Sunrise Senior Living Limited

# Sunrise of Beaconsfield

## Inspection report

30-34 Station Road
Beaconsfield
Buckinghamshire
HP9 1AB

Tel: 01494739602

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 3, 4 and 6 September 2018. It was an unannounced visit to the service.

This service has a dual registration which means there are two registered providers jointly managing the regulated activities at this single location. They are: Sunrise Senior Living Limited and Sunrise UK Operations. This means the service is subject to one inspection visit however the report is published on our website twice, under each provider.

This was the first inspection since a change to the provider's registration.

Sunrise of Beaconsfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is divided into two 'communities', assisted living and reminiscence. Accommodation was located across three floors. There was a mixture of one bedded and studio flats. Rooms had been personalised by people. In the reminiscence unit each person had a memory box outside of their door. This was filled with items which invoked fond memories for people. The home had formal dining areas and a bistro. People were encouraged to use the bistro to make their own drinks and have snacks during the day. Throughout the home we noted drinks were freely available to people. People had a wide variety of seating areas and had access to a secure well-maintained garden.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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 received positive feedback from people, their relatives and staff on how the service was led. Comments included "You can phone them, email them. They are responsive, in a timely manner" and "On the whole it's well managed."

People told us staff were kind and compassionate and their privacy was respected. Comments included "People are friendly. The care is very good. We're very happy with the staff" and "My privacy is respected." People were encouraged to maintain important relationship and were supported to celebrate important life events.

The provider had processes in place to undertake pre-employment checks on staff to ensure they were suitable to work with people. People told us they were not always certain there were enough staff to support them. However, we observed call bells were answered quickly.

Staff were supported to develop their skills and knowledge through training. Staff were encouraged to share learning within the home and across the organisation.

Staff were aware of the need to report any incidents and accidents. The equipment used in the home was routinely maintained to ensure it was safe to use.

People were supported by staff that had developed a good working relationship with them. Staff were aware of people's likes and dislikes.

People had access to a range of activities, both within the home and in the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

We received mixed feedback about the deployment of staff at lunchtime.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

### Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

### Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People had care plans which reflected their individual needs.

## Is the service well-led?

Good

The service was well-led.

People were aware of who the registered manager and senior staff were.

People told us the registered manager and senior staff were approachable and managed feedback about the service in a timely manner.

# Sunrise of Beaconsfield

**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 was planned to check 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 the first inspection at the service since it was registered with CQC.

The inspection site visit activity started on 3 September and ended on 6 September 2018. Whilst at the home on the 3 and 4 September 2018 we spoke with 13 people and two relatives. We spoke with 12 staff which included the registered manager, deputy manager, care co-ordinators and support staff. We looked at nine people's care records, observed medicine administration and looked at six staff recruitment and training records. Following the visits to the home, we reviewed information we took away and received further feedback from staff and relatives. The registered manager and deputy manager sent us further evidence to consider. We have used all the information gathered to form our judgement.

On day one of the inspection, the team consisted of one adult social care inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two the same adult social care inspector was joined by another inspector.

We made general observations of the environment and witnessed interactions between people and staff. We cross-referenced practice against the provider's own policies and procedures.

Prior to the inspection the registered manager completed a Provider Information Return (PIR). We used information in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection we gave the registered manager opportunities to share other evidence with us. We reviewed notifications and any other information we had received about the service. A notification is information about important events which the service is required to send us by law.

Good

# Is the service safe?

## Our findings

People told us they felt safe and that staff promoted their safety. Comments from people included "I'm as safe as I can be. I haven't any worries about it," "There's no bullying. There's no unkindness" and "Windows are closed properly at night." Another person told us "I'm not worried about anything." Relatives told us they felt their family member was safe. One relative told us "My mother feels completely safe, and I have peace of mind that she is safe within Sunrise both from any external threat and also that she is well monitored and tracked within the building should anything happen to her." They went on to give an example of how quickly staff had responded to a change in the person's need.

