

Vista Care Solutions Limited

Sunlight Care (Park View)

Inspection report

13 Gedling Grove
Radford
Nottingham
Nottinghamshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Sunlight Care is a residential care home providing personal and nursing care to up to a maximum of 14 people. The service provides accommodation and support to people living with learning or physical disabilities and Autism. At the time of our inspection there were 10 people using the service.

Sunlight Care is set out over two floors, with access via a lift for people who reside on the first floor. The service is set in a residential area of Nottingham, with a small accessible garden area to the rear. The home has full access for wheelchair users and has recently completed a refurbishment programme to enhance the environment.

People's experience of using this service and what we found

Whilst the size of the service is larger than best practice guidance would recommend for people with learning disabilities, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

Staff supported people to have the maximum possible choice, control and independence over their own lives. Staff understood people's strengths and promoted what they could do, so people experienced fulfilling everyday lives. People were provided with a safe, clean, well equipped, and well-maintained environment that met their sensory and physical needs. People were involved in personalising their rooms in the service and benefitted from the enhancement of their environment.

Staff supported people with their medicines in a safe way that promoted their independence and achieved the best possible health outcome. Staff ensured people had full access to health and social care to maintain their health and wellbeing.

Right Care

People received compassionate care from kind staff who understood and responded to their individual needs. Staff were respectful of people's privacy and dignity.

Staff understood how to protect people from potential abuse. The service worked well with other agencies to do so. Staff were trained in how to recognise and report abuse and understood their responsibility to do so. The service had a consistent skilled staff team, who met people's needs and kept them safe. Staff understood people's individual communication needs, so people received consistent care.

Right Culture

People led inclusive lives because of the organisational values and staff qualities. People received quality care and support because sufficient numbers of skilled staff understood their specific needs. The service had enough staff, including one-to-one support for people to participate in activities and visits as part of their planned care.

People were supported by a staff team who understood the needs a person living with a learning disability and/or autistic person may have. Staff knew and understood people's cultural preferences and were responsive to their needs. Staff ensured people received support and encouragement to be as independent as possible and fulfil their aspirations.

People told us or communicated to us they were happy living at the service. Relatives gave feedback their family members were safe living at Sunlight. The service has created a homely atmosphere, where people and staff are happy and comfortable in the company of each other.

People were protected from the risks of abuse by staff who understood their responsibilities in relation to protecting vulnerable people.

People were supported by an experienced, knowledgeable team of staff who had been recruited safely. Staff knew people well and understood how best to communicate with them in a way they could understand.

The service was clean and there were robust infection prevention and control measures in place. Staff wore appropriate personal protective equipment, adhering to the current Government guidance.

The registered manager had implemented effective checks and audits on the quality and safety of the service. When shortfalls were identified, action was taken to address these.

The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their health outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 20 March 2019)

Why we inspected

This inspection was undertaken based on the date of the previous inspection of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sunlight Care (Park View)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors on site. One of these inspectors made calls after the site visit to relatives of people using the service, to gain their opinions of the care provided to their family members.

Service and service type

Sunlight Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunlight Care is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Clinical Commissioning Group and professionals who work with the service. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

On 13 April 2022 we communicated with five people who lived at Sunlight about their experience of the care provided. Some people who used the service who were unable to talk with us used different ways of communicating including using pictures, symbols, and their body language.

On 13 April 2022 we spoke with seven members of staff, the registered manager, the clinical lead, a nurse, three care staff and a member of the domestic staff. We reviewed a range of records. This included five people's care records and various medication records. We reviewed four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two people's relatives to seek their views on the quality and safety of the service their family members received. We spoke with one member of night staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Incidents and accidents were recorded to ensure that remedial actions were taken. We identified there could be an improvement in the way this information was shared with staff to enable better learning from incidents. The registered manager implemented this following our inspection.
- Where people had been subject to an accident, body maps were completed to highlight any injuries, with appropriate advice sought from healthcare professionals.
- Incident records clearly detailed the statutory organisations and people that were notified of the incident and any action that was taken to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had a range of systems in place to minimise the risk. Policies and procedures were in place and staff knew where to find these.
- Staff received training on safeguarding adults, and they explained how they would identify signs of abuse and report their concerns. They were confident the registered manager would listen to their concerns and take appropriate actions if necessary.

Assessing risk, safety monitoring and management

- Each person had individualised risk assessments in their care plan, relevant to specific areas of care they required support with. We saw these were regularly reviewed by the staff team, who had involved relevant health and social care professionals, family members or advocates.
- One relative told us, "All the staff are aware of my family member's needs, habits and how to approach them."
- People had specific personalised plans in relation to their safety and support needs when in the service or out in the community. People had easy read guides available to support them to stay safe. Any triggers for anxiety or stress had been identified, and the plans contained personalised signs or symbols to enable staff to communicate with people in the most effective way for them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. 'Any conditions related to DoLS authorisations were being met.' Where conditions were in place, applications for review and renewal had been made.

