Sunrise Operations Bagshot II Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Sunrise Operations Bagshot 11 Limited provides facilities and services for up to 95 older people who require personal or nursing care over three floors. The home is known and referred to as Sunrise of Bagshot. 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 moving equipment. A few people lived with mild dementia that

Summary of findings

required regular prompting and supervision. The second floor provided accommodation for people who were living with a dementia as their prime care need. This unit was called the Reminiscence Neighbourhood.

The Sunrise Senior Living Organisation has a number of homes across the country. Sunrise of Bagshot was purpose built and provided care to privately funded people. At the time of this inspection 61 people were living in the Assisted Living Neighbourhood and 26 people were living in the Reminiscence Neighbourhood.

This inspection took place on 15 and 16 June 2015 and was unannounced.

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.

People and visitors spoke positively of the home and people said they felt safe. People told us staff were kind and caring and looked after them well. However all feedback indicated that the staffing levels and the high use of agency staff impacted on the standard of care, with staff rushing to complete their work and agency staff unsure of their responsibilities. We found staff were under pressure to complete their work which meant staff did not have time to provide individual care. Including providing support for people to eat in a relaxed and unhurried manner on the Reminiscence Neighbourhood.

Agency staff did not routinely undertake an induction programme and identified regular agency staff were not being used. This did not support a level of continuity for people or staff. We found staff had not received regular supervision and appraisal to support them in carrying out their duties.

The provider had not ensured a suitable individual risk assessment had been undertaken to ensure people could be safely moved in case of an emergency. This assessment should take account of staffing arrangements.

Medicines were stored, administered and disposed of safely by staff that were suitably trained. However, guidelines and records relating to PRN and topical creams were not always clear and could pose a higher risk that medicines were not given in a consistent way.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the service for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions. However there was little evidence that people who lacked capacity had suitable processes followed to ensure staff took account of their individual rights and best interest.

There had been a number of changes within the management team and this was still ongoing with a deputy mangers post in the service being recently vacated. There was mixed feedback about the management team with some staff identifying a lack of appropriate direct management. The management team had not fully established systems to ensure the effective management of staff. However the new registered manager was developing a more open and listening culture within the service.

Quality assurance systems were in place and had identified some shortfalls that needed to be addressed. However key areas around staffing and the provision of regular well motivated staff had not been identified.

Staff responded positively to people's physical and emotional needs and there were systems in place for staff to share information on people's changing needs. This included regular hand over sessions. People had access to health care professionals when needed.

Staff working for Sunrise of Bagshot were provided with a full induction and training programme which supported them to meet the needs of people. The registered nurses attended additional training to update and ensure their nursing competency.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Summary of findings

People were complementary about the food and the choices available. Mealtimes on the Assisted living Neighbourhood were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's physical and health limitations and ability to participate. Visitors told us they were warmly welcomed and felt they could come to the nursing home at any reasonable time.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was readily available for people to use.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis and surveys were used to gain staff views. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. Guidelines and records relating to PRN and topical creams were not always clear and could mean that medicines were not given in a consistent way.

People told us there was not enough staff to respond to people in a safe and timely fashion. PEEPs had not been completed to support staff to move people in a safe way in case of an emergency.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

Is the service effective?

Inadequate

The service was not always effective.

Staff had received training on the Mental Capacity Act 2005 and DoLS and how to involve appropriate people in decision making. However consent issues for people were not always addressed appropriately for people who lacked capacity.

There were not enough skilled and competent staff deployed within the home at all times to ensure effective care. Staff were under pressure and were rushing to complete tasks. Staff vacancies were replaced with agency staff who were not familiar with people's needs and were not suitably inducted.

Staff employed received training to deliver suitable care however they were not fully supervised and supported to ensure they delivered care that met people's needs.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Staff ensured people had access to external healthcare professionals, such as the doctor as necessary.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Care records did not explore people's individual life choices fully and staff told us they did not know people well enough.

