

Sunrise UK Operations Limited

Sunrise of Westbourne

Inspection report

16-18 Poole Road
Bournemouth
Dorset
BH4 9DR

Date of inspection visit:
19 November 2018
21 November 2018
27 November 2018

Date of publication:
04 February 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This comprehensive inspection took place on 19, 21 and 27 November 2018. The first day was unannounced.

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

Sunrise of Westbourne can accommodate up to 114 older people in purpose-built premises. Nursing care is provided. The home is separated into two communities known as the "Assisted Living Community" and the "Reminiscence Community". The latter provides specialist care for people who live with dementia. There were 90 people living or staying there when we inspected.

A registered manager was 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 their visitors were exceptionally positive about the care provided at Sunrise of Westbourne. They were also full of praise for the staff. Many people gave us instances of exceptional care they had received or told us about occasions where staff had gone the extra mile to ensure people continued to live fulfilling, happy lives. Visitors valued the relationships they and their loved ones had with the staff team and told us they always felt welcome. People's independence was promoted as far as possible and their choices were respected.

Staff at Sunrise of Westbourne were a highly motivated team who demonstrated their commitment to providing high quality, individualised care to meet people's preferences and needs. There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. This meant that people were supported to pursue interests and hobbies that were important to them. Activities were continually evaluated to ensure that they remained appropriate to people's needs and individual preferences. People were able to access the local community either independently or with support. The registered provider encouraged community involvement and invited various local groups into the home on a regular basis.

Staff spoke positively, passionately and with compassion about working at Sunrise of Westbourne. They told us the common aim for everyone was to provide a high-quality service to people in whatever role they undertook. They told us they felt very well supported by the registered manager and the management team and said that they who were always available and willing to lend a hand and work as part of the team.

Staff were well trained and had the skills to meet people's needs. Regular training and supervision was

available for all staff. There were sufficient staff on duty with the right skills and knowledge to provide the care and support people needed. The registered manager explained that staffing levels were based on people's needs which were kept under constant review and that the number of staff on duty could easily be adjusted for either temporary or permanent reasons. Staff were recruited safely; checks were undertaken before they started work to ensure they were suitable to work in a care setting.

People's care and support needs were assessed and planned for in detail prior to moving to Sunrise of Westbourne and through an ongoing review process. People and, where appropriate, their relatives, were encouraged to be involved in these processes. Staff knew people very well and understood their care needs and preferences. They spent time with people, both during care tasks and at other times. Care and support was not rushed and we observed staff working at the person's pace.

Risks were assessed and managed pro-actively. People were supported to take risks to maintain their independence as far as possible, for example, if they could walk they were encouraged to do so.

The home had been purpose built and included special features such as extra wide corridors and door ways. At the time of the inspection, parts of the building were being refurbished. The registered manager had taken this opportunity to change how some areas of the home were used, improve facilities such as the hairdressing salon and staff room and ensure that new understanding about the best environments to support people living with dementia, based on research evidence, had been included.

Staff understood their responsibilities for safeguarding adults, including recognising signs of abuse and how to report any concerns and to whistle blow. Medicines were stored and managed safely, and were administered as prescribed. The premises were well maintained, with regular health and safety checks and up-to-date servicing. People were protected from the risk of infections by staff who ensured that the environment was kept clean and infection control procedures were followed.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005, including the deprivation of liberty safeguards. Where people could give consent to aspects of their care, staff sought this before providing assistance. If there were concerns that people would not be able to consent to their care, staff assessed their mental capacity. Where they were found to lack mental capacity, a decision was made and recorded regarding the care to be provided in the person's best interests.

People were supported to maintain a balanced diet and to have plenty to eat and drink. People's weights were monitored and appropriate action taken if people were identified as being at risk of malnutrition or dehydration. People had access to healthcare services and were supported to manage their health.

Lessons were learned and improvements made when things went wrong. Concerns and complaints were seen as an opportunity to bring about improvement. The registered manager and their team exercised their duty of candour, keeping people and where appropriate their relatives informed about what had happened as the result of an accident or incident.

