans included detailed information about people's food preferences. Staff weighed people if they had concerns about them gaining or losing too much weight and liaised with health care professionals appropriately.

People were supported to maintain their physical and mental health. We received positive comments from a healthcare professional who told us, "I am satisfied that [name of client] is very well supported by staff with making and keeping their health appointments. I am also impressed they receive support to minimise their physical health care needs by having a 'tailor made' cooking program." Staff ensured people attended scheduled appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, opticians, dieticians and consultants overseeing people's specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. People also had a hospital passport. This is a document that has been specially developed for people with a learning disability and contains important information medical staff may need to know about a person's personal and health care needs in the event that they are admitted to hospital.

Staff remained alert and acted quickly when people became unwell or needed additional assistance with their mental or physical health care needs. The registered provider gave us a good example of how they worked closely with a person using the service, their next of kin and a medical staff at a local hospital to ensure this person's deteriorating health condition with their consent was accurately diagnosed and they received the medical treatment they needed.

Is the service caring?

Our findings

People and their relatives spoke positively about the service and the staff. Typical comments we received included, "I'm very happy living here. The staff are good to me", "Eventually I would like to get my own place where I can live more independently, but until then I'm quite happy staying at Sunlight House...the staff do look out for me and are there for me whenever I need them" and "The staff do an excellent job looking after my [family member]. I can confidently say my [family member] is well cared for at the home and is happy living there."

Social care professionals were equally complimentary about the service their clients received at Sunlight House. Typical comments we received from them included, "I am very satisfied with the care provided by the home", "The staff and management at Sunlight House are not only professional in executing their duties, but are also friendly and welcoming to both residents and visitors" and "I have no concerns with the care home and I am exceedingly appreciative of the support and care they offer my client."

Throughout our inspection we saw positive relationships had been developed between staff and people using the service. People looked at ease and comfortable in the presence of staff. Conversations between people living at Sunlight house and staff were characterised by warmth and we saw several good examples of staff sitting and talking with people in a relaxed and friendly manner.

People continued to be supported to maintain relationships with people that mattered to them. Relatives and social care professionals who told us they frequently visited the home said the owner and staff always made them to feel welcome. Staff confirmed two people were actively encouraged and supported to regularly visit and/or stay over with their next of kin.

People's privacy and dignity continued to be respected and maintained. People told us they had been given keys to lock their bedroom door if they wished and staff respected their privacy. One person said, "I let the staff know if I want to be disturbed when I'm in my room, which they do respect." We observed staff address people by their preferred name. 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 to do so.

People's diverse cultural and spiritual needs and wishes were respected and met in an appropriate way. People told us staff respected their cultural and spiritual needs and wishes. One person said, "Sometimes I go to church with staff", while another person's relative told us, "My [family member] really enjoys the curry and semolina dishes the staff make here, which are really popular in the African country we're originally from." Information about people's ethnicity and spiritual needs were included in their care plan. Records indicated staff had received equality and diversity training and they demonstrated a good awareness of people's diverse cultural and spiritual heritage. 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 continued to support people to be as independent as they wanted to be. People gave us some good examples of tasks they often did for themselves sometimes with minimal help from staff, which included doing their own food shopping, spending their own money, preparing the meals and drinks they wanted, washing up after they had eaten and keeping their rooms clean. A social worker also told us, "Our client has significantly improved their independent living skills which has had a positive impact on their mental health and well-being. This has included attending independent living courses at a local college." On several occasions during our inspection we observed people make their own drinks in the kitchen and travel independently without staff support in the wider community.

Is the service responsive?

Our findings

People received person centred care and support. A social worker told us, "I feel they [the service] provide my client with person centred support." We saw each person who lives at the home had a care plan. These plans were personalised and reflected the Care Programme Approach (CPA) which is a type of care planning specifically developed to care for people with mental health care needs. Care plans contained detailed information about people's personal, social and health care needs, abilities, and the level of support they required from staff to stay safe and well. They also included detailed information about people's life history, daily routines, social interests, food and drink preferences, and relationships they had with people that mattered to them.

