Sunrise Senior Living Limited

Sunrise of Bassett

Inspection report

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Date of inspection visit:
15 August 2018
30 August 2018

Date of publication:
16 October 2018

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

This inspection took place on 15 and 30 August 2018 and was unannounced.

Sunrise of Bassett is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This care home is run by two providers: Sunrise UK Operations Limited and Sunrise Senior Living Limited. These two providers have a dual registration and are jointly responsible for the services at the home. This report is in relation to Sunrise Senior Living Limited. A separate report has been produced for Sunrise UK Operations Limited.

Sunrise of Bassett accommodates up to 104 people in one adapted building over four floors. The first three floors were designated for 'Assisted Living', where people had a range of care needs but could carry out various aspects of daily living independently. The top floor was called the 'Reminiscence Floor', this had been designed as a living space suitable for people living with dementia. There were 69 people at the service at the time of inspection. People living at the service were older persons, some of whom were living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place at the time of our inspection. 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.

There was a clear management structure in place. There were effective governance systems in place to monitor the quality of care. The registered manager oversaw a programme of audits and checks that ensured the home was safe and they had an insight into the day to day culture of the service.

The service worked in partnership with different stakeholders to contribute to many research studies relevant to people at the service. This included trialling new technologies which promoted people's independence and piloting new approaches to effective care for people living with dementia. Some of these studies were either in their early stages or the technology was not continued after the initial trials, therefore, it was too early to evaluate whether these have resulted in beneficial outcomes for people.

People told us the registered manager was approachable and competent in their role. They felt confident that their concerns and feedback would be listened to.

The registered manager assessed and monitored staffing levels to ensure sufficient numbers were available to support people's needs. Staff employed had gone through relevant recruitment checks which considered their skills, work experience and character. This helped to ensure they were suitable for their role.

There was mixed feedback about how effectively the call bell monitoring system was answered. The registered manager had met with people to discuss concerns and put processes in place to monitor how quickly call bells were attended to.

People told us that staff were friendly and treated them with dignity. Staff were knowledgeable about people's needs and understood how to provide personalised care.

Where people received care at the end of their lives, they were treated with compassion.

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.

People's care plans reflected their backgrounds, preferred routines and communication needs. The registered manager monitored care through an electronic monitoring system. This enabled them to quickly identify changes in people's health to ensure appropriate medical advice was sought. The provider had established good working relationships with healthcare professionals including regular GP visits to the home.

The registered manager had worked hard to involve people in the running of the service, by setting up a variety of methods to gain people's feedback. The registered manager was keen for people to be as involved as possible and had established links with the local community to provide resources and activities for people to participate in.

People told us there were a wide variety of activities available. People's needs varied greatly at the service. This meant that some activities were organised specifically for people living with dementia.

There were systems in place to safely manage people's medicines. The registered manager carried out audits and checks that were effective in identifying errors. When errors occurred, the registered manager took appropriate medical advice and supported staff to access training a to help ensure they possessed the necessary skills and knowledge.

Staff had access to a range of training relevant to their role with many undertaking additional qualifications in health and social care. Nursing staff were supported to maintain their professional registration and many had accessed additional training in areas such as end of life care. Staff's ongoing learning and development was fostered through supervision, training and observation of working practice by the registered manager.

Risks relating to people's health and wellbeing were assessed, monitored and mitigated. People's needs were assessed using a range of nationally recognised assessment tools which helped to ensure appropriate care was put in place. Where risks were identified, plans were put in place to ensure people were safe. When incidents occurred or people's needs changed, the provider ensured that there were processes in place to act quickly to ensure their safety was not compromised.

People were supported to stay safe from abuse or avoidable harm. The registered manager had informed CQC about significant events which occurred and referred concerns to local safeguarding teams when required.

People were supported to follow a diet in line with their preferences and dietary requirements. The provider had taken steps to ensure that people had input into the menu options available. Where people had specialists needs around nutrition, the provider had made adaptions to ensure people's needs were met.

The home was a clean and hygienic environment and there were systems in place prevent the risk of infections spreading. The provider had made adaptions to the environment, with reference to creating an environment suitable for people living with dementia.

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 has improved to good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Sunrise of Bassett

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 comprehensive inspection took place on 15 and 30 August 2018 and was unannounced. The gap between inspection dates was due to unforeseen circumstances where the planned second day of inspection needed to be rearranged. One inspector and two experts by experience carried out the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts for this inspection had experience caring for relatives living with dementia. One inspector carried out the second day of inspection.