The service operated openly and transparently, working cooperatively with other organisations to ensure people were safe and received the care and support they needed. The service had a clear management structure, with an established registered manager. They and other members of the management team worked closely with staff, frequently observing and providing care. People, visitors and staff were confident in the leadership of the service.

People and visitors were asked for their feedback about the service they received through regular surveys,

meetings in the home and a suggestions box. People told us they felt listened to and that their views did influence how things happened.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

Further information is in the detailed findings below:

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.

People were safe because the service protected them from abuse and avoidable harm. Risks were managed in the least restrictive way possible

There was a culture of learning from mistakes and an open approach. Incidents, accidents and safeguarding concerns were managed promptly and investigations were thorough.

Medicines were managed safely.

The premises, services and equipment were well maintained.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed.

Staff had a good understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate. Immediate action was taken to ensure people's nursing needs were included in their care plans.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People, relatives and visitors all felt that the staff provided exceptional support.

People had the personal care and support they needed in a way that enabled people to be central to all decisions made and maintain their dignity and independence.

People were encouraged and had built strong relationships with

other people at the home and staff.

Visitors were welcomed to the home whenever they chose to visit.

Is the service responsive?

The service was exceptionally responsive.

People received individualised care which was extremely responsive to their changing needs and wishes.

People had opportunity to engage with their local communities and were supported and encouraged to spend time in ways they wished.

People received person centred end of life care because staff went over and above to ensure that their wishes and preferences were supported.

Systems were in place for people to raise a concern or complaint.

Outstanding 

Is the service well-led?

The service was very well led.

Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

There was a strong emphasis on continually striving to improve the service. The registered manager and the registered provider actively sought the feedback and used this to shape the future of the service.

The registered manager and registered provider were committed to keeping up to date with best practice. Staff were provided with training and support to ensure they were able to provide people with the highest standards of care.

There were robust systems in place to monitor the quality of the service.

Outstanding 

Sunrise of Westbourne

Detailed findings

Background to this inspection

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

This was a routine comprehensive inspection. The inspection took place on 19, 21 and 27 November 2018. The first day of the inspection was unannounced. The inspection team was made up of an adult social care inspector, an assistant inspector, a specialist advisor in general adult nursing and an expert by experience. An expert by experience is a person who has personal experience of this type of service either because they have used this type of service or have cared for someone who has used this type of service. Their experience related to older people and to people living with dementia.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with 20 people who lived at the home to find out about their experiences of the care and support they received. We also spoke with 18 staff members and the registered manager. In addition, we spoke with nine visitors to people living in the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and four staff recruitment, training and supervision files.

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Sunrise of Westbourne. One person told us, "We moved here because we didn't want any worries and sure enough, we feel safe and well cared for. We can leave everything up to the care home". Another person told us, yes, I like it here, I feel safe and I know there is always someone to help me if I need it." Visitors also told us that they were confident that their relatives or friends were protected and kept safe. One visitor said, "They have been absolutely fantastic with my mother. The staff have been amazing. Mum now looks really well, has gained weight and is joining in with things and interacting with people in the home. The chef found out that she likes avocado, prawns and peanut butter and has made sure she has these. She would really like to go home but needs to improve her mobility. Staff helped organise physiotherapy for Mum and now help her to do her exercises twice a day and she is managing to walk up the stairs again".

People were supported by staff who understood the risks people faced and were motivated to support them to live full lives. We saw that people were relaxed in the company of staff throughout our visits.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. Procedures to assess risks of falls, choking, weight loss and skin breakdown were all in place, regularly reviewed and there was clear evidence of the action taken to reduce and manage risks. Relevant health professionals had also been consulted where necessary. Staff all had a good knowledge of risks to people and the actions needed to protect them. This meant that people were able to retain independence wherever possible and were supported to live well whilst receiving help to manage any identified risks.

Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights and training records showed that staff received regular training and reminders about this.