There was a variety of meaningful activities for people to participate in as groups or individually.

A complaints policy was in place and complaints were handled appropriately. People felt any future complaint or concern would be investigated and resolved.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

The recently registered manager had been well received by staff and people however some staff did not feel they were supported or managed appropriately.

The management team had not fully established systems to ensure the effective management of staff.

Quality monitoring systems were used to identify areas for improvement. People and staff were encouraged to share their views on the service.

The home had values and objective and a clear philosophy of care that staff received training on during their induction.

Sunrise Operations Bagshot II 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 15 and 16 June 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information provided anonymously by staff directly to the CQC and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask 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. This was because we were responding quickly to information and concerns that had been raised with us.

After the inspection we spoke with a specialist nurse advisor, a member of the community mental health team, and a member of the DoLS assessment team. The local GP service was contacted but they did not provide any feedback.

During the inspection we spoke with six people who lived in the Assisted Living Neighbourhood and three people who lived in the Reminiscence Neighbourhood. In addition we spoke to six relatives and visitors. We spoke to various staff including the registered manager, the nominated individual for the organisation, the chef, three registered nurses two of which were the neighbourhood managers and eight care staff.

Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning on the reminiscence Neighbourhood. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care in communal areas to get a full view of care and support provided across all areas, and in individual rooms. We observed lunch and breakfast sitting with people in the dining room in both Neighbourhoods. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We attended a morning management meeting that was held each morning and listened to a staff handover completed on the Reminiscence Neighbourhood.

We reviewed a variety of documents which included nine care plans and associated risk and individual need assessments. This included 'pathway tracked' people living

Detailed findings

at Sunrise of Bagshot. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at five recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Requires improvement

Is the service safe?

Our findings

People from both Neighbourhoods told us they felt safe. The staff looked after them in a safe way and the environment was safe and well maintained. One person said. "I feel safe and the staff are very nice." Relatives confirmed they believed people were safe.

However we found some shortfalls which could impact on people's safety.

Systems for the administration of some medicines did not ensure safe and effective administration.

A number of medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were not in place for all people and did not ensure staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way. For example, some people were prescribed medicine to be used in response to people's agitation but there was no rationale for the use of the medicine. This lack of consistency could mean that people did not receive medicines as they needed them. We also found that the records relating to topical creams were not always clear and accurate. Creams were found undated, directions on MAR charts specifying 'as directed' for creams and the MAR charts did not specifying when the creams were to be used. This lack of clarity led to one person not receiving the correct creams. This meant that medicines were not being administered as prescribed.

Systems to ensure the quick and safe evacuation of people from the home in response to an emergency had not been fully established. Individual Personal Emergency Evacuation Plans (PEEPs) had not been completed. PEEPs provide guidelines for staff to follow and confirm how people need to be supported for safe evacuation or movement to a safe area of the home. The lack of these plans puts people at risk as staff and agency staff would not have a clear understanding of what was required to keep people safe in the event of an emergency.

All feedback received from people, visitors and staff indicated that there were not enough staff to meet people's needs in a timely way that supported the safety of people.

Feedback from staff and visitors on the Reminiscence Neighbourhood told us staff were under great pressure to get the work completed. One visitor felt the staffing levels had improved but could be improved further. The registered manager confirmed that the staffing levels had not been adjusted to meet the increasing needs of people over recent months before her appointment. This was being addressed with assessments being reflected with an increase in staffing. However feedback from staff indicated that the increase had not responded fully to the care needs and dependency of the people living on the Neighbourhood. We were told that ten people required lifting equipment to support them to be moved. Staff told us that due to pressure on staff they were cutting corners in order to get the work completed. This included staff working on their own when two staff were required this had included using lifting equipment on their own. This put staff and people at risk from injury.