Staffing and recruitment

- Staffing levels were set according to people's dependency needs to ensure people were supported safely. On the day of our inspection we observed that people were supported by the right amount of trained staff, as reflected in their risk assessments.
- Recruitment processes were robust in ensuring staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity. All staff had an up to date Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines at the times they needed them and in a safe way. Medicines were stored securely in a temperature-controlled environment. Stock balance checks were taken daily to ensure medicine quantities were accurate.
- Medicines administration records (MAR) included a photograph of the person, and their clinical details. All the MAR we viewed were up to date and accurately completed.
- Where people received as required (PRN) medicines, detailed protocols were in place to ensure that staff were clear on when these medicines should be administered.
- Safe and effective processes were seen of the appropriate storage and management of controlled drugs.
- We found that staff were trained in the safe handling and administration of medications, and that competency checks were completed regularly by the manager to ensure this was maintained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors testing and vaccination status was recorded at the point of entry.
- We were assured that the provider was meeting shielding and social distancing rules. The service was well laid out, with people able to distance from each other when required, and be isolated if necessary, during an outbreak.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were observed wearing PPE as per the current Government guidance at all times during the inspection. The registered manager had a designated donning and doffing area for staff.
- We were assured that the provider was accessing testing for people using the service and staff. A regular testing programme was in place within the service, as per current Government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and well maintained throughout, with increased high touchpoint cleaning taking place daily.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date. The policies were reflective of current Government guidance.

Visiting in care homes

Visiting had been previously been facilitated within the service during the Covid-19 pandemic via the use of a 'Pod' within the foyer of the building. As the restrictions have been lifted, the registered manager had used people's rooms for visiting as this is a small service. We found that contact had been maintained throughout by letter, telephone, email or other electronic means to ensure people had kept in touch with their family members.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were developed and regularly reviewed for each identified need people had, with clear guidance for staff to follow on how to meet those needs.
- One relative told us how staff engaged with their family member, "They know what [Name] wants and are willing to do everything to accommodate them. Staff always try and engage them, with specific games like building bricks etc."
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's care plans and staff understood the importance of this to each person they supported.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed all staff had completed training which the provider has identified as being necessary. Staff described the training they had received such as moving and handling, safeguarding adults, the Mental Capacity Act (2005) and infection control.
- We saw from records staff were trained in the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt well trained and confident they had the skills needed to fulfil their role and were regularly assessed to ensure their competency. One staff member told us, "I take people to the local Deaf Society Club where I am learning British Sign Language to enable me to communicate with people."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met, and people received their meals with discreet support where required. We observed a pleasant lunchtime experience, with people given choices of menus, although we discussed with the registered manager that some people may benefit from pictorial guides in the dining room. The registered manager advised us they would implement this following our inspection.
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences, cultural requirements and consistency of food and drinks for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of regular meetings with the speech and language teams (SALT) to ensure people received the correct meals and support.

- Records showed people's oral health, weights, (along with blood pressure, and other clinical observations) were recorded regularly and any areas of concern shared promptly. These observations gave a good indication of the overall health of people using the service; and was an area of good practice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were attentive to people's health needs, we saw from records the service had identified when people required support and arranged for people to access a range of healthcare professionals; including GPs, dentists, opticians, dieticians and mental health team specialists when they needed them.
- We spoke with a relative who told us, "The district nurses were impressed with how well the service had looked after my family members' wound which was acquired in hospital."

Adapting service, design, decoration to meet people's needs

- The home was bright, clean and recently refurbished to a high standard.
- People's rooms were highly personalised with their belongings and decorated to their own tastes.
- The service benefitted from a spacious dining room and three lounge areas. This meant people did not have to convene in large groups for socialisation if they did not wish to. There was an accessible garden space, with patios, seating areas, a gazebo smoking area and raised beds of flowers.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff understood each person's individual health needs. They recognised potential signs of illness for each person and sought health care treatment and advice promptly when needed. For example, we saw that one person had been referred promptly for specialist diabetes support, after concerns regarding their food intake had been identified.
- Evidence of actions taken and communication with health and social care professionals was prominent within care plans to ensure staff had up-to-date information on treatment and health needs.
- Care plans contained detailed information on each person's oral health needs and how they wished to be supported by staff. People received regular dental check-ups and treatment. Where people were anxious or resistant about attending the dentist or other appointments, this was detailed in their care plans.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make

certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans. We saw that people had been supported to make choices with appropriate involvement from relevant health and social care teams.

