

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Sunlight House

412 Hillcross Avenue, Morden, SM4 4EX

Tel: 02085420479

Date of Inspection: 05 November 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Moonesswar Jingree
Overview of the service	Sunlight House provides support for up to four people who have mental health needs or learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with all of the people using the service and some of their relatives during our inspection. The majority of people spoke positively about staff. Comments ranged from, "they're nice people", "staff are good, caring and supportive" and "the staff are friendly and make you feel very welcome. They are very kind and gentle people." Most people agreed they received the care and support they needed. However some people felt there should be more activities, particularly in the evenings and weekends that focused specifically on the needs of people using the service. We also spoke with the provider, who was the manager, and two carers, one of whom was a senior carer.

We looked at annual surveys completed by people using the service, their relatives and other healthcare professionals involved in people's lives. The majority of people that completed these were positive about the care and support provided by the service. People had been given opportunities through the survey to give their feedback and make suggestions about improvements. People we spoke with knew how to make a complaint if they were unhappy about the service. The majority of people said staff were approachable and easy to talk to. However some people said the provider did not always resolve things quickly.

We looked at people's individual records and saw plans were in place to care for and support them, based on an assessment of their specific needs. People had been able to sign their care plans to agree to the care and support that had been planned. Records showed people's families and other healthcare professionals had also been involved in making decisions about people's care and support.

Risks to people's health, safety and welfare had been identified and plans were in place to manage these. People's care plans had been reviewed so that staff had up to date information about people's current care and support needs. There were enough staff, at the time of our inspection, to meet these needs.

People's individual rooms were clean and tidy and free from malodours. Communal areas in the home were mainly clean and tidy.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the personal records of all of the people using the service. Each person had an individualised plan which detailed their specific care and support needs. It was clear each person had been involved in developing their plan. Their preferences and choices for how they were looked after formed part of their plan of care and support. People had signed their agreement to the care and support planned for them.

We noted in people's plans staff were given instructions to ensure people were enabled to follow the routines they wanted and encouraged to make the final choice about their care and support needs. We spoke with people using the service who told us staff sought their permission before they entered their rooms and carried out any care and support.

The provider told us when people needed help to make more difficult or complex decisions, their families and other healthcare professionals involved in their lives, had supported them, and in some cases made them on their behalf. From the records we looked at we saw people were encouraged and enabled to maintain strong family relationships. It was clear families had been involved in supporting people to make decisions about their care and support. One person using the service told us, "Some of the decision making confuses me a bit but I have my family involved and they have made certain decisions about where I live." Another person said they were happy for their relative to make decisions for them.

Each person using the service had an annual review of their care and support needs. These reviews had involved people using the service, their families, their key worker, the provider and other health care professionals involved in their lives such as mental health professionals. From the minutes of these reviews we saw people's care and support was discussed to ensure their needs were being met by the service. Decisions that were taken about people's care and support were documented.

The provider said senior staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way. This is only done when it is in the best interests of the person using the service and there is no other way to look after them. The provider confirmed no-one using the service at the time of our inspection was subject to a DoLS order.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We asked people using the service and their relatives what they thought about the care and support they received from staff. One person said, "Staff are good, caring and supportive." Another told us, "The staff are friendly and make you feel very welcome. They are very kind and gentle people." Another said, "I'm quite satisfied with the standard of care they provide."

From people's individual records we saw daily and weekly activities had been planned for them. People we spoke with told us about the college courses they attended and the activities they undertook at the local drop in centre. Most people we spoke with told us people using the service were supported to be as independent and active as possible. One person was able to make regular unsupervised trips outside of the home. An appropriate safety protocol was in place for this person to ensure they were able to stay safe in the community. However some people said they wanted more activities in the evening and at the weekend which specifically focused on the needs of people using the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person using the service had a current care plan which had been developed from an assessment of their individual care and support needs. These assessments had been carried out by senior staff with people using the service, their relatives and other healthcare professionals involved in their lives, such as social workers and mental health professionals. From the plans we looked at people's choices for how they received care and support was reflected within them. For example detailed instructions were in place for staff on how to support people to get washed and dressed in the morning. This included prompts for staff on how to encourage and support people to do this as well as guidance about how to respect people's wishes if they didn't want to consent. Staff had documented the care and support given in people's daily records. From these we saw people received the care and support which had been planned for them.

People's records also contained detailed information about their medical appointments and visits. Outcomes from these visits were documented. The provider told us people's care and support needs were reviewed when there were any changes to their general health. We saw for one person, their needs were reviewed by staff following a recent period of

illness.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw staff had carried out risk assessments for each person to identify risks to their health, wellbeing and safety. Where risks had been identified, there was written guidance for staff about how these were to be managed.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We looked at the service's policies and procedures for the prevention and control of infections. These set out staff's responsibilities and duties for; infection control, environmental cleaning, dealing with spillages and accidents, safe handling of sharps and emergency cleaning and sanitation.