There was sufficient staff to meet people's needs however, the staff deployment during lunchtime was not effective in ensuring people received personalised support. We received mixed feedback from people about staffing numbers and deployment. More people gave us positive feedback. Comments included "I think there's enough staff" and "There's enough staff for my needs." A relative told us "Staff retention is quite good. Therefore, there's a relationship." People told us their call bells were answered quickly, "Night staff are quick. Staff always come and pick me up when I fall and pull the red cord. They come within five minutes." However, we observed and people confirmed improvements could be made to the deployment of staff at meal times. On both days we visited the home, we found one staff member supporting more than one person at lunch. This led to disruption on the table. On the second day of the inspection we observed one member of staff move from a seated position next to a person, to the other end of the table to clean plates from other people who had finished eating. The original person being supported had not finished their meal and had become disinterested. Their level of engagement could have been improved by a constant presence by a member of staff. Comments from people about their experience of staff levels during meal times included, "I don't think there's enough staff to go round," usually staff are a bit thin on the ground. Because we are usually not in a hurry, it doesn't affect me" and "Not just for the moment. Perhaps because of holidays. We had to wait for our food. There wasn't enough butter." We discussed our observations at lunch time with the registered manager. They advised us, they had carried out observations and training for staff on the Reminiscence unit, called 'Enriched Dining'. This project looked at what staff should do and should avoid doing to make a meal time more meaningful. The registered manager advised this would be replicated in the main care home. We have confidence once this has been carried out, improvements will be made. The registered manager advised that three members of the senior team had also worked alongside staff. This was to understand the pressure points and improve people's experience of staff availability.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Some records we looked at did not have all the requirements as stated in the regulation. This was because a recent photograph was not always available. However, the registered manager had addressed this by arranging this additional administration support to ensure the files contained all the relevant information.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to

safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and to CQC.

People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MARs) detailed what the medicine was and when it was required. We found MARs to be completed appropriately. We found the service responded quickly to any gaps in MARs and incident forms were then completed. There was a flow chart to follow in the event of a medicine error and each incident was fully investigated. Prescribed medicines, homely remedies and medicine subject to potential abuse (controlled medicines) were all stored safely and in line with best practice. Temperatures were recorded daily and were within safe limits. Stock levels of medicine were managed well. Unwanted medicines were returned to the pharmacy in a timely manner. Staff told us they had a good working relationship with the pharmacist and always found them to be responsive. Some people were prescribed medicines for occasional use. We found these were also recorded on the MARs. Staff demonstrated a good level of knowledge of the medicines. People who were prescribed time critical medicine could be confident staff were aware of this and were well managed.

People and their relatives told us they were supported with their medicine in a safe manner. One relative told us "She was self-medicating up to four or five months ago. She gets her medication on time and regularly. There's good record keeping. She's not good at taking painkillers, so staff need to strike a balance in terms of pain management and when it's appropriate to offer help."

People were encouraged to be as independent as they could be. Where people had indicated they wished to administer their own medicine a risk assessment was completed to ensure they were able to manage it safely.

Risks posed to people as a result of their medical condition, the environment or level of support required were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. We noted where there had been a change in a person's condition the risk assessment had been reviewed and updated. One person had been assessed as high risk from falling whilst away from their bed. A control measure was clearly identified in the risk assessment. A sensor mat was in place to alert staff as to when the person had moved from their bed. Another person was at risk of pressure damage to their skin. We observed a pressure relieving mattress had been provided.

Environmental risks were checked and routine maintenance was carried out. Maintenance records were of high standard. Gas, electricity and water safety checks were carried out in line with best practice guidance. Equipment used to support people move position was routinely checked to make sure it was safe to use. The home had a health and safety representative, a health and safety meeting was held each quarter. In between each quarterly meeting health and safety audits were carried out to monitor the safety of the building, these included, infection control and fire as examples. Health and safety issues were discussed at the daily and weekly head of department meeting.

