Sunrise Operations Guildford Limited

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Inspection report

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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

Sunrise Operations Guildford Limited provides facilities and services for up to 101 people. The service provides accommodation for people who require personal care and nursing care over three floors.

The ground and first floor provides accommodation for people described as requiring assisted living, this part of the home is called the Assisted Living Neighbourhood. The care provided includes a range of care and nursing needs that include minimal support for people up to full nursing care. Some people lead a mainly independent life and used the home's facilities to support their lifestyle. Other people had various health care needs that included physical and medical conditions that included diabetes, strokes and end of life care. Some people had limited mobility and needed to be supported with equipment to help them move around. Some people lived with mild dementia that required regular prompting and supervision to lead a fulfilling life.

The second floor provided accommodation for people who were living with a dementia as their primary care need. This unit is called the Reminiscence Neighbourhood.

On the day of our inspection there were 96 people living in the home

This inspection took place on 26 April 2016 and was unannounced.

The home had a registered manager who was present during the 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.

People said that they felt safe and they appeared happy and at ease in the presence of staff. Staff had written information about risks to people and how to manage these in order to keep people safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People felt safe and staff knew what actions to take to protect people from abuse. Staff had received training in safeguarding adults and were able to tell us the procedures to follow should they have any concerns

Care was provided to people by a sufficient number of staff who were appropriately trained. People did not have to wait to be assisted.

The service followed safe recruitment practices. Staff were skilled and experienced to care and support people to have a good quality of life. Staff received support to understand their roles and responsibilities

through supervision and an annual appraisal. They received training during their induction and then on an on-going basis.

People received their medicines in a safe way and when they needed them. Medicines were ordered, stored, administered and recorded safely.

People told us care staff treated them with dignity and respect. Care staff respected people's individuality and encouraged them to live the lives they wanted.

People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People said that they were involved in making decisions about their care as much as they wanted to be. Relatives told us that the home was proactive in letting them know of changes to their loved ones care or medical conditions

People said that the food at the home was good and that their dietary needs were met. Facilities were available for staff to make or offer people snacks at any time during the day or night.

People had care plans in place for staff to follow in order to meet their individual needs. Monitoring systems were in place to ensure people's needs were being met in line with their care plans.

People said that they were happy with the medical care and attention they received and that staff were knowledgeable about their needs. People had access to a range of external health and social care professionals.

People said that staff treated them with kindness, dignity and respect. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. Staff were aware of people's individual needs and able to explain their likes, dislikes, background history, and specific care needs.

People said that they enjoyed taking part in the activities provided at the home and that they felt that there was enough to do. We saw that the activities that took place were inclusive, and well matched to peoples' interests and capabilities.

People said that they felt confident to rise concerns and complaints and that these would be responded to. Monthly residents meeting took place where people were able to raise issues and concerns if they wished to.

People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People's right to lead a fulfilling life was enshrined in a charter of rights, which was displayed in the entrance to the home.

The provider had effective quality assurance systems in place, including regular audits on health and safety, infection control, dignity, care plans and medicines. Meetings took place with the registered manager and members of staff and representatives of the provider to ensure information was shared to drive improvements.

The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

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.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

The provider had identified risks to people's health and safety with them, and put guidelines in place to minimise the risks.

Staff followed good medicines management procedures.

There were enough staff on duty to meet the needs of people and appropriate checks where undertaken to help ensure suitable staff worked at the service.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink to maintain good health.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were treated with respect and their independence,

privacy and dignity were always promoted.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review, and they were involved in this process.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well –led.

There was a registered manager employed in the home.

The staff were well supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Sunrise Operations Guildford Limited

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 inspection took place on 26 April 2016 and was unannounced. The inspection was carried out by four inspectors and an expert 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. The inspection was also supported by a Specialist Nursing Advisor (a person who has special knowledge and experience in caring for people with nursing needs).

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We asked the provider 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.

During the inspection we spoke with17 people, 19 staff members, seven relatives, the registered manager and two health and social care professionals. We spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon.