Feedback from people on the Assisted Living Neighbourhood indicated that people had to wait for their bells to be responded to. One person said "Staff are not always around when you need them I sometimes have to wait 20 minutes for someone to come and I keep pressing my buzzer." Another person told us they had recently waited 40 minutes and another person said they waited 30 minutes for their bell to be answered. This slow response to call bells could leave people at risk if they needed attention quickly. The system for monitoring call bells confirmed people did wait long periods for their bells to be answered, the reason for the delays were not clear and had not been fully audited.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed people had raised concerns about the time taken to answer call bells directly with the management of the home. Ways of monitoring and responding to bells more effectively were being established and this was recorded within meeting notes. There were set minimum staffing levels that were maintained. Staff levels at the time of our visit consisted of six care staff on morning and five in the afternoon and evening on the Reminiscence Neighbourhood. Eight care staff on the morning and six care staff on the Assisted living Neighbourhood. In addition there was at least one registered nurses working in the home covering the nursing

Requires improvement

Is the service safe?

needs of people across the home. At night one registered nurse works in the home with two and three carers on each of the Neighbourhoods. These levels were being maintained with a high use of agency staff while recruitment was being progressed. The registered manager and care co-ordinators of each of the Neighbourhoods were in addition to these levels.

We found staff had a good understanding of people's risks and how to respond to them. During a staff handover on the Reminiscence Neighbourhood we heard staff discuss people's individual risks and how these were responded to in order to keep people safe. For example, they discussed risks people had when moving around the home and what support and level of supervision they required to keep them safe. We saw people moved safely and appropriately by staff on both Neighbourhoods. Staff members used moving equipment to reposition people to allow them to sit comfortably.

We found risk assessments were used appropriately to identify and reduce risks. For example, risks associated with nutrition and pressure areas were well documented and responded to within the documentation and into care practice. For example, pressure relieving equipment was used on beds and on chairs. Staff checked that these were working and set correctly to ensure people's safety. Risk assessments were also used to promote people's independence in a safe way. For example those people who wished to administer their own medicines were risk assessed to ensure they were able to do this safely.

The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards. There were records of medicines received, disposed of, and administered. The registered nurses and medicine technicians (care staff who have received additional training and competency checks to allow them to administer medicines) administered all medicines individually from the medicines trolley and completed the MAR chart once the medicine had been administered safely. Staff were professional in their approach checking that each person wanted to receive their medicine and providing suitable drinks and time to take their medicine.

Staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. Records confirmed that systems were in place to ensure any suspicion of abuse was referred appropriately.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse. In addition regular checks were maintained to ensure people had the right to work in the country and DBS checks were completed every three years.

Sunrise of Bagshot was very clean and well decorated and maintained throughout. All feedback from people was positive about the environment and the way the home was cleaned and maintained. Systems were in place to ensure the service and equipment used was safe. The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available that included what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been maintained.

Inadequate

Is the service effective?

Our findings

People and visitors spoke very positively about the home and the care and support provided by a committed team of staff. Comments included "The staff are always nice to me," and "There is access to a GP and if she needs to attend the hospital she is accompanied." The SOFI observation showed that staff understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. Staff also responded to people who had greater cognitive impairment with a calm approach that suited their needs and offered assistance and reassurance.

However, we found that staff at Sunrise of Bagshot did not consistently provide care that was effective.

One relative from the Reminiscence Neighbourhood said "There is just not enough staff to provide a good standard of care. I often come and help to feed so I know she is not rushed and fed correctly." When we observed the lunchtime meal on this Neighbourhood we saw that staff availability impacted on the way people received their meals and how they were supported to eat. The overall experience for people was poor with people having to wait for their meals and for assistance. The whole atmosphere in the dining room was rushed and disorganised. This did not allow for people to have a pleasant dining experience on the Reminiscence Neighbourhood.

During the lunchtime people wanted to go to the toilet and this took staff away from the dining room. Staff had not given people the time and support before the mealtime for the toilet. Staff told us this was due to "no time". We also noted that people sat at the dining tables in their wheelchairs that they had been sitting in all morning. Staff again said that they did not have the time to move them to dining chairs so people were not given this choice and their positioning did not support them trying to eat independently. Staff undertook the serving of meals, the clearing of tables and washing up afterwards, additional catering staff were not provided. One staff member was administering medicines and this reduced staff availability further. For ten minutes there was only one staff in the dining room serving meals and assisting 17 people with their meals. Staff told us that it was always very busy and most people needed assistance and support with their food. One person was sitting waiting for her soup from 12.55 until 13.20 she then waited until 13.40 for her main meal. Staff were rushing and did not have time to spend individual quality time with people that would ensure people with dementia ate as well as they could.

Although all feedback about the regular staff was good and people said "staff had sufficient training to carry out their duties." People told us that the Agency staff were not skilled and did not know what they were doing. One person said, "There are too many agency staff and I don't think some of them are trained properly." Staff told us the agency staff required supervision during each shift and were limited in the number of tasks that they were able to complete on their own. . We found that agency staff were used regularly in the home but there was no system to assess the competency or skills of this work force. They did not complete an induction programme and there was no system to have the same regular agency staff to promote continuity of care and an understanding of people's needs. This meant the provider could not be assured that staff working in the home had the skills and competence to look after people at Sunrise of Bagshot.

Systems to ensure all staff received regular supervision and appraisal to support them in their identified roles had not been fully established. Staff told us they had not had the opportunity to reflect on practice and feedback to senior staff within regular supervisions and appraisals. Staff who had received supervision did not feel that this was always productive as issues raised were not always responded to. The formalised system available to review and monitor staff performance had not been fully established for staff and there was a limited record of any staff development and staff skills. The provider needs to be assured that staff practice is observed and reviewed with any gaps in their skills or in the service being identified and responded to.

The nursing needs within the home were met by registered nurses who worked separately and autonomously to the teams based on each of the Neighbourhoods. We found they were not working in an integrated way which led to peoples nursing needs not being responded to effectively. For example, we found that people's wounds were not being dressed in accordance with the care plans in place. One person should have had their dressing completed on alternate days we found the dressing had not been

completed for four days. This could lead to wounds not healing or becoming infected. A registered nurse told us the care was "disjointed" and they did not feel part of a team that approached care as a team.

These shortfalls were in breach of the Health and Social Care Act 2008 Regulation 18 (Regulated Activities) Regulations 2014.

Staff had undertaken training on the MCA and Deprivation of Liberty Safeguards (DoLS). This act protects people who lack capacity to make certain decisions because of illness or disability. Care staff had a basic understanding of mental capacity and informed us how they gained consent from people about daily care needs. People told us that regular staff asked for consent but Agency staff working in the home did not always ask for consent.

People's capacity was assessed routinely following admission, however there was no evidence how specific decisions were made for people who lacked capacity. For example, when bed rails were being used the rationale and discussion to ensure safe and effective use was not documented. One person was being looked after in bed, discussion and agreement to this plan of care had not been documented. There was no evidence that best interest meetings had been held to mitigate risk. This meant that people's rights were not always taken into account when care and treatment was planned.

The registered manager confirmed that DoLS were in place for two people living on the Reminiscence Neighbourhood. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. Staff working on the Neighbourhood did not know who had a DoLS in place and there was no information or guidelines available to staff within the care plan to support them in maintaining the DoLS appropriately. This meant staff who looked after people who were subject to a DoLS did not understand what framework had been put in place to ensure the least restrictive measures were in place.

This was a breach of Regulation 11 (1) (3) (4) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However the registered manager was following up the restrictions imposed by key pads on the doors and lift to the Reminiscence Neighbourhood with the local authority to ensure the least restrictive practice was used whilst keeping people safe in the home. Professionals confirmed that DoLS were applied for appropriately and high priority safeguards had been identified for approval first to promote people's safety.

All feedback about the food provided was positive. People said that the food was provided to a good standard and it suited people's needs and preferences. Comments included "The food always looks good and my mother always enjoys it," and "I think the food is five star and there are snacks between meals some of which are home baked."

People who lived in the Assisted Living Neighbourhood had their meals in the ground floor restaurant area where the service and presentation was based on hotel like services. Or they could choose to have their meal in their own room. The dining experience for people was pleasant and unrushed and staff were available to attend to people's individual needs quickly. The ground floor had a bistro area where people could help themselves to drinks, snacks and fruit at any time of the day and night.

Nutritional assessments were completed and recorded people's preferred foods and when they liked to eat along with a monthly record of people's weight and any risk factors effecting peoples nutritional status including medical conditions like diabetes. When people were identified as being at risk or had lost weight additional monitoring was undertaken. This included daily recording of fluid and foods an increase of monthly weighing to weekly and a fortified diet was also commenced.

The dietician was referred to when concerns about nutrition were identified. They had assessed people in the home recently and provided additional guidelines for staff to follow. This advice had been shared with the catering staff and had included the use of nutritional supplements.

The chef and catering team had established systems for providing nutritious food to meet individual choice and need. Records displayed within the kitchen areas demonstrated an individual and tailored approach to providing food to people. People who had specific dietary needs relating to nutrition, dementia, belief or medical condition were clearly recorded along with how this was responded to. The food presented from the kitchen was reflective of this individual choice and need. For example

Is the service effective?

pureed food was attractively presented and recognisable as separate foods. When people were assisted with eating pureed foods were kept separately so people could appreciate the individual taste.

Staff told us training was available and gave them the skills and knowledge to provide the support individuals needed. Staff received an induction programme which included ongoing training and

support. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. Newer staff said there was always a more senior staff member available for advice.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, safeguarding and dementia care. The training programme consisted of both e learning and classroom style training. There was additional training available and staff showed us notices in the office area that promoted these. For example a memo encouraged staff to sign up for training on the Care Certificate provided by the local authority. There was also the opportunity for staff to complete further accredited training such as the Diploma in Health and Social Care.

Registered nurses were supported to update their nursing skills, qualifications and competencies. One registered nurse told us she was being supported to undertake a leadership qualification in the care for people with dementia. A visiting health professional confirmed where a shortfall in competence had been identified the registered nurses had sourced relevant advice and training to develop the required skill. For example, in relation to male urinary catheterisation Staff had contacted relevant specialist nurses for further training and support on this area.

Both Neighbourhoods had systems for organising work and for communicating information between staff. Each shift began with a handover and staff were allocated people to look after and specific roles. This included either assisting in the restaurant or supporting allocated people in their own rooms. Staff breaks were also recorded to ensure effective allocation of staff. Handover sheets were used to communicate individual needs. The staff handover heard demonstrated that staff were knowledgeable about people and their individual needs. They reminded people of these needs, for example specific care needs relating to behaviour and how these will need to be recorded and responded to.

Staff in each neighbourhood knew people's care needs well and spoke regularly to the senior staff to update them on the care and support provided. Daily records and charts were used to communicate how people's needs were being attended to. These were well completed and included checks on people who were at risk from pressure area damage.

People and relatives told us that when they needed to see a GP this was arranged in a timely fashion. The service had a contract with a local GP practice and a designated GP visited the home for routine rounds once a week and when requested. Feedback from visiting professionals was positive and indicated timely and suitable referral to appropriate services. One professional said "The staff have worked alongside us to provide the best outcome for this person and their family."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and visitors stated they were very happy in the approach of staff and the way they provided care and support. The staff were said to be kind, attentive and very caring. Visiting professionals were positive about the staff and their caring attitude to people. We observed staff to be caring, courteous and polite at all times. Even when under pressure at busy times staff remained pleasant and kind. One person said "My key thing is the carers are excellent, they do a wonderful job" and one relative said "The staff are so very nice." Another said "Staff are caring and at times they go beyond what is expected of them."

Throughout the inspection process staff were kind and attentive to people and used positive encouragement. This approach was maintained even during busy times of the day. The SOFI evidenced good interaction and staff approached people in a way that demonstrated respect. When staff spoke with people it was meaningful and staff made it an important interaction. Eye contact was made and people responded to staff in a positive happy way. Staff approached people with a smile and used touch appropriately to confirm they were listening or were close for support. For example, staff touched people softly to remind people they were there and were listening to what they were saying. This demonstrated staff understood the approach needed when caring for people living with a dementia.

Staff were passionate and committed to providing care and support in a caring and compassionated way. Staff told us how important it was to them to care for people properly. They told us they loved their work as they enjoyed working with older people. One staff said, "I found my calling in life when I came to work here." They recognised that they became attached to people and said they often attended funerals in order to help them and the families with the grieving process.

Staff demonstrated a genuine care for people. One person told us "When my son died they were very good to me and very thoughtful." During the handover on the Reminiscence Neighbourhood staff asked for feedback on a person who had been admitted to Hospital. Asking how they were and expressing a wish that they would return soon. We also saw a member of the activity provision team come across a person who was distressed. This staff member spent time listening and reassuring this person. The approach used relieved this person's distress and they were able to re-join the flower arranging activity.

Staff promoted people's independence and respected their privacy and dignity. Staff greeted people respectfully and used people's preferred names when supporting them. One person said "They do knock on the door ask for consent before giving care and close the door to protect our privacy." People were asked what they wanted to do and where they wanted to be and encouraged to eat as independently as possible. People on the Reminiscence Neighbourhood had memory boxes outside their own rooms to help them recognise them on their own. Braille signs were also used throughout the home outside rooms including toilets and bathrooms to aide identification for people with poor sight.

People on the Assisted Living Neighbourhood were encouraged to be as independent as possible for as long as possible. People had access to the bistro area to make their own drinks and to have snacks as and when they wanted them. People went out of the home and were asked to inform the concierge, so this was recorded in case of emergencies.

People were dressed individually and according to preference. Staff paid attention to how people were dressed and ensured when people needed help or support in choosing or changing clothes this was offered and completed in a discreet way. We saw that people's differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. There were facilities for people to share accommodation with partners and to have a bedroom and separate sitting area. This allowed people to maintain important close relationships as they would in their own home.

Care records were stored securely in the office areas. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and records confirmed that they received training on this subject.

Requires improvement

Is the service responsive?

Our findings

People were able to choose how they spent their day and were encouraged and supported to make decisions about what they did. People chose where and who they sat next to. Staff offered people choice of when they got up and had breakfast. For example people had a later breakfast on both Neighbourhoods if they wanted depending on the time they got up. For people who got up early drinks and breakfast was available for them. This was important to people living with dementia who chose to eat at different times and needed to be supported when they wanted to eat.

However staff told us that they did not know people as well as they would like. Staff said they did not have enough time to get to know people really well. One staff member said "It is really sad when you find out important information about people when you attend their funeral." We found life story documents, which are widely regarded as useful documents in dementia care to enable staff to gain a better appreciation and understanding of people as individuals with unique wishes, needs preferences and desires, had not been implemented within either of the Neighbourhoods. We also found that care plans that recorded people's wishes at end of life were not in place for most people. Therefore staff did not have an understanding of people's wishes before and after death and could not respond effectively to people's choices. We found across the service some people were not engaged with as much as other people and did not benefit from one to one socialisation. One person felt that the care and support she was provided with was the minimum required and there were no extras for her. She said "I am on the lowest level of care, but that doesn't mean I don't need any attention."

The evidence above demonstrates that delivery of care in Sunrise of Bogshot at this time was seen as task based rather than responsive to individual needs. This meant people had not received person centred care reflecting people's worth and well-being. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. This included what religion or beliefs were important to people. Individual care plans were devised on admission to the service. These included a personalised service plan which included preferred times of getting up and going to bed/likes and dislikes. People said that their choices were responded to and we heard during staff handover that staff discussed people's wishes including who should be asked about an afternoon outing. Each service plan was reviewed on a monthly basis and this identified any changing needs for people. A six monthly review was completed and included all risk assessments. This was done in conjunction with the person or their representatives or jointly if wanted.

The changing needs of people were identified and responded. Visiting health professionals told us they were involved appropriately when people's health needs changed. For example one described how they had worked together with the staff and family to get the best outcomes for one person with deteriorating mental health needs. Consideration had been given to moving them to the Reminiscence Neighbourhood and amending the care plan to ensure safety and well-being.

A range of activities were provided in both Neighbourhoods. This was co-ordinated by and activities manager and two activities co-ordinators. People told us they enjoyed the activities on offer in the home and relatives said they were varied and enjoyed. Comments include "They seem to get people out and about as much as possible," and "We can get out on scooters when we book them."

The Assisted Living Neighbourhood was vibrant and busy with people coming and going and engaging with various activity and entertainment as they wanted to in different areas of the home throughout the inspection days. This included small groups taking part in quizzes and scrabble in the Bistro. There were arts and crafts and flower arranging taking place in the activity room and people used the garden as they wished. The activities room was used by people as they wanted and this had computers, papers and art facilities for people to use at any time. Some people had been involved in hatching butterflies and these were on display near the front entrance as point of interest.

People on the Reminiscence Neighbourhood were offered a variety of activity but the quality of this varied. On the first day of the inspection the availability of activity and stimulation for people on the Reminiscence

Requires improvement

Is the service responsive?

Neighbourhood was focussed on small amount of group work. This included a small group making mint cakes and a few people spoken with and listening to classical music co-ordinated by activities co-ordinator. In the afternoon one of the care staff arranged for five people to go out for a drive in the minibus. The following day we found a larger group of people enjoying a musical activity. They were signing dancing and using musical instruments.

We were told that people from the Reminiscence Neighbourhood could join in with activities and entertainment provided on the Assisted Living Neighbourhood as well. We found there was a number of clothing articles and musical instruments that people could pick up as they wished around the Neighbourhood. There were also pictures and colouring pencils accessible. This allowed people to be creative and engage with their interests which is important when caring for people living with a dementia. One person was seen to be fully immersed in colouring and drawing on her own in one area.

Complaints were now being responded to and used to improve the service. Records confirmed that complaints received were documented investigated and responded to. The registered manager demonstrated a positive approach to complaints and had held face to face meeting with people and relatives to resolve issues. These had included issues around care and support needs for people. She was establishing an open approach to complaints and resolution. The registered manager had reviewed the complaints procedure since her appointment and made sure it was readily available and displayed in the front entrance of the service. Most people and visitors told us they knew how to make a complaint and were confident that it would be responded to effectively. One person told us they had recently raised an issue and this had been resolved to their satisfaction.

Requires improvement

Is the service well-led?

Our findings

People said that they liked living at Sunrise of Bagshot. They told us services provided were well managed and the home was always clean and well maintained. Comments included "I think the home is well managed" and "The domestic staff are very good, if you ask for something to be done it is usually done quickly and cheerfully." Visiting professionals told us the management arrangements were appropriate and ensured people's needs were responded to.

People and relatives told us that there had been a lot of changes in staff and in the management team recently. A new registered manager had been appointed and feedback from all sources was positive about her and her approach. We were told that she was available and willing to listen and 'roll up her sleeves and help' when needed. Staff expressed a faith in the registered manager who had been registered for the past three months, that she would respond to issues and improve the service. There had been other changes to the management team which had included new managers to each of the neighbourhoods, the deputy manager's post had also been recently vacated. The new management appointments were over seen by the registered manager and used to strengthen the nursing overview of the service. The operational manager also had a high profile in the home and the registered manager told us they were well supported and both were working on the staffing issues in the service as a priority.

However, feedback from staff on their direct management was mostly negative with staff expressing a level of frustration and stress relating to work. Staff told us "I do not feel supported or listened to. We raise concerns and they are not responded to." All staff told us they were concerned about the staffing arrangements saying there was not enough staff to respond to the increasing dependency of people. The use of different Agency staff caused further frustrations as their skills and knowledge of people were not 'up to scratch'. Records of staff meetings held on the Reminiscence Neighbourhood confirmed staff had raised concerns about staffing in the past. Staff told us these problems were impacting on their ability to do their job. One staff member said, "I really loved my job but I do not like coming here now it is so stressful, no wonder people are leaving." Another staff member told us they did not feel valued and the management style on the Neighbourhood was like being 'back at school'. Feedback from two registered nurses indicated that the roles and functions within teams were not well established or defined and did not ensure an integrated care service for people.

The registered manager told us that staff recruitment was a high priority and was being progressed in various ways including recruitment days at the service. Records confirmed some recruitment was being undertaken but vacancies in May 2015 were running at 289 hours a week for care staff and 70 for nursing staff. The registered manager confirmed that recruitment was being completed in a thorough way to ensure the right sort of staff were being offered a position. Care staff vacancy however remained high. When staff left the service 'exit interviews' were not completed. These interviews are used to gain any feedback from staff and should be used to improve the service. We found a staff member returning to work had not received a back to work interview to support them in this process. This demonstrated that management systems were not fully established to ensure the effective management of staff.

The lack of regular well motivated staff does not ensure people receive appropriate care and support at all times. This was identified as an area for improvement to the registered manager.

Systems for monitoring the quality of the service had been established. Organisational audits were being completed routinely. Monthly quality indicators were undertaken and covered a number of areas including complaints, pressure area damage and falls. A new audit based on the CQC requirements had also been completed and had identified some shortfalls that were being addressed. This included the issues identified at this inspection relating to improved supervision and appraisal for staff. However the quality systems had not identified all the issues around staffing. We were told a full overview was yet to be concluded and actioned. A review of staff working hours was also being completed.

All staff did have the opportunity to complete an annual staff survey that was analysed at an Organisational level. Last year's survey recorded staff concerns and an action plan had been used to respond to these. This included different ways of communicating concerns and ways of rewarding staff. For example the long service award is now paid in vouchers rather than in wages.

Requires improvement

Is the service well-led?

Staff meetings were also held and provided a forum for communication on each Neighbourhood. The registered manager also held a full staff meeting on a monthly basis. These were used to convey management messages and to praise staff for good practice and making improvements. These were celebrated with individual awards. The registered manager also wants to use these meetings to communicate directly with staff. Feedback from staff indicated that she was fostering a more open culture that they looked forward to. One staff member said, "She (the registered manager) will listen and will help out."

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Sunrise of Bagshot had clear values and principles established at an organisational level. All staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. Staff employed by Sunrise of Bagshot were able to talk about the Organisations aims and objectives. However the Organisational audit identified staff were to attend further ongoing training on Sunrise core values to reinforce staff understanding.

The provider sought feedback from people and those who mattered to them in order to enhance their service. A 'Resident's Council Meeting' were regularly held and surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. Meetings were used to update people on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about the quality of the food and activities in the home. People who did not attend the meeting could also raise views about the catering in a comments book outside the restaurant. Relative meetings were also held and minuted.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Accident and incident reports were clearly recorded and records confirmed these were responded to effectively to reduce risk in the service. The provider had also established systems to respond appropriately to notifiable safety incidents that may occur in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by fully assessing the risks associated with levels of staff required to deal with emergencies and times of high dependency in the home The provider had not ensured the proper and safe management of PRN medicines and topical cream applications. Regulation 12 (1) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was not sufficient numbers of staff with the appropriate skills experience and competence deployed in order to ensure people's welfare. Not all staff were appropriately supported to enable them to carry out their duties. Regulation 18(1)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. Regulation 11(1)(3)(4)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured that service users received person centred care that reflected their individual needs and preferences.** **Regulation 9 (1) (a) (b) (c) 3 (a) (h)**