Each person had a personal emergency evacuation plan (PEEP) in place to advise staff on what support they needed in the event of an emergency. The home was supported by a team of domestic staff. The home was decorated to a good standard, pictorial, written and braille signage was displayed across the home. We observed the laundry room was well maintained. Domestic staff understood the control and safe storage of hazardous substances (COSHH). All cleaning materials were locked away when not in use. Staff who supported with meal preparation had access to food safety training. The main kitchen had been inspection by the local authority's environmental health department in 2017 and had been given the highest rating

possible. Staff had received infection prevention training and access to personal protective equipment. An infection control audit was carried out regularly to monitor the building.

Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed. The management team analysed any trends in accidents to prevent a future similar event. Lessons learnt were shared across the team and all the providers' locations. The service received medical device alerts and safety device alerts. These are national alerts sent to providers to identify faults and defects in equipment. The registered manager advised information was cascaded to the team and appropriate action was taken to ensure learning was shared and risks to people were managed. The provider also shared 'news in brief,' a document which shared legislative updates, case studies and lessons learnt across the organisation.

Good

# Is the service effective?

## Our findings

Prior to people moving into the home, their care and support needs were assessed by a senior member of staff. The provider ensured that the person's needs could be met. Where the assessment had identified the need for additional equipment, this was provided prior to the person moving into the home. For instance, if a person required a profiling bed and pressure relieving mattress. Some people required the use of assistive technology to alert staff they were at greater risk of harm. This included movement sensors. The assessment covered all aspects of supporting a person. Topics which were covered included, religion, spiritual needs, preferred pastimes and sexuality. Where people were assessed in another health and social care settings; information was gathered from the professionals involved. This included hospital staff as an example.

The initial assessment was used to complete individual care plans for people. Care plans recorded details of a person's physical health, mobility, skin care needs, end of life care needs and wishes, as examples. Care plans were routinely reviewed by staff to ensure they accurately reflected people's needs. Where unplanned changes to a person's level of need was identified, the care plan was reviewed and re-written in a timely manner. Staff told us the care plans reflected people's needs and they always used them as a point of reference.

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. Staff had received training on the MCA and were able to demonstrate good understanding of the MCA and its application when supporting people with decision making. Process and practices within the home supported staff to encourage people to make their own decisions. We observed people being asked what they wanted support with or where they wanted to be assisted to sit. Where people had been assessed as not being able to make a decision on their care and support needs, we noted the home sought authority from either a legally appointed third person or held a best interest meeting with relevant people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had made a number of applications to the local authority for a DoLS assessment. The home had received a decision on some applications made. The management team monitored when they had applied for a DoLS and when a decision had been made. The staff were aware of the need to re-apply to the local authority if a new DoLS was required after the expiry date provided.

New staff were supported though a robust and established induction programme. The induction replicated the 15 standards in the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way, as examples. Staff who provided feedback to us were complimentary

about their induction. Comments included, "Very informative," "My induction was very helpful and good for me. I have been inducted by my manager and also by the most experienced staff" and "Induction was good, met heads of departments, given a 'buddy'…shadow for one week." Following successful induction and initial training, staff were given opportunities to keep their skills and knowledge up to date, as refresher training was arranged. The registered manager had weekly oversight of staff training needs. This, together with one to one meetings between staff and their line manager, were discussed at the weekly head of department meetings. Line managers were provided with data of training and support required. Staff told us they had "Had a lot" of training. Senior staff had attended a clinical governance development programme. The aim was to equip them with the skills to continually learn from their own practise and lead a team which was committed to developing good governance.

Staff told us they felt they were supported to develop their personal and professional skills. Each member of staff had an annual review of their performance and one to one meetings.