We also looked at the service's cleaning plan. This set out the cleaning tasks staff were required to carry out around the home on a daily basis. During our inspection we observed staff carrying out cleaning tasks throughout the home such as vacuuming of communal areas and cleaning of bathrooms. The provider told us they checked the home each day to make sure cleaning tasks had been completed by staff.

We saw the service used a colour coded cleaning system. This meant cleaning tools and materials, such as mops, buckets and cloths, were not used in multiple areas in the home. This reduced the risk of cross-infection.

We spoke with a staff member who told us they had received recent training in infection control. They told us they made sure they wore appropriate personal protective equipment (PPE) such as gloves and aprons, when carrying out personal care and general cleaning tasks around the home.

We observed communal areas in the home and people's rooms were generally clean and tidy. Most areas in the home were free from malodours. However we noted carpeting in the main entrance hallway smelt of urine. The provider told us the carpet had been soiled and as a result, they were obtaining quotes from specialist cleaners for a deep clean. They said the carpet would eventually be replaced for more suitable flooring. We will check progress against this at our next inspection. We noted there were supplies of PPE available and accessible around the home for staff.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs. We asked people using the service and their relatives for their views on staffing levels within the home. One person said they felt people using the service got one to one care whenever they needed this. Two people told us a staff member was always available if you needed them.

We checked staffing levels in the home on the day of our inspection. The provider was on duty along with two carers, one of whom was a senior carer. We noted from the staffing rota three staff were scheduled for duty in the morning which reduced to two members of staff during the afternoon and through the night. We also checked staffing rotas for the preceding three weeks and found this level had been consistently maintained throughout that period.

The provider told us the numbers of staff on duty could vary each day. This was because people using the service undertook different activities outside of the home during the week so staffing levels were planned dependent on who was at home and what care and support they required.

The provider said the the service had enough staff to meet the needs of people using the service. They told us they were currently exploring options to use temporary staff, for additional resilience and support, if this should be needed in the future.

During our inspection we observed staff were easily accessible and visible to people using the service. This meant when people needed help and assistance saw staff were at hand to provide this quickly and promptly.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The service sought feedback from people using the service, their relatives and other healthcare professionals through annual surveys. The last survey took place in October 2012. We looked at completed surveys from people using the service and noted they had been asked for their views and experiences about the service. All the people that responded were positive about the care and support they received.

We also looked at surveys completed by relatives and healthcare professionals. Positive comments had been made about the care and support provided, such as, "The staff looking after our client are always very helpful, approachable and caring." And "My client leads a very full life and this is testament to the staff."

The provider told us regular meetings had taken place with people using the service to ask for suggestions and ideas they had for improvements. We asked to see the minutes from these meetings. The last documented meeting took place in May 2013. This had been attended by all of the people using the service. We saw from these minutes people's views and suggestions about the service, the meals they ate and activities in and outside of the home were sought and documented. The provider told us subsequent meetings had been held but we did not see evidence of this. The provider may find it useful to note the lack of documented meetings meant they could not assure themselves the views of people using the service were routinely sought and acted on appropriately by staff.

We saw evidence of checks that had been carried out by the provider in the home to manage and minimise risks to people's health, safety and welfare. Regular checks of hot water temperatures and fridge and freezer temperatures had been carried out and recorded. We saw evidence that fire drills took place monthly and fire equipment in the home had been recently checked. The provider told us they carried out a monthly health and safety and fire risk assessment of the home. These checks had been documented by the provider.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People were aware of the complaints system. We asked people using the service and their relatives what they would do if they were unhappy or wished to complain about the service. All of the people said they would speak to staff or to the provider if they were not happy. One person said, "I would go straight to the staff and speak to them." Another person told us staff were approachable and they would feel comfortable talking to them about any issues or concerns they had. Most people felt staff listened to them and acted on their concerns. However one person told us staff did not always resolve things as quickly as they would like.

We looked at other information to check if people using the service knew how to make a complaint if they needed to. We saw from the last annual survey from October 2012, people using the service were asked if they knew how and to who they should make a complaint to if they were not happy. All of the people that completed the survey had commented they would talk to staff about issues or concerns they had.

We were shown a copy of the service's complaints policy and procedure. The provider acknowledged this was out of date and had been subsequently updated however they were unable to locate the current policy and procedure. They told us the home had recently been redecorated and the policy and procedure had not been put back on display. The provider may find it useful to note in the absence of a current policy and procedure on display, people were not fully informed of their right to make a complaint if they were unhappy with any aspect of the service.

The provider told us the service had not received any complaints in the preceding twelve months. We looked at the service's complaint's log which confirmed no complaints had been recorded during this time.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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