People had help from, safely recruited and appropriately trained, staff. People and relatives commented that staff were available when needed. Staff acknowledged that staffing levels were generally satisfactory. The registered manager demonstrated that there was a system in place to calculate the staffing levels required according to the needs of the people living in the home. They also showed us that there were frequent occasions when he and the staff had felt higher staffing levels were necessary and had increased them as they felt necessary. When asked about the availability of staff, one person told us, "I have no problems with the staff. Yes, sometimes dinner is a bit slow, we sit down for a long time before getting served but there are a lot of tables." A visitor told us, "Yes, there is always someone about". Staff told us that the allocation of staff to each area of the home was discussed and planned at the handovers between each shift so that they knew staff were available and where they would be. There was a higher ratio of staff available in the Reminiscence area with enhanced skills to meet the more complex needs of people who lived with dementia. Staff in this area demonstrated calm and intuitive skills in caring for people. They had a good awareness of the needs and preferences of people. Throughout the inspection we noted that call bells and people requesting help and support were responded to in a speedy and caring manner.

People received their medicines when they were needed and in ways that suited them. There were systems in place to check that medicines were administered correctly and safely. Records and audits showed that these systems had identified occasional short falls and immediate action had been taken.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. The home was well maintained and clean throughout. One visitor told us, "It's a very clean place and my friend likes that.....she wouldn't be afraid to speak up if anything was dirty."

Staff were trained in infection prevention and control. There were numerous posters around the home reminding people, their visitors and staff of the importance of hand washing. Domestic staff were observed throughout the inspection and demonstrated the required standard and practice to ensure the home remained clean.

The management team had systems in place to monitor the cleanliness of the home and the occurrence and management of any infections. Records showed that prompt action was taken if any issues or concerns were identified. One of the senior staff had identified that, given the size of the home and the frailty of some of the people living there, there was a potential risk of an infection such as norovirus or other such virus spreading easily around the home. They had completed additional risk assessments and created emergency packs with extra protective clothing equipment including extra gloves and aprons, cleaning chemicals and additional information for staff about any extra measures to be taken in the event of any such occurrence. The same member of staff had also analysed the areas of the building used by people who experienced one particular type of infection. The staff member had identified that a communal toilet on the ground floor may be a contributing factor and action had been taken to refurbish this area and ensure it was cleaned more frequently.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again. There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team.

Is the service effective?

Our findings

People and visitors told us that they were confident that staff had the skills and knowledge to care for them. One visitor told us. "[relative's name] is here after an illness. We hope to get him home in a couple of weeks. This place has been good for him and has definitely aided his recovery." A relative wrote, "Sunrise of Westbourne took my Nan in..... Her time here has been incredible, full of life, fun, company and great food. Being able to have our entire family join our Nan for a big family meal is a pleasure. We weren't expecting to be able to enjoy all together. The activities have really helped Nan with her mobility and confidence and are delivered in such a great way."

Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they were competent to do so. Some training was considered mandatory, such as health and safety including fire and infection control, moving and repositioning, Mental Capacity Act [MCA] and Deprivation of Liberty [DoLS], Safeguarding vulnerable adults and an introduction to dementia. Regular refresher training was also provided to staff in accordance with legal requirements and industry good practice standards. Most training was in an electronic format but face to face training and workbooks were also evident. Training records showed that careful monitoring took place to ensure staff were up to date with their training and arrangements were made to book training for them where necessary.

Care staff were also expected to complete the care certificate when they began their employment with the registered provider. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of staff working in health and social care. The registered nurses also confirmed that they were able to access good training and support to ensure their professional registration was maintained. Many of the staff told us about the opportunities that were available to them to undertake additional training to enhance their skills and enable them to improve the support they were able to provide to people living at Sunrise of Westbourne. For example, some nurses had completed training in certifying that someone had died. This meant that there were less delays and distress caused to families and friends when a person passed away in the home and staff reported that they felt this meant that they were able to do all they possibly could for the person they were caring for.