People's nutritional and hydration needs were met. Where people required support with eating and drinking, this was detailed in their care plan. However, we received mixed feedback about people's dining experience. This was supported by what we observed. We noted people discussed menu options and their food preference at resident meetings. Positive comments from people included, "The food is pretty good. There are difficult cases here. They do their best and succeed pretty well," The food is very good. Lots of vegetables, fish, enough meat, lots of fresh fruit. They offer a well-balanced diet" and "The food is great. I'll eat it, the portions are good and choices are provided." Less positive comments included "The food is average, or below. Their vegetarian meals are not very good. I like a vegetarian lasagne but the one here doesn't look very good. At the local motorway cafe, they do a far better meal and "Normal food. Nothing terribly exciting. We get fed." We provided the registered manager with the mixed feedback for their attention. People were supported at meal times by hospitality staff. Each person was given a menu and was asked what they would like to eat. A visual prompt was offered to people who lived in the reminiscence unit. The hospitality staff did not always pick up on feedback about meals. One person was given their meal, they said "I cannot eat all that." This was ignored by the staff who replied, "You don't mind broccoli, do you?" Another person had requested white wine and was given red. We provided feedback to the registered manager on our observations of the lunchtime service, they advised they would carry out some observations of meal times.

Where people required support to attend health appointments, this was provided on a one to one basis where required. Other people were able to make their own way to the local GP surgery. The home was supported by staff whose role it was to liaise with healthcare professionals. The team was called the 'wellness team'. Staff who worked within that team were observed to monitor people's health, make healthcare appointments and respond to any changes in a person's health. Staff made appropriate referrals to external healthcare when required. People told us they were supported with keeping healthy. Where people needed monitoring by a district nurse they were visited within the home. People were seen by physiotherapist, and community psychiatric nurses when needed. A relative told us "The physio needs to sign her off to get a walking frame. The care home are pretty good at [being aware of] trips and slips hazards." People told us their healthcare needs were met. Comments included, "They check your temperature, your blood pressure, your weight every few weeks" and "If I fell, they'd whip me to hospital and ring my niece."

The home had introduced a hydration project to promote good hydration and keep people healthy. Staff had used bicycle bottle holders attached to walking frames to ensure people had easy access to a drink. Water bottles were provided. Hydration stations were placed around the home, and people on the ground floor could make a hot drink from the bistro when needed. The levels of urinary tract infections (UTIs) on the

reminiscence unit reduced dramatically, in fact the unit had not had anyone diagnosed with a UTI in 16 months. This meant there was a reduction in antibiotic use and the need for people to be admitted to hospital.

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was made each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. Where people moved between the home and other services such as hospital, staff ensured important information was shared to make sure people were kept safe. Emergency information was available, including any advance directive or Do Not Resuscitate (DNR) documentation. We noted a member of staff had visited two people who were in hospital. The people had given positive feedback.

The provider had ensured that the environment had been adapted to meet people's needs. We noted the reminiscence unit had been designed to support people living with dementia. Meaningful activity stations were situated within the unit. These included a nursery scene, where people could feed life-like toy babies. People had access to baby changing clothes and feeding items. Another scene replicated a dressing table with very large pieces of jewellery and some hats, scarves and feather boas. We saw one person enjoying this, and wearing a hat most of the day. In another area of the reminiscence unit, there was an interactive sensory table. This was available for people to use independently or facilitated by staff. There were a couple of textured wall hangings. There were also chests of drawers where people could open drawers and explore the different contents. Items were appropriate to the generation living there, such as pieces of assorted fabric. There were some framed pictures on the walls from past times to provide some familiarity and potentially promote reminiscence and engagement. We found the home offered a number of seating options, both in busy areas and in quiet areas of the home.

Good

# Is the service caring?

## Our findings

We received positive feedback from people and their relatives. Comments from people included "People are friendly. The care is very good. We're very happy with the staff," "Staff are pretty easy going" and "Staff are very good although they come and go." One person had provided us with feedback in writing they told us "My first and lasting impression is that I cannot believe how kind, patient and helpful all the staff are, whatever their role. Nothing is too much trouble." Relatives we spoke with and had feedback from provided us with positive comments. "She has loved her time there and really enjoys living in Sunrise. On the whole we have found the staff to be very friendly and responsive," "All the staff are caring, helpful, considerate, and above all patient" and "Attentive and empathetic staff who attempt to provide residents with a good standard of care." Another relative told us "Staff on the reminiscence suite are very dedicated."