Before the inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical difficulties, the provider was not requested to submit a PIR. However, we viewed this information during our inspection.
We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with 23 people or relatives. We also spoke with the registered manager and nine nursing, care or ancillary staff.

We looked at care plans and associated records for seven people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in December 2016 where the service was rated good overall, but required improvement in safe.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at Sunrise of Bassett. One person said, "This is a safe and comfortable environment here." Another person commented, "The decision to move from home was not easy, but I feel safer and more relaxed living here."

There was mixed feedback about whether there were suitable amounts of staff available to meet people's needs. There was a call bell system in place that people could use if they required assistance. Nine people we spoke with told us they were attended to quickly when they used the call bell system. Comments included, "I've got a buzzer I can press in the middle of the night. It is always answered quickly" and "Staff are attentive to my needs. When I call the buzzer, I seldom have to wait." However, four people we spoke to told us they experienced consistent delays in their call bells being answered. One person said, "My only complaint is when you want to go to the toilet, they keep you waiting ages."

The registered manager was aware of feedback regarding call bell response times. They told us they understood people's frustration and had worked with people to identify ways to make the system more responsive to their needs. They had implemented a system where the call bell response time was monitored at random samples of the day. We checked the call bell response records from June to August 2018 and found call bell requests were answered in a reasonable time within five minutes.

The registered manager had investigated all incidents where there was a slow response time or where people repeatedly used call bells. They used this information to identify trends and put measures in place to reduce the need for people to use the system. In one example, a person frequently used the call bell to ask staff to draw their curtains during the afternoon. The registered manager adjusted the person's care plan to ensure they received this support and therefore reduced the need for the person to use the call bell system for this task.

The registered manager used a dependency tool which helped to identify appropriate staffing levels to meet people's needs. The provider had systems in place to help ensure appropriate staff were employed to work with people. This included a set of recruitment checks which considered candidates experience, qualifications and character. This helped to ensure that candidates suitability was considered before they were employed to work with people.

There were systems in place to manage people's medicines safely. The level of support people required with their medicines was documented in their care plans. There were appropriate arrangements in place for the ordering, storage and administration of medicines to ensure people received their medicine as prescribed.

The registered manager investigated and reflected on incidents and errors when they occurred. There had been 13 medicines errors during the month of August 2018. These errors included omissions in recording medicines administration and four occasions were people were not administered their medicines as prescribed. They ensured the appropriate medical advice was taken in all instances to minimise the impact on people and investigated incidents to ascertain route causes to help avoid repeated errors. In August

2018, the registered manager implemented a support and monitoring programme for one member of staff in response to these incidents. This helped ensure their competency around medicines administration was assured before they could resume these duties. This demonstrated that the provider had effective processes in place to identify and respond to incidents and mistakes.

There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped staff recognise abuse and the actions required in these circumstances to help keep people safe. The registered manager had made referrals to local safeguarding teams when concerns about people arose. This helped to protect people from harm.

Risks associated with people's health and wellbeing were assessed and mitigated. In one example, a person was at risk of choking. The provider had made a referral to a speech and language therapist, who provided a set of recommendations around support with eating and drinking. The provider implemented these recommendations into the person's care plan and staff took the steps needed to reduce the risk of the person choking when eating and drinking. Another person was at risk of falls. The provider had taken appropriate steps to ensure that the person had the appropriate equipment and care in place to mitigate these risks. The person's relative told us, "My relative is susceptible to regular falls, the staff have conducted a thorough risk assessment. The standard of service is first class." These interventions had resulted in a reduction in the number of falls the person suffered.

Risks around emergency situations were assessed and monitored. There were comprehensive plans in place to keep people safe in the event of a fire or other emergency. This included individualised evacuation plans which identified how people could be supported to stay safe in an emergency. This helped ensure that people's individual needs were considered when assessing and monitoring safety in the home.

There were systems in place to protect people from the spread of infections. One person told us, "The home itself is spotless. It is immaculately cleaned and maintained." Staff were aware of their responsibilities in maintaining a clean and hygienic environment by regular cleaning and good infection control practice when supporting people with their personal care. The registered manager kept a log of all infections to reflect on how they were responded to. This helped ensure they were constantly reviewing if the infection control practices used were effective.