All of the staff we spoke with during the inspection spoke positively about the supervision and support available to them. Records showed that this was provided at regular intervals and also used to provide additional support to staff if there were concerns about their competence or performance. This meant that people received care and support from staff who were well managed, met all of the competencies expected of them and worked in accordance with the values and aims of the registered provider.

People were supported by staff who understood their care and support needs and could describe these with confidence. People's needs were assessed prior to their admission and care plans were created from these assessments. Regular reviews were also carried out once the person was living at Sunrise of Westbourne and records were updated to reflect people's current care and support needs. People and visitors all confirmed they had been actively involved in their assessments and reviews.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made, and authorised safeguards monitored, appropriately.

Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how / if a person wanted the support and care they were offering. Best interest's decisions had been made involving professionals and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. Where people could not consent to their care, regular reviews of their care plans were undertaken with people who knew them well to check that their best interests continued to underpin the care they received.

People were supported to maintain their health. People told us they had access to health care any time they wished, and if they felt unwell they would speak to staff. Records showed that staff were able to recognise when additional help from professionals such as speech and language therapists (SALT), physiotherapists and specialist nursing services would be of benefit to people and had ensured that this was provided.

People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was good. Food and drinks were available at all times for people to enjoy. Breakfast was served at a time of people's choosing. They could visit the main dining area where staff prepared and served breakfast, or breakfast was served in people's rooms when they requested it. A 'Bistro' area on the ground floor offered a relaxed communal area where people and their visitors could select a wide range of drinks and snacks at any time. This area was close to the entrance of the community and offered space for people to meet with others in an informal and relaxed way. For people who chose not to access this area, staff prepared and provided drinks and snacks for them.

People and staff told us of examples of people who had come to the home undernourished and underweight and the staff team had worked together to improve their nutritional intake which had led to an improvement in their health and wellbeing. There were robust systems in place to monitor people's nutrition. Where concerns were highlighted about people's dietary or fluid intake, food and fluid charts were put in place to try to prevent people becoming unwell. One person had been identified as at risk of choking. Records showed that staff had referred the person to the SALT team who gave clear guidance to the staff. This had been incorporated into the person's care plan and all the staff we spoke with including the chef and kitchen staff were able to tell us about the support the person required. The chef also demonstrated a very good knowledge of people's specific dietary needs due to health conditions as well as their likes and dislikes.

The service had recognised that many people may not drink enough each day and were therefore at risk of dehydration. There was a pilot scheme in place using special cups to remind people to drink. This was being run in conjunction with local health professionals and staff were all highly motivated to see whether this project would result in improvements to people's health and well being.

People were observed to have good mealtime experiences. There were dining rooms on all floors of the home. These areas were attractively decorated and had a homely, warm atmosphere. Tables were set with tablecloths, cutlery, crockery and condiments and fresh flowers. The food looked and smelt appetising. People told us they enjoyed the food at Sunrise of Westbourne. We observed the lunchtime meals and saw it was a sociable and relaxed occasion.

Many people and visitors highlighted their appreciation of the chef. One person told us, "He visits our table to check all is well with our meal. Very professional and much appreciated too." The chef told us he was very proud to be able to provide people with good quality meals and he especially enjoyed getting to know peoples likes and dislikes and making sure he provided people with foods they especially requested. The chef told us, "I put a secret ingredient into everything I cook – love." One person told us how they had recently told the chef how much they loved scotch eggs. The chef had taken the time to make homemade scotch eggs for the person and they had been "delighted" with this.

Other people told us, "The food is not to everybody's taste, but good enough, I like spicy food, Indian, Chinese, we do get these occasionally." And, "The food here is very good. I'm going out on a trip this morning to the New Forest for coffee. I hope I am back in time for lunch." and, "The food is good, and we get a choice each day. It's difficult to please everyone but the food is good enough."

We attended a resident's council meeting during the inspection. There was a standing item on the agenda with regard to the food at Sunrise of Westbