

Sunrise Senior Living Limited

Sunrise of Tettenhall

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Sunrise of Tettenhall is a care home that provides accommodation, personal care and nursing care for up to 108 people. At the time of the inspection there were 98 people living at the service. Most of these people were older people, some of whom were living with dementia.

People's experience of using this service:

- ☐ Some improvements were needed to aspects of record keeping and the documentation of risks to people and their care needs.
- ☐ People received person-centred care that was based around their own unique needs and preferences.
- ☐ Risks to people were understood and they were protected from the risk of abuse, accident and incidents as far as reasonably possible.
- ☐ People received their medicines safely and as prescribed.
- ☐ People's rights were upheld by the effective use of the Mental Capacity Act 2005 (MCA).
- ☐ People received good quality food and drink that was based around their preferences and dietary needs.
- ☐ People were supported to maintain and improve their health. People were supported to gain access to a range of healthcare professionals.
- ☐ People were supported by a motivated and committed staff team who were kind and caring towards them.
- ☐ People's privacy, dignity and independence was respected and promoted.
- ☐ People were protected by a range of governance and quality assurance systems that were designed to ensure continual improvement in the safety and quality of care provided.

Rating at last inspection: This was the first inspection at this location under the current registered provider. The service was previously inspected under the prior legal ownership in September 2015.

Why we inspected: This was a scheduled inspection.

Follow up: The provider and registered manager have outlined their commitment to make improvements to the records within the service. We will check these actions have been completed at our next inspection and will continue to monitor the service.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Sunrise of Tettenhall

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an inspector, an assistant inspector, a specialist advisor and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a qualified nurse with experience of working within mental health and with older people.

Service and service type:

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

The care home accommodates up to 108 people in one adapted building. Within the service there was a specialist dementia unit called 'reminiscence'. At the time of our inspection 25 of the 98 people living in the service lived in reminiscence.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 12 and 13 March 2019 and was unannounced.

What we did:

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about

important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with 14 people who used the service and six relatives. To help us understand the experiences of these people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received.

We spoke with the Director of Operations, Director of Community Relations, the registered manager, deputy manager and 13 staff members including kitchen staff, nurses, care assistants and the activities lead. We reviewed records relating to people's medicines, seven people's care needs and records relating to the management of the service; including recruitment, complaints and quality assurance.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe from abuse while living at the service. One person told us, "I think this home is very safe. The people here are nice and trustworthy and kind."
- ☐ Staff we spoke with could describe the signs of potential abuse and knew how to report any concerns about people.
- ☐ We found robust safeguarding systems were in place. Where any safeguarding concerns were identified about people, these were reported to the local safeguarding authority and investigations were completed. Appropriate plans were put in place to protect people from potential harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- ☐ People told us they felt safe from the risk of accidents, injury and other harm. One person told us the staff made them feel safe. They told us, "It's always knowing they [staff] are there". Another person told us, "I have a personal alarm if I need to I just press it". A third person told us, "You just feel safe, safe, safe."
- ☐ Risks to people had been considered and care developed to ensure these risks were minimised as far as possible.
- ☐ Staff we spoke with understood the risks to the people they supported and how to protect them from potential harm.
- ☐ Where accidents and incidents arose, the registered manager and their team used it as an opportunity to make improvements to the safety and quality of the service.
- ☐ For example; initiatives to reduce the number of falls in the service included using Tai Chi following research suggesting this could improve people's core strength and mobility.

Staffing and recruitment

- ☐ People told us there were sufficient numbers of care staff available to support them safely and effectively. People told us there was always staff available to help them and most people told us they were available quickly when needed. One person told us, "I like living here because there is always patrol [staff] coming up and down". Another person told us, "You've only got to press the buzzer, they are very good".
- ☐ We found the registered manager had a formalised system for assessing the staffing levels required within the service. Staffing levels were regularly reviewed and amendments made to staff rotas if people required additional support.
- ☐ We saw there was sufficient numbers of care staff available during our inspection to support people effectively.
- ☐ People were supported by a staff team who had been recruited using safe recruitment practices. Pre-employment checks were completed including identity checks, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks enable employers to review a potential staff member's criminal

history to ensure they are suitable to work with vulnerable people.

Using medicines safely

- ☐ People told us they were happy with the support they received with their medicines. One person told us, "They look after all my medication and they have to inject me. They are very good." Another person told us, "I get paracetamol at day and night. I take calcium and something else. They give that to me. I am happy with that. The staff who bring me the medicines are very good."
- ☐ Where people had the capacity to administer their own medicines they told us they were supported to do this. One person told us, "I carefully take them myself. When I am running low I tell them [staff] and they get more for me. It's locked away and I have the key myself."
- ☐ Safe medicines management systems were in place within the service. Medicines technicians had been trained who were solely responsible for ensuring people received their medicines safely and as prescribed.
- ☐ The administration of people's medicines was recorded appropriately and medicines were stored safely. The amount of medicine stored within the service was carefully monitored to ensure all medicine could be accounted for and that sufficient quantities were available to people.

Preventing and controlling infection

- ☐ People told us they felt the service was kept very clean and they were protected from the potential spread of infection. One person told us the cleanliness of the service was, "Oh very good, very good".
- ☐ We found staff understood good practice in relation to infection prevention and control.
- ☐ Effective monitoring systems were in place by the management team to ensure the required standards were being met and that any issues could be addressed quickly.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- ☐ People told us staff had the skills required to support them effectively. One person told us, "They are clearly well trained and have a very good manner". Another person told us, "They [staff] know their jobs and do them willingly not begrudgingly". A third told us, "The staff are the shining light".
- ☐ Staff told us they received regular training that was effective in addition to regular one to one meetings with their line manager.
- ☐ The registered manager ensured the competence of staff in their roles was continually assessed and where issues were identified further training and support was offered where appropriate.
- ☐ Staff we saw during our inspection were supporting people effectively and demonstrated they had sufficient knowledge and skills.

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

- ☐ People told us they enjoyed the food and drink available to them and that they were encouraged to stay well hydrated. The chef was open to receiving feedback about people's preferences and made changes to menus as required.
- ☐ One person told us, "It's good quality food and they are very keen on you having a lot to drink keeping you hydrated." Another person told us, "I mean if I don't want what's on the menu they will always make me an omelette, nothings too much trouble for them." Another person told us, "'I can get water from the kitchenette there (in her room). We can have wine with lunch and dinner if we want it. We can have tea or coffee. I've just gotten myself a hot chocolate from the Bistro."
- ☐ Staff we spoke with including care staff and dining assistants had a good understanding of people's dietary needs and personal preferences. The chef was highly knowledgeable about people's individual needs and how to keep them safe from any risks such as choking, allergies and malnutrition. They kept clear records of people's needs within the kitchen so these could be easily accessed by all staff.

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

- ☐ People told us they felt the design of the service met their needs. People told us they felt the service was homely and made them feel comfortable. One person told us, "What I like about it [the service] is it [your room] is your own place but I can come down here [to communal lounges]. Another person told us, "I'm happy with my home, it's like living at home."
- ☐ The service was designed to give each person's room the feeling of it being their own flat with access to an ensuite and kitchenette. There were a wide range of options in terms of places in which people could spend their time; including communal lounges, a bistro and dining areas.
- ☐ The provider and registered manager were considering people's needs in relation to their dementia and were continually making improvements to assist people orientate themselves independently in the

environment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People told us they were supported to manage their health and they were part of the monitoring and management of their health conditions. One person told us, "They [staff] take your blood pressure here every month and they write it down. They take everybody's and they take weight and your temperature." Another person told us, "Since being here my breathing has improved".
- ☐ People also told us they were able to gain access to healthcare professionals when needed. One person said, "The doctor comes in once a week. There are nurses on site." Another person said, "They [staff] are really on the ball. If they think it is necessary they will call the nurses or the doctor".
- ☐ People's needs were assessed and any relevant healthcare professionals were involved in developing care and support plans to ensure the best possible outcomes for people. The management team and staff understood the need to holistically assess people's needs; including their emotional wellbeing in addition to their physical health.
- ☐ We saw people's health was monitored and proactive steps were taken to ensure people could live the healthiest lives possible. People's health conditions were monitored and any associated risks managed appropriately.

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

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.
- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- ☐ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ People who had capacity to speak with us told us staff sought their consent before providing support to them and their care needs were discussed with them.
- ☐ Staff we spoke with had a good knowledge of the MCA and could describe how best interests decisions should be made where people lacked capacity to make their own decisions or provide consent.
- ☐ We found where decisions had been made on behalf of people, this had been done in line with the requirements of the law.
- ☐ Appropriate applications had been made to the local authority to deprive people of their liberty where it was necessary to protect them from harm.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People told us they felt staff were kind and caring towards them. One person told us, "They [staff] are so considerate". Another told us, "I do think they are very kind and caring". A third said, "If they [staff] come in and you are lying down they will ask you how you are and I will say nothing is too much trouble."
- ☐ People told us they felt staff were genuinely motivated and committed to their roles and this came across in the care provided to them. One person told us they had recognised staff were equally as caring and hard working when management were not present in the service as when they were. They told us, "The staff care about what they are doing".
- ☐ People told us they felt valued and important. They told us they felt the service was a real 'home' to them and we saw people were able to live as they wished.
- ☐ Several people within the service were supported to keep pets; which people told us was important to them.

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

- ☐ People told us they were supported to express their views and to be involved in decision making.
- ☐ We found people were supported to make choices about their day to day care in addition to how and where they spent their time.
- ☐ Where people required additional support to make decisions, this support was provided.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us their independence was promoted and staff encouraged them to do as much for themselves as possible. One person told us, "I do everything for myself. I have had an operation to get the ligaments in my arm fixed so they help me when I need it but I am very capable of doing things for myself".
- ☐ People also told us their privacy and dignity was respected and this reflected what we saw during our inspection.
- ☐ A relative told us, "There is the constant same staff working [in the service]". This enabled staff to get to know people, provided comfort to people and helped to maintain people's dignity.
- ☐ Relatives and friends were able to visit people at any time without any unnecessary restrictions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People told us the care they received met their individual needs. People told us they were involved in planning and making decisions about their care. Relatives also told us they were involved in discussions about people's care where appropriate.
- ☐ People told us they were able to access a wide range of leisure opportunities. One person told us, "It's amazing they always have different entertainment on." Another person told us, we go out in the mini bus. We go out 2/3 times a week, that's our treat. Yesterday we went out to lunch. There are about 10 of us, two carers and the driver. In fact we could do with a bigger bus! Everybody loves it." A third told us, "They put on lots of activities. There are afternoon exercise classes, quizzes and films. People can go on little trips. There is a church service on Thursdays." They told us, "I do as much or as little as I want."
- ☐ We saw the range of activities offered were carefully planned to ensure they met people's personal needs and preferences. Information about people's life histories and personal interests was collected to help develop care plans and to enhance the opportunities made available to people.
- ☐ We found leisure opportunities were also developed to help develop memory function, to slow down cognitive decline, to improve health and wellbeing and to promote independence. For example; initiatives such as Cognitive Stimulation Therapy were underway with carefully planned activities developed for individuals based on their own abilities and desired personal goals.
- ☐ We found community organisations and other agencies were involved in developing the community within the service and had been involved in activities and events.

End of life care and support

- ☐ People's wishes at the end of their lives were considered where it was appropriate to do so.
- ☐ People were able to express their personal wishes and these were respected by staff.
- ☐ Staff understood the importance of ensuring end of life care was dignified and compassionate towards the person and their relatives.
- ☐ Links had been made with local organisations such as funeral directors to enable support to be provided with areas such as funeral planning if required.

Improving care quality in response to complaints or concerns

- ☐ People we spoke with told us they had not raised any complaints. One person told us, "I don't think it can be any better than it already is." Another person told us, "I haven't got anything to complain about. This is about the best I could wish for".
- ☐ People we spoke with knew how to raise a complaint if required.
- ☐ We found the provider had systems in place to record and respond to complaints appropriately. Where concerns were received, these were taken seriously and investigated ensuring any corrective action could be

taken to make improvements to the service.

Is the service well-led?

Our findings

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

Some aspects of record keeping, documentation and governance were inconsistent and required some improvement.

Continuous learning and improving care

- ☐ We found some examples of care records that had not been kept up to date. Some people's care plans did not reflect their current needs or all aspects of the care being provided to them. Some risk assessments did not clearly outline the risks to people and how these risks were being managed by staff supporting them. While staff understood people's needs these were not always clearly recorded.
- ☐ Plans were made to address the issues we found in care records immediately following our inspection. This showed the provider, registered manager and management team as a whole were committed to making continuous improvements to the quality of care people received
- ☐ The registered manager encouraged the staff and the management team to use incidents and concerns as an opportunity for learning in order to improve the safety and quality of service people received.
- ☐ The registered manager used national guidelines, academic research and published best practice guidelines to influence the care practice within the service.
- ☐ Quality assurance and governance systems were in place to identify areas of concern and risk within the service. Overall these systems worked well and improvements were made where needed. However, while the management team had identified some improvements were needed to records the systems had not identified the concerns we found during our inspection. The management team did begin to take action to rectify the issues and to make improvements before the inspection had completed.
- ☐ The management team were encouraged to challenge current practice and to think of unique ways in which to drive improvement and improve care standards.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager had developed a culture in which it was safe to discuss issues and concerns. Staff we spoke with felt they were able to raise concerns and these would be listened to and addressed.
- ☐ The registered manager had developed systems to ensure safe and effective care was planned for people based around their individual needs and preferences.
- ☐ The registered manager had developed a team who were passionate and committed to their roles. We found staff we spoke with at all levels and in all areas of the service demonstrated a desire to provide the best possible care to people within the service.
- ☐ Staff understood their individual roles and responsibilities and how their role formed part of the wider team. Good communication systems were in place between the various teams working within the service.
- ☐ The registered manager understood their legal responsibilities and ensured their management and staff team were meeting legal requirements.

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

- ☐ People told us they felt fully engaged and involved in the service. One person told us, "There is a residents meeting that you can raise issues and that's once a month". Another person told us, "Whatever they say they are going to do they do it.". A third person told us, "We [discuss issues and changes] in the residents meeting, so yes we do feel involved".
- ☐ We found various methods were used to seek and understand the views of people living within the service; including meetings, surveys, comments books, care reviews and informal discussions.
- ☐ We saw examples of where changes had been made in response to feedback shared by people; including around laundry, care staff, food and leisure opportunities.

Working in partnership with others

- ☐ We found strong relationships had been developed with partner organisations and the local community.
- ☐ A testimonial from a local therapy centre said, "You and your team continue to make Wolverhampton a better and safer place the Wolverhampton groups I come into contact with also say the same". A training centre said, "The Sunrise team are not only devoted to their residents but also to our students who in some cases have been employed following their work experience."
- ☐ A local primary school wrote, "[The activities lead] was instrumental in instigating a partnership between Sunrise Senior Living and [name of primary school]. Over the last 5 years, we have developed a close relationship and maintained a strong link which has been beneficial to both the residents of Sunrise and the children of the school...The school receives an incredibly warm welcome and it is wonderful to see the two generations come together for a shared experience."
- ☐ We found relationships had been developed with a wide cross-section of the local community in addition to healthcare professionals. Many initiatives had been developed with mutual benefits. For example; the local church who provided support to people living at the service benefited from some fundraising events. People who were ex-veterans and used another local service also came into the home to enjoy a 'VIP' day, which also gave people living in the service the opportunity to reminisce and enjoy social contact.