We observed people were treated with kindness and compassion. Staff addressed people by their preferred name. People were encouraged to maintain important relationships. People were supported to celebrate important events to them, for instance, birthdays and anniversaries. One person had written to the home to thank them for their support. They wrote "Thank you for the hand and nail creams for my birthday and for my Easter egg. Thank you for arranging for [Name of daughter] to have lunch with me on Mothering Sunday, my birthday and Easter day, which we both enjoyed." Another person had thanked the home for the help staff had provided to celebrate their birthday. They wrote "I so much want to thank Sunrise for helping me to have possibly the best birthday I have had in a long time."

Staff were aware of how to provide a dignified service to people. Staff gave us examples of how they promoted people's dignity. Comments included, "I always offer personal care behind a closed door," "I cover exposed parts of the body and offer choice" and "Taking care not to discuss personal matters in communal areas."

People and their relatives told us their privacy was respected. Comments included, "Yes, my privacy is respected. They don't barge in" and "Privacy is highly respected. People are properly dressed and staff are discrete." People could be confident information about them was securely maintained, and only people who required it, had access to it. The electronic record management system required a secure password to be entered and medical information was stored in a locked room.

Staff demonstrated an awareness of how to promote independence and encourage people to be involved in their care. One member of staff told us "Ensure the residents are dressed and 'turned out' as they would want to be, assist with any personal care during the whole day if required…Help them and offer encouragement to get involved with activities." Another member of staff told us "I make sure privacy; choice independence is maintained." People and their relatives told us they felt their independence was promoted by staff. One person told us "They'll let you keep your independence as much as possible." A relative told us their family member "Has thrived at Sunrise from the frail tiny person who moved in nearly eight years ago who wasn't coping, eating or really managing. They have encouraged her independence and supported her with the right balance of background support and direct access to good food, stimulating activities and a beautiful garden that she really enjoys." Another relative told us "Staff have stimulated her. Her mental state

of remaining independent is very important, which they provide here."

People were supported with their communication needs. Staff understood different methods they could use to have meaningful engagement with people. Staff told us they used visual prompts to help people make choices. We observed this to be the case when a meal choice was being decided on the reminiscence unit. However, this was not always the case when drinks were offered. On day one of the visit to the home, we observed staff poured drinks for people without asking what flavour they wanted. We have provided this feedback to the registered manager.

We observed staff asked people what they wanted to do. We acknowledge residents' meetings were facilitated and people were offered to share their experience of the service in an annual questionnaire. However, we received mixed feedback from people about how involved they felt in decisions about their care and treatment. Comments included, "You are just left to your own decisions," "If activities are offered, you just have to do them" and "There's no involvement. We have no say in the matter. It's all laid out for us." Another person told us "They do anything they want. When we say something, it's ignored and they carry on their own sweet way." However, other people told us "'I go to the Residents' Meeting.  I think it's interesting" and "I can do what I like." We provided this feedback to the registered manager. They advised us they were trying to encourage a resident representative, who would be able to share a wider variety of views.

Good

# Is the service responsive?

## Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted, a review of their support was held. Prior to moving into the home, people were offered the opportunity to visit for an activity or a meal. The registered manager told us in the Provider Information Return (PIR) this had proved to be successful. Following a person moving into the home a 30-day meeting was held to ensure they were happy and all their care needs were met.

Staff understood the need to challenge discrimination. They had received training in equality and diversity. Staff who were recognised to have protected characteristics under the Equality Act 2010 were supported to feel valued and diversity was encouraged. The service was aware of the need to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in large print, as an example.