We reviewed a variety of documents which included ten people's care plans, eight staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety

records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 30 January 2014 where there were no identified breaches.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe living at the home. One person said "I feel very safe living here on my own, rather than living in my own house alone. I was worried that I might fall. Here there are plenty of people to help you if anything happens." Another person said "Safe! A lovely place to be, next best thing to your own home."

Risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. One person said; "I feel really safe. One day a person wandered in to my room and went off with my walking frame. I couldn't walk without it so I pressed my call buzzer and staff came straight away." A relative told us "My loved one is very safe, can't think of a single incident. Allowing people to be independent is not without risk but they manage it well."

Staff were able to describe risks and supporting care practices to help keep people safe. Incidents and accidents were reported appropriately and in a timely manner, the registered manager described to us the action they took to analysis each incident. They showed us examples of outcomes of investigations.

We checked a sample of risk assessments and found plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One person's risk assessment detailed their assessed skin breakdown risk. The action plan detailed pressure mattress settings, repositioning frequency and nutrition support which should reduce the risk to the person of their skin breaking or them acquiring a pressure wound.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person said "Staff willing to help but encourage you to do as much as you can for yourself. They do push us but in a nice way." A person, with limited mobility, wanted to go to the Bistro. They were encouraged to make their own way by a staff member who gave them verbal encouragement and was ready to give support if necessary. The staff member was vigilant and managed risks well- making sure that there were no obstructions and organising seating, supporting the person to remain as independent as possible.

The risk of abuse had been assessed and action taken to keep people safe. Staff were able to explain the different types of abuse and the reporting procedures they should follow if they suspected someone was being harmed. One member of staff said, "I would talk to the lead first, go up, to co-ordinator, deputy. Go to the manager, CQC or social services". Another said, "Abuse can be emotional, physical, psychological, and financial. There are so many types. You must report to manager or our lead." Staff said that they had received safeguarding training.

Staff told us they were aware of the provider's whistleblowing policy and procedure the provider had details of the whistleblowing policy in a prominent position for staff to know where to access it.

People said there were enough staff to meet their needs. Staff and visitors said there were enough staff on

duty. One person said "There's lots of staff around, I get attention when I need it. I don't need a great deal of help because I can do things independently but I do need somebody with me when I am in the shower. I never have to wait long."

People's medicines were well managed and they received them safely. One person said; "Staff are very good with medicines." One person had asked the nurse that they would like to talk to the doctor about their medicines. The nurse arranged this straight away, which reassured the person.

There was an appropriate procedure for the recording and administration of medicines. Medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. Staff ensured people had taken their medicines before completing the MAR chart to confirm that medicines had been given. MAR charts were completed fully and signed by trained staff. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given.

staff administered medicines safely, following the provider's medicines procedures. They ensured they explained to the person why they had a medicine. Medicines were stored securely at all times. The provider's policy was current and easily assembled for staff to reference. Only staff who were trained as competent to administer medicines did so and they had yearly competency assessments to ensure their skills were current.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. We looked at staff files which all included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work. The registered manager had ensured that they had also included checks on eligibility to work in the United Kingdom (UK) and confirmation that nurses were registered to practice with the National Midwifery Council.

There were emergency and contingency plans in place should an event stop part or the entire service running. The registered manager had assessed the support needs of each person should there be an emergency evacuation. Plans were person centred and gave clear instructions to how staff should manage a person's individual needs. Equipment was available on the units to enable people to be moved safely and quickly in case of an emergency. This meant people's safety was promoted in case of any potential incident.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said "They (staff) are very experienced staff are very knowledgeable. They know what they are doing." Another person said "The staff all seem to know what they are doing, I have confidence in them."

The registered manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. Staff we spoke to said that they felt supported. One member of staff said, "I get support from regular staff. We have had a meeting with the reminiscence coordinator." We have had two meetings with the general manager. We also have town hall meetings downstairs. The general manager asks what your problems are. If possible she will sort them out. These meetings are for the whole home, and help with us learning about the people."