Good

Is the service effective?

Our findings

People told us that staff possessed the skills and knowledge to provide effective care. Comments included, "I have respect for all the staff who work here. They are very good at their jobs.", "Staff are well trained and have the necessary skills" and "The staff and nurses are a special breed, so competent and talented."

Staff had a range of training available to them. New staff had training in line with the care certificate. The care certificate is a nationally recognised set of competencies related to working in health and social care settings. Staff had access to additional training which was relevant to their role, this included dementia and end of life care.

Many staff were supported to obtain additional qualifications in health and social care to increase skills and knowledge in their role. This included qualifications which enabled them to deliver training in areas such as dementia. Nursing staff were supported to maintain their professional registrations.

The registered manager assessed and monitored staff's working performance through induction, supervision, competency checks and observation of staff during work. This helped to ensure their working performance and behaviours could be monitored and additional training needs could be identified.

People's needs were assessed to ensure that they received appropriate levels of care. The registered manager used a set of nationally recognised assessment tools to make assessments of the risk of malnutrition and dehydration, pressure injuries, falls and pain. They used this information to implement appropriate plans of care to meet people's needs.

People were supported to maintain good health. The registered manager had established an effective working relationship with a GP practice. This involved a bi-weekly visit by the GP to assess people who required additional health monitoring or were unwell. This relationship had helped to promote a reduction in the number off infections at the service and it also helped to ensure people were prescribed appropriate levels of medicines in relation to their anxiety. The provider also ensured people had access to healthcare services as needed. This included providing support for people to attend health appointments and making referrals to specialist health professionals, such as dieticians and occupational therapists when required. This helped to ensure that people had regular and timely access to healthcare services when needed.

People followed a diet in line with their preferences and dietary requirements. People told us they enjoyed the choice and quality of food which was on offer. One person said, "The food here is magnificent. It is like living in a hotel." Another person told us how the provider had adjusted the menu considering their diabetes. They told us, "I have spoken about the puddings. I'm diabetic and I try to keep my sugar intake under control. They have been ever so accommodating. They even did an evening where we trialled all these healthy meals. That was a nice touch." The service had achieved 'gluten free accreditation' from Coeliac UK, who are a charity that helps people living without gluten to live healthier lives. This accreditation scheme gave people with coeliac disease assurance that they could enjoy safe gluten free options when eating.

People's dietary requirements were documented in their care plans. Where people required support when eating and drinking, there were sufficient staff in place to offer support. Many people living in 'assisted living' were independent when eating and drinking, but most people living on the reminiscence floor required a higher level of support to maintain a healthy balanced diet.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the need to obtain appropriate consent to people's care. Where people were unable to consent to their care, the registered manager had fully assessed their capacity to make specific decisions about aspects of their care. Where appropriate, they documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves. In one example, a person who was risk of falls was unable to give their consent to installing bed rails to reduce to reduce the risk of them falling out of bed. The registered manager had followed a process in line with the MCA to ensure this decision was in the person's best interests.

The provider had made adaptations to the home to meet the needs of the people using the service. The provider had adapted the 'reminiscence floor' to make it suitable for people living with dementia. They had removed a low level wall between the dining room and corridor which people found confusing and disorientating. As the space had opened, people were able to walk a lot more freely around the floor and would not be confused or disorientated by the low level wall. There were a series of interactive stations throughout the floor, which acted as points of reference and provided activities for people to engage with. The provider understood how important natural light and access to outside space was and had installed a skylight in the corridor and a secure outside terrace space which people used to relax in. The atmosphere on this floor was calm and relaxed. This demonstrated that the provider understood the principles of creating an environment which was suitable for people living with dementia.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and dedicated in their role. One person said, "The staff are magnificent. Nothing is too much trouble for them." Another person said, "All the staff are good, they have made a tremendous effort to make me feel comfortable and welcome since I arrived." A third person commented, "I have to thank the staff for making my life so much easier than it used to be [before moving to Sunrise of Bassett]."

Staff were knowledgeable about people's needs. They were intuitive and considerate in their approach, engaging people with warmth and humour. Staff could tell when people were anxious or in pain and were quick to provide comfort and appropriate support to ensure that they were as comfortable as possible. One relative told us," I would not have my mother anywhere else, she is as happy in this place as she can be. The staff are all committed to the art of caring."