People were supported to engage in some meaningful activities, however improvements were required to ensure activities replicated people's choices. The home was supported by activity staff, who had access to a small minibus. An activities schedule was displayed in key areas of the home. We observed there was repetition in the activities offered. We received mixed feedback about the activities on offer. People who had lived at the home some time told us they would like more variety in activities. Activities on offer included opportunities within the home and away from the home. Indoor home activities included, word wheel, seated exercise, yoga, giant scrabble and a bridge group. Activities away from the home included trips to garden centres, public houses, an alpaca farm and an aquadrome.

We provided feedback to the registered manager about people's negative views about activities. Following the first day at the home the registered manager devised a questionnaire to ask people their views on activities. They had introduced a suggestion tree for people to provide feedback. This confirmed people wanted a more variety of activities. Two people commented "More varied and interesting activities in the bistro after supper" and "Better variation of activities after supper." We have confidence the registered manager will follow up on this to improve people's experience.

On the second day of the inspection an art group was advertised. We observed one person going to the area of the home where the activity should have taken place. No staff were present to facilitate the group. No note had been made on the posters to advise it had been cancelled. We spoke with the activity staff about this, they advised the poster stated, "All information is subject to change due to unforeseen circumstances." The cancellation of activities was bought up at a residents' meeting held in August 2018. The activity lead had advised "[staff name] said that she will ensure another activity is put on if the advertised one is cancelled. However, on the second visit to the home we found this was not the case. Two activities had been programmed for the same time each week. We found this to be the case on at least three days during the month. We discussed this with the registered manager for them to consider if both activities are able to be facilitated in the long term at the same time.

We received some positive feedback about the activities. Comments included "You never need to be at a loose end. The activities are very good and very varied. They're good at providing what you want. It's up to you," "The exercise classes are first class. I attended the exercise class this morning. She [Facilitator of group] makes everyone included" and "There are plenty of outings which are always marvellously organised." This was supported by what relatives told us "Sunrise appear to offer a good and varied range of activities" and "There's a regular book club, crosswords, newspaper, poetry club and a Sunrise bus for some trips out."

We spoke with the activity lead and they informed us they did not have time to have one to one sessions with people. However, the deputy manager advised they had supported staff to record 'meaningful moments' with people. These were one-to-one interactions with people. Some of the evidence presented was in reaction to distressed behaviour. Other interactions demonstrated spontaneous activities. Following the inspection, the registered manager provided further evidence of one-to-one moments people had with staff.

The deputy manager had begun to write up additional information for staff about how to support people who displayed distressed behaviour and how it could be reduced and managed. The guidance included information about a person's personality, health, social psychology. They had worked with family members on producing the guidance. Relatives had provided information and memorabilia for staff to use as conversation starters. One person liked to look at photographs of where they had grown up. Another person responded well to a cup of hot chocolate. The deputy manager advised it would be rolled out across the home.

The home had forged some links with the local and wider community. The home was sharing its expertise in dementia care with external groups, through the community engagement officer who was also responsible for marketing. They were a member of the Wycombe Dementia Action Alliance and worked with the local memory support services and Prevention Matters (A support and advice service).

The member of staff was a dementia champion and had delivered 'dementia friends' sessions to rotary clubs, to High Wycombe Council and some to local people and businesses, and events held in the home itself. The member of staff was working with the Marlow rotary club to make Marlow a dementia-friendly community, they had worked with the dementia team at Wexham Park Hospital and the Wycombe Dementia Action Alliance. The member of staff demonstrated enthusiasm to share their leaning and knowledge of dementia. They facilitated a dementia café at Sunrise of Beaconsfield. It had proved so successful it had recently been increased from once a month to twice. The community engagement officer had arranged for a professor specialising in dementia care to provide an informative talk. This was held in the evening at the same time as the evening meal for people was being served. Therefore, few people who lived at the home attended, however, we were informed approximately 50 local people attended.

The home supported local schools and Wexham Park Hospital with their fundraising activities. A local mother and baby group used the activity lounge as a meeting place allowing some people to interact with young mothers and babies. The home had invited a local children's author to read to local children and their parents. All these activities meant people maintained a connection with the local community.