The registered manager had supported staff to learn other skills to meet people's individual needs, such as training for staff to become dignity champions. One staff member said they undertook "All training refreshers". Another staff member told us training consisted of MCA/DoLS, medicines, basic life support, manual handling, dignity in care and nutrition. Extensive training was offered to staff via the accredited 'Dementia Pathway Scheme'They said that this training had helped them understand and develop best practice when caring for people.

Staff said they had annual appraisals. This is a process by which a registered manager evaluates an employee's work behaviour and provides feedback to the employee to show where improvements are needed and any positive practices. Staff also had regular supervisions which meant they had the opportunity to meet with their registered manager on a one to one basis to discuss their work or any concerns they had. One staff member said," I had supervision last week, I was given a written record, we had a discussion re team player, tasks, areas which are our weaknesses and strengths." This supported staff to develop skills and work within best practice guidance.

Qualified staff received clinical supervisions and on-going training as required by the Nursing and Midwifery Council (NMC). One nursing staff member said they had training in catheter care, wound management, taking bloods from people and using a syringe driver (this is equipment that helps control a person's symptoms by delivering a steady flow of liquid medicines through a continuous injection.) This would also provide continuous development for nurses under going revalidation. (remaining fit to practice)

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 understood the MCA had received training in both the MCA and DoLS.

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. 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.

Some people had been prescribed medicines to be taken covertly (when medicines are administered in a disguised format). Mental capacity assessments and best interest decision which was specific to this had been held, and the decision made in the persons best interest. Throughout the inspection people were asked for their consent before care was delivered.

People's nutritional needs were met. One person said "Food not only looks good but tastes good." Another person said "Food very, very good. Good choice or if you don't like the main choice there is an option menu to choose from."

People who had special dietary needs, had those needs met. We saw a list in the kitchen of people's dietary requirements. The chef was able to identify those people who were on specialised diets such as pureed or dairy free. Staff were aware of the needs of people on specialist diets such as diabetic. One staff member explained to us that specialist sugar free food was provided to people who were diabetic and a choice was given daily. The chef said they had a list in the kitchen of people's dietary requirements. They were able to identify those people who were on liquidised food. The chef updated this information each week, but if someone's dietary requirements changed substantially the nurses would inform them immediately.

People received support to eat if needed, and meal times were a relaxed an pleasurable experience. The dining room was well presented. People were given a choice of places, although most had their preferred seats. People were served quickly and did not have to wait to be served. Food was well presented; there was a good choice of starters, mains and puddings. The menu was displayed and included the main meal of the day, together with the alternatives on offer including a vegetarian option.

During the day people had drinks in front of them and tea and coffee was offered throughout the day. We observed lunch and observed staff interacting with people, people eating at their own pace. We observed when one person indicated they needed assistance; staff positioned themselves at the person's eye level and verbally encouraged and helped them to finish their meal. Otherwise the person would have walked off and not eaten.

Peoples health was monitored and they were supported to stay healthy. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the speech and language therapist (SALT), the falls team, district nurse or the dementia nurse when required. One person said; "If I need to see the doctor or the chiropodist, I only need to ask". We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner, they confirmed that support to people's health needs was provided by staff and their guidance followed.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were very caring. One person said "When I was ill last year people took good care of me." Another person said "The staff are warm, lovely, friendly. Staff willing to help but they encourage you. If you are struggling they won't push you too hard." A relative told us, "Care of a very good standard. No problems at all- very good."

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff showed that they knew people well and they spoke to each other in a relaxed jovial manner. One person has their dog who was known to other residents in the home. This showed staff demonstrated compassion and respect in terms of understanding what was important for an individual in delivering person centred care.

During the lunchtime period staff asked people how they felt and their views on the weather and the lunch provided. There was a very relaxed and informal atmosphere in the Reminiscence Neighbourhood. We also observed kindness was shown when a person was given their medicines. The nurse got down on her knees so that she had eye contact with the person, and spoke softly when explaining what the medicines were for. The person told us afterwards, "She's nice." The person had a big smile on their face.