However, we also found inappropriate language had been used in a care plan to describe a person. For example, one care plan contained a number of phrases with negative connotations that staff had used to describe a person. We discussed this with the registered provider who agreed that some of the language and phrasing used in the care plan was wholly inappropriate. The provider agreed to look at everyone's care plan, remove any language used with negative connotations and to remind staff not to use such inappropriate wording in care plans in the future. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

Staff were knowledgeable about the people they supported and knew what was important to them. This was evidenced by the knowledge and understanding they had about people's needs, preferences and wishes. For example, staff were able to explain to us what people were able to do independently by themselves and what they needed support with, which included preparing hot drinks and meals or travelling without staff assistance in the wider community. During our inspection we observed two people go out on their own to visit relatives, which their care plans clearly stated was something these individuals both liked to do.

Care plans were reviewed bi-annually, or sooner if there had been changes to people's needs. People told us staff encouraged them to participate in these reviews and to help them develop their care plan. 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.

People were given choices about various aspects of their daily lives and constantly consulted by staff about what they wanted to do. People told us staff supported them to make choices every day about the clothes they wore, the food they ate and social activities they participated in. One person said, "I buy my own clothes when I go shopping", while another person remarked, "When I go out shopping with staff, I buy the food I like to eat." During our inspection we observed staff support people to prepare a variety of meals they had chosen to eat for their lunch. We also noted these meals were served at various times of the day. People told us they chose when and where they ate their lunch. Daily records showed people had a wide range of meals to choose from at mealtimes.

People were supported to pursue social, educational and vocational activities that were important to them.

People told us they had enough opportunities to engage in social activities that interested them. Typical feedback we received included, "This summer I went with staff on a day trip to Brighton and the pier there, which I really enjoyed", "I think my [family member] hasn't time to get bored at the home these days" and "I go to college every week and recently I won an award from the Mayor for my work." During our inspection we saw people playing pool in the conservatory, have family members visit and staff support people to access the wider community, which included visiting a local library. Records showed people were active members of the wider community and regularly went out to a local day centre, college, a gym, a library and various places of worship, parks, shops, cafes, restaurants and pubs. Staff confirmed people had been on various day trips to the coast and holidays during the summer months. The registered provider also told us one person who lived at the home regularly helped out as a volunteer at a local homeless shelter preparing and serving meals.

The provider responded to complaints appropriately. People and their relatives 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. The registered provider confirmed they had received one formal complaint since our last inspection which they were currently investigating.

Is the service well-led?

Our findings

The provider did not demonstrate a good understanding of their legal obligation to notify the CQC without delay about incidents which had adversely affected the health, safety and welfare of people using the service. Records indicated the provider had not reported the occurrence of three incidents involving a person who lives at the home and the police since our last inspection. Although it was clear from records we looked at and the feedback we received from the provider, these incidents had been appropriately managed by the service; they had still failed to let us know these incidents had occurred. We need to be notified without delay about such incidents so we can make an informed decision about whether or not to take up follow-up action. For example, based on the information we might receive from a provider about an incident we may decide to contact them to find out if the people involved were now safe and what steps they planned to take to mitigate the risk of similar incidents reoccurring.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009.

At our last inspection of this service in November 2016 we found the provider had improved their governance arrangements which ensured they monitored the quality and safety of the service people received. At this inspection records indicated the registered provider continued to routinely check the quality of their arrangements for managing fire safety, staff recruitment, staff training and supervision, health and safety, care planning and risk assessing and medicines.

Sunlight House had an effective management structure in place. A social worker told us, "The management is efficient at the home." The registered provider was supported by two senior staff members. Staff we spoke with were caring and dedicated to meeting the needs of the people using the service.

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. One person said they had asked the staff if they could go on more days trips, which we saw had happened over the summer. 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 routinely obtain feedback from people's relatives and professional representatives including community psychiatric nurses and social workers. 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. A member of staff told us, "I get on well with the owner [registered provider] and have always found him to be supportive." Staff meetings were held monthly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home. Staff also shared information through daily shift handovers and a communication book.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had failed to notify the Care Quality Commission without delay about incidents involving people using the service which had been reported to, or investigated by, the police. Regulation 18(2)(f)