- Staff understood the importance of supporting people to make choices about their daily lives. Where people had been unable to make important choices, records contained evidence to show that staff had followed best interest procedures to agree appropriate actions with professionals, relatives and advocates on behalf of the person.
- We spoke with a member of staff who explained the importance of supporting people to make choices about their support. They told us, "[Name] chooses what they want daily but if they ask for something like sweet food, we discuss better options they can have because of their diabetes. I always offer alternatives. It is always about considering the persons best interests whilst supporting to get enough nutrition."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew and understood people's individual care and support needs and routines.
- Staff gave good examples of how care was person centred, they had a positive and caring approach. Staff told us, "It's a really friendly home to be part of and I'm proud to be part of Sunlight."
- People were assisted by staff in a patient and friendly way. A relative told us, "They care about the residents, they come first and that's what the service is about."
- We observed interactions between staff and people which showed positive relationships had been developed. A relative told us, "I can't give enough praise to the people who have been there a number of years because of the relationships they've built up with my family member. They are more than just staff, they're like friends."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care, daily routines and preferences. Staff worked within the principles of the Mental Capacity Act. There was documentation to support this in people's care plans.
- People were invited to take part in resident's meetings. These meetings gave people and their relatives the opportunity to make suggestions, we saw that suggestions had been implemented following these meetings. One staff member told us, "We know the families well. I think that family have a lot of involvement here. People have involvement with their care."
- Another staff member said in response to their feelings about people's involvement with their care, "People are happy. They have freedom to do what they want to do and say what they want to say."
- Information on advocacy services was made available to people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Our observations of staff engagement with people confirmed this.
- People were supported sensitively when needing more supervision to keep them safe. Staff discreetly respected people's personal space.

- Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service ensured people's lives were enriched through activities and social events that enhanced their quality of life. We saw people were encouraged to be active participants in the local community if they wished and to enjoy fulfilling activities which had been tailored to people's individual interests.
- One person we spoke with told us how excited they were to be visiting a relative the following day. They explained what clothes they planned to wear for the visit, and what time they were leaving.
- People participated in a wide range of activities to meet their needs. During our inspection we saw people were supported by staff in a wide range of activities within the service, such as pampering, crafts, music and gardening.
- The service had a minibus for the use of people to travel to day centres or for leisure visits, which the registered manager hoped would be more accessible now that the pandemic restrictions had eased.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information they needed to make decisions in a format they understood. Staff understood how to communicate in a way that suited people as individuals. One person preferred a pictorial guide as this helped them communicate better and we saw this was provided for them in their support plan.
- The registered manager was receptive in providing any aids to assist communication for people. This included computer devices, mobile phones, alarms, signage, easy read material and others.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints and advocacy information was available in easy to read formats to help people understand. These were displayed at the service.
- People, staff and their relatives told us they had confidence in the registered manager and felt that any

concerns or queries they raised would be dealt with promptly. We saw from the last quality survey sent out to relatives that nobody had said they had raised any concerns or complaints regarding the service, but they were all clear about the complaint's procedure.

- One relative told us, "If there was ever an issue, I would feel I can raise it with any of the staff on duty. I feel very comfortable with raising anything but haven't had concerns."

End of life care and support

- End of life support plans were in place where people had wished to discuss this, detailing how people wanted to be supported at the end of their lives. These care plans were culturally sensitive, and relatives had been involved in these discussions.

- We saw staff had training in this area and had supported people with understanding death and bereavement. People had clear advanced decisions regarding their end of life wishes and feelings recorded in their care and support plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated and committed registered manager, supported by a staff team who strived to deliver the best person-centred care they could.
- One staff member told us, "I get on with everyone, the shift goes nice and smoothly. It's a place that you want to be at. It's like being at home, but in a really professional environment."
- Another member of staff said, "I'm proud of how the staff team work, and that residents are treated so well here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to notify all relevant agencies, including the Care Quality Commission, when issues had arisen. The registered manager sought advice when issues had occurred. There were clear governance processes in place. This gave the registered manager oversight of the service to ensure appropriate actions were taken to prevent recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure and staff understood their roles and responsibilities. There was a registered manager and senior staff who supported the whole staff team.
- The registered manager had a range of measures to quality monitor all areas of the service and make continual improvements. Audits were carried out by the registered manager and these were shared with the staff team at regular meetings. These included medicines and care plan audits.
- The registered manager had implemented 'champions' from the staff team, in key areas, such as; continence, medicines, safeguarding. Every person had a named nurse and a keyworker, to ensure people received continuity of care from staff who knew their needs well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved and consulted regarding their thoughts on the service. The service considered each person's individual communication style and ensured each person was given the

right support to make their views heard.

- The registered manager had used letters, email or video calls to enable people to contact relatives who did not live in the local area or who lived abroad.
- One member of staff we spoke with told us they, "Felt valued and respected." While another said, "The registered manager always listens and makes me feel valued."

Continuous learning and improving care

- The registered manager and staff team were supported and encouraged to learn and gain relevant qualifications. Staff explained how they were supported to learn in ways that suited their individual learning styles. The registered manager showed us they had refurbished an unused room upstairs to enable the staff to have a 'training suite' to improve their training experience.
- One member of staff told us, "Every day here you learn something new."

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. Records showed people had been referred appropriately to specialist health teams when required. The GP visited regularly and had a good relationship with the registered manager and staff team.