Staff were able to explain how they encouraged communication and involvement for people who lived with dementia. One said, "Some need help with day to day tasks. We spend time with them, talk to them. Some remember days when they were younger so talk about their memories of that, what work they did and places they lived. We also look in care plans, profiles tell us about them."

Staff showed consideration to people who lived with dementia when they assisted them to move using equipment. They placed a screen around the person to promote privacy when in the lounge area. Staff patiently explained step by step the process of moving before they provided support and checked that they person was happy throughout. One person said of a member of staff, "She's a nice person, she smiles a lot."

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people's care records; for example one staff described the care they provide to someone with a pressure wound. This showed us that staff were aware of the up to date needs of people within their care.

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations e.g. Parkinson's Society and Age Concern. The reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding. Each person had a comprehensive residents guide in their room.

People and those who matter to them and appropriate professionals contributed to their plan of care. We asked people and family members if they had been involved in their care planning or the care of their relative. They all felt that they were included and kept up to date one person said "I know there is a care plan

and they do talk to me about things in it." A relative told us "The staff do talk things through about X's care. They listen to ideas and change the care package if necessary."

Staff understood the importance of respecting people's privacy and dignity and of promoting independence. We saw good examples of staff knocking on people's doors, and addressing people with preferred names they had chosen. One of the nurses spoke about respect, dignity and individuality giving an example that a person does not like male carers as result the home ensures that "No male carer goes there alone" in the event that there are not enough female carers on the shift.

Good

Is the service responsive?

Our findings

People told us they planned their care with support from their relatives and staff. People told us a care co-ordinator visited them in hospital to assess their needs, abilities and preferences. One person told us, "When I came in they asked me about the care and help that I wanted. Since then they meet with me from time to time- I get what I need"

The registered manager and staff were flexible and responsive to people's individual needs and preferences and ensured people were enabled to live as full a life as possible. A healthcare professional told us, "The staff are responsive. If they notice any changes to people's health quickly and act on it."

Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. These were monitored for any changes. Full family and life histories were drawn up so that staff knew about a person's background and were then able to talk to them about their family or life stories.

Personalised care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible. For example one of the nurses said one of the people has speech impairment but responded well to gestures and signs. We observed the nurse speak to the person in the hallway and found that they were smiling and responding attentively to signs and gestures.

Reviews of care were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people. We attended both the nurses and carers handover where information on people's day was exchanged and information about continuity of peoples care shared. For example we noticed that the wellbeing nurse was writing a antibiotic short-term care plan and completing pain assessment tool chart for one person who had been diagnosed with a chest infection. This would guide staff on how to care for the person whilst their needs had changed.

Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs. The computerised system gave full details and analysis of people's changing needs which showed easy to read graphs etc. of weight, and risk increase or improvements.

People told us they spent their day as they wanted, for example when they got up and went to bed, and were supported to maintain their interests and preferred pastimes. One person told us, "My day depends on how I feel. Sometimes we do cooking - cakes or biscuits, and sometimes we go out."

The activities that took place were inclusive, and well matched to people's interests and capabilities. We saw a session of chair based Zumba taking place in the ground floor lounge. People took part in a series of safe exercise routines set to music. These were designed to strengthen the upper body and maintain mobility in the arms and legs. One person said, "We love our Zumba with X. She makes us work but its good fun and we have a laugh."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. A number of activities including, painting, flowerer arranging and large ball activities took place during the day. We observed that people were asked if they would like to take part.

People told us that their spiritual needs are met. They could go to a local place or worship or attend one of the services held at Sunrise. People were encouraged to run and lead their own activity sessions and we saw a resident running a group quiz session. The registered manager said people are empowered to use their skills and talents.