People and their relatives had information on how they could make a compliment or complaint about the service. People and their relatives told they knew who to speak to if they were unhappy about anything. One person told us "I fill in a questionnaire twice a year. Any little complaint we make, they follow up. We feel attended to. We have monthly resident's meetings. They like to have ideas. They do take notice, although they cannot always provide." Another person told us "When I had a complaint, I talked to [Name of staff]. Nothing very serious, but it got sorted." The provider had a complaint policy, which was currently being

updated in line with all the other policies since the change of provider. The registered manager had good oversight of comments and complaints and tracked their progress during heads of department meetings and regular audits.

At the time of the inspection, the service was not supporting anyone with end of life care needs. However, staff we spoke with told us they had a good working relationship with the GP and local hospice. Where required, people had been prescribed medicine to support with end of life care. Where people were happy to share information about their end of life decisions, these were recorded. One person had advised staff they had an advanced directive about their health choices. This was readily available should a deterioration in their health occur.

Good

# Is the service well-led?

## Our findings

People, their relatives and staff gave us positive feedback about how the service was run since the introduction of the registered manager and deputy manager. One person told us "On the whole it's well managed." A relative had written to the registered manager and stated "Thank you very much for always trying to be so considerate and helpful, since you have taken charge of Beaconsfield branch of Sunrise, things seem to be moving in the right direction. Another relative told us "Since [Name of registered manager] arrived, she has built a good management team, which do seem to work cohesively as a team; all are very approachable, make time and do listen."

There was a clear management structure within the home, and all staff were aware of their level of responsibility. The registered manager was keen to help staff develop in their role. Regular meetings were held with staff to share important information and gain their views on what improvements could be made. Staff told us they felt the management team were approachable. One member of staff told us "I can talk to them and they will always listen. Another member of staff told us "It is stable now." The registered manager told us they had worked hard to ensure the staff felt valued and supported.

The provider had a staff recognition scheme. The 'Heart and Soul' award system, collated feedback from people who lived at the service, relatives and staff throughout the year. An employee of the month was identified from the feedback. Annual winners of the 'Heart and Soul' awards were invited to a provider-wide ceremony.

The provider supported staff to recognise the work they did. A 'Summer of Sunrise' month was held in July 2018. During July, staff were encouraged to participate in activities which encouraged team building and was an opportunity for senior managers to thank staff. One event which staff told us they enjoyed was 'water bomb your managers'.

Staff were encouraged to complete an annual survey. The survey results for 2018 demonstrated staff were more content than the previous year. The main issue raised by staff was recruitment of new staff. The registered manager had developed an action plan from the survey results and had updated staff on the progress in regular meetings. This had included recruitment days.

The registered manager and provider were keen to support staff to keep up to date with research and study. The deputy manager had facilitated a number of projects to help improve people's experience of living in a care home. They had created a 'meaningful moment' project, and had been asked to present the project at a national event to share the learning and materials. They were working on a continence project, which was hoped to reduce the unnecessary or excessive use of continence products and to ensure people were correctly assessed for equipment.

There were robust quality assurance systems in place. A regular programme of audits was undertaken which included medicines, falls and infection control, as examples. A monthly clinical governance meeting was used to reviewed quality indicators set by the provider. The evidence was shared with the regional

representative from the provider. The provider held quarterly clinical governance meetings. We found the registered manager and provider keen to share learning across the home and all the provider's locations.

The registered manager and staff had worked in partnership with the local community and support groups to improve the service provided to people. Links had been made with Rotary clubs, Dementia Alliance, schools and churches.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. We checked our records and we had been notified off all the required events.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. We saw letters had been written to the person or their legal representative offering an apology and what action would be taken to prevent a future occurrence.

Throughout the inspection, we found the registered manager and other staff keen to share their experience of working at the home and what they were doing to improve people's experience. Information we requested was provided in a timely manner.