People were treated with dignity and respect. One person said, "I feel respected and valued here." Another person commented, "Staff and nurses are light hearted and chatty but also care for people with great compassion." Staff were conscious to knock on people's doors before entering and were aware that people's privacy was to be respected. One member of staff told us, "The idea is like we are an invisible layer of support for people. They know we [staff] are here, but we try hard to give people the time and space they want." There were meeting and dining areas people could use if they wanted privacy when loved ones visited and there was accommodation available designed for couples if they wished to cohabit. This demonstrated that the provider valued people's dignity and privacy.

People were supported to be as independent as possible. One person said, "By and large I do most things for myself. The staff are on hand if I need assistance, but they are not intrusive." Many people were still largely independent in many aspects of their daily living. They freely left the service to visit friends or spend time in the community. One person told us they could carry on working as the provider let them use their accommodation as a base for work. They told us, "The fact I can continue working is wonderful. [The provider] has been very supportive in that respect."

People were involved in making decisions about their care. People were invited to contribute towards developing their care plan and take part in regular reviews of their ongoing care arrangements. One person said, "I can get as involved as I want but fundamentally the care is planned around what I decide."

The provider engaged community organisations and advocacy services to provide people with independent support and advice. In one example, the provider arranged for a local solicitor to give a talk to people about financial planning in relation to meeting the cost of care. This helped give people practical advice and support around financial planning. In another example, the provider arranged for a Hampshire dementia ambassador to give a talk to people about how to live well with dementia. This helped signpost information and resources available to promote the wellbeing of people living with dementia.

The provider demonstrated a clear understanding through the planning and delivery of care about the

requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. In one example, the provider adjusted the menu on offer to reflect cuisine which was culturally familiar to people. This demonstrated that the provider considered the persons cultural tastes and values when providing care.

Good

Is the service responsive?

Our findings

People told us there was a wide range of activities in place which people could take part in. Comments included, "I really enjoy all the activities on offer" and "There is plenty to do here. It is like living in a hotel, there is always something on" and, "I am busier now than I was when I lived at home."

There was a comprehensive programme of activities in place which people were involved in developing. Activities were wide ranging and included, themed evenings, trips out to local attractions, leisure pursuits, social clubs, external entertainers, arts, crafts and games. Activities were open to people living on all floors. People living on the 'reminiscence floor' required staff support to attend, but they also had activities taking place specifically on the 'reminiscence floor' if they did not want to attend.

People felt confident that the registered manager would take their concerns seriously. One person said, "The registered manager deals with residents [people] concerns with compassion, never glossing over difficult situations." There was a complaints policy in place which was displayed prominently in communal areas of the service. The registered manager recorded all complaints, documenting how they were investigated and resolved. The registered manager told us, "We are trying to look at people's complaints as constructive feedback. I try to put myself in people's position to understand their perspective."

People received compassionate care at the end of their lives. The service had achieved accreditation in 'The Six Steps Programme'. The six steps programme is a nationally recognised model of best practice when providing end of life care. People had 'end of life care plans' in place which were formulated through discussions between people, staff and relatives. These care plans included detail on people's preferences and wishes around their care arrangements including any cultural or spiritual considerations.

Staff had received training in end of life care. This training helped staff understand the principles of providing empathic and responsive care at the end of a person's life. The provider worked with people, families and other stakeholders to provide care as people's needs changed. This included monitoring, recording and responding to changes in their health and ensuring people had appropriate equipment and pain relief to help ensure their last days were as pain free as possible.

The service used a computer based recording system to monitor people's health and wellbeing. Staff recorded key details about people's health and wellbeing on electronic pads which were stationed throughout the service. The electronic pads were secured so only staff could access them. Staff recorded details about; medicines, food and fluid, personal care received and behaviour or incidents. This enabled the registered manager to monitor changes in people's health and provide detailed information to medical professionals when required.

People's care plans contained detailed information about people's life history, preferred routines and communication needs. One relative told us, "Staff have even found out [my relative] likes a cup of tea very early in the morning, that is precisely what he gets, it's the little things like that make all the difference, and for our peace of mind." In another example, one person could become confused and frustrated. Their care

plan detailed how staff should reassure the person to help keep them calm. In another person's care plan, it detailed how they liked to take a shower directly before a meal. We checked the person's daily care records and found the person had received support from staff in line with this preference.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People told us the registered manager was approachable and competent in their role. One person said, "The registered manager is first class. She works tirelessly to make our lives better." Another person commented, "I think the manager has been effective since they have come onboard. She is friendly and she makes the effort to speak to people."