People were supported to raise concerns and complaints without fear of reprisal. Relatives told us they knew how to make a complaint if they needed to. One relative told us "I've no major complaints." We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey. Residents and relatives meetings a give people the opportunity to express their views about the service. People told us that they felt that they were listened to and their ideas concerns were acted on. For example; people were concerned that the sausage skins were tough and that the bacon was too salty. The kitchen responded, moving to skinless sausages and providing better quality bacon.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. One person said "The manager's door is always open if I have any concerns." A staff member told us "The manager gives us lots of praise, notices what we do and gives us a boost."

The home had a registered manager. The registered manager was in day to day charge and supported the staff within the home. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said "They are always around to talk to."

Staff were positive about the management and the support they gave to them. They told us they felt supported and could go to them if they had any concerns. One member of staff said "It's a nice place to work, good support from senior management". Another member of staff said, "Management is great. The general manager has a great personality, is approachable and makes you feel valued. She understands happy staff means happy residents."

Another staff said "Staff meetings are held in which we could speak openly and make suggestions." Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example discussions around the handover forms, CQC inspections and the duty of candour.

The registered manager regularly worked alongside staff which gave them an insight into improvements and changes in the home.They told us about the daily Huddle' Meeting which all the heads of department attended to discuss any issues about people or to do with the home. The registered manager explained that regular health and safety meetings and staff meetings were held. The minutes of the meetings were recorded and made available to all staff.

The registered manager told us they had started a 'listening group for staff', the group was now held monthly and gave staff a chance to discuss any issues , concerns and compliment practice. Staff told us this group helped developed team work. The registered manager said "It's so important to listen and act, I just want the people who live here and the staff to be happy, and for the people to enjoy their lives."

Staff understood the values of the service ensuring people received kind and compassionate care. This was implemented from staff induction process and reviewed regularly. The values were promoted in the 'Residents Guide', which anyone wanting to find out about the home or who lived there could read. One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure they put these aims into practice. Which would develop consistent best practice and drive improvement." One member of staff said "Good manager, good team, I have been here 5 years and its very loyal, happy team." "All passionate about what we do, we all want what's best for everyone, team works well and respect for each other" and "I like the way the manager

speaks to us."

The provider had effective systems in place to monitor the quality of care and support that people received. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked what people thought of the quality of food, their care, the staff, the premises, the management and their daily living experience. The registered manager told us about the systems they used to ensure the delivery of high quality care. The quality assurance systems in place were robust. We looked at the audits for health and safety, care planning, medication and infection control. These enabled the registered manager to identify deficits in best practice and rectify these. For example one of the questions raised by people and staff was for staff to wear uniforms. The registered manager said a consultation process was on-going at present and once views had been sought a decision would be made.

Sunrise also undertook a regulatory governance audit which followed the five domains; safe effective, caring, responsive and well led and showed 'on the whole the home was well managed.' This showed us that both the registered manager and provider were continually assessing the quality of the home and driving improvements.They also explained how they undertook a trend analysis of Clinical and Care Performance Measures which are completed monthly during the clinical governance meeting. This includes full analysis and trending of accident and incidents, complaints, infections, Pressure Damage etc. This meeting is where the manager leads a team discussion that examines the trends in care outcomes within the service to identify if there are any links between incidents or areas for improvement by looking at the data as a whole.

The community used this analysis to identify continuous improvement and identify opportunities for further improvement. This includes benchmarking performance against that of other locations and of the company overall.

The registered manager embedded good practice within the home. They told us about other 'projects' that were on-going. These included 'Life Enrichment Project, which was aimed to build staff knowledge and expertise in Dementia Care. The registered manager said it was to "Bridge the gap between physical and psychological care." They also told us about the 'Smoothie Challenge' an innovative way to support people at risk of not eating get the nutrition they need through drinking homemade smoothies.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. The information provided matched what we found on the day of inspection. They had been the manager of the home for just over eight months, but according to care staff, had already made a difference to the quality of the service. A member of care staff told us, "Since the manager has come in, things are changing for the better and staff know it."

Records showed, for example, accidents and incidents were analysed by the senior staff and manager, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to healthcare professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.