There was a clear management structure in place and staff were aware of their roles. There was a deputy manager in place who oversaw a team of nursing, care and domestic staff. There were separate managers who oversaw maintenance and catering, who reported to the registered manager.

The provider's senior management regularly monitored the service. A monthly 'clinical governance meeting' took place. This was attended by the provider's regional manager, the registered manager and senior staff. At this meeting, key information from the past month was reviewed. This included, medicines errors, accidents, weight monitoring, hospital admissions and infections. In August 2018's meeting, the number of medicines errors for that month was reviewed. This helped to ensure that the root causes and remedial action required could be agreed, implemented and reviewed.

There were systems in place to monitor the overall quality and safety of the service. The regional manager completed a regular audit of the service which focussed on monitoring key aspects of quality and safety. This included, staff training, safeguarding, recruitment and staff behaviour. The audit included speaking to people to gain feedback about their experience of receiving care and observing staff whilst working to check they were competent in their role. The regional manager reviewed their findings with the registered manager to identify strengths and areas which required development. The provider also carried out 'mock inspections' which were based on CQC's regulatory framework. The last audit took place in April 2018. The registered manager had followed on up actions identified from the audit around agency staff inductions, emergency procedures, call bell monitoring and medicines records. This demonstrated there were effective systems in place to identify where improvements could be made.

The registered manager carried out other quality assurance audits to monitor the running of the home. These audits included; medicines, health and safety, infection control, dignity and kitchen hygiene. This helped to assess and maintain quality and safety in the home.

Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation.

The registered manager had a clear insight into the day to day running of the service. They regularly visited each floor to talk with people and made a commitment to join in activities and mealtimes with people. One person told us, "The registered manager has an open-door policy. She will stop whatever she is doing to help you. She is involved in the day to day business of how things run."

The registered manager used a range of sources to gain feedback and make improvements. They held regular residents and staff meetings, where suggestions for changes were encouraged. People had also formed a 'residents council' which canvassed opinion and gave feedback to the registered manager. Through this feedback the registered manager had made changes to shift times to ensure more staff were available to help people. They had also taken forward suggestions for activities, menu changes and social events.

People were involved in the running of the service. One person told us, "We voice our suggestions and concerns through the residents committee. It is a very effective collaboration." The registered manager told us, "We have specific committee meetings for activities planning, dining, and maintenance. This ensures that residents have a voice and active participation in all the key areas of the home." There were many examples where people had helped to organise events, activities or resources for people to use. In one example, people had help to set up a shop at the service which sold small everyday items. One person told us, "It's great. I can get my chocolate." People had also organised for 'resident ambassadors' to help new people settle in when they first arrived at the service. This helped to ensure that people had support during the adjustment period coming from another place.

The registered manager had fostered links with the local community. This included inviting residents and businesses to take part in events at the service. For example, the registered manager worked with a local dementia charity to help set up a 'memory café.' The aim of this café was to provide a support network for people living with dementia or their relatives. The group regularly met at the service. In another example, at Christmas, the registered manager worked with a local charity to invite a group of people to have Christmas lunch at the service. The people involved would otherwise have spent Christmas on their own. The provider had also invited local businesses to attend dementia awareness sessions. This helped to raise awareness of dementia to local businesses which people used on a regular basis. This demonstrated that the provider had tried to integrate the service as part of the local community.

The provider worked in partnership with stakeholders to provide services and resources for people. They had participated in many projects in collaboration with the CCG to trial new technology or to further research in specific areas. One example of this was the provider working with NHS Wessex to trial a new dementia diagnosis toolkit. The aim of this was to improve links between healthcare services and care homes to improve dementia care from diagnosis to ongoing care arrangements. In another example, the provider worked with the CCG on a project to improve communication, information and patient security during hospital admission. The work from this project had been implemented to many care homes in the city. The service had also trialled new technologies to promote people's safety and independence. This included falls monitors and security devices which helped people stay safe in the community when going out independently. This demonstrated that the provider looked for ways to innovate and improve. However, some of these studies were either in their early stages or the technology was not continued after the initial trials, therefore, it was too early to evaluate whether these have resulted in beneficial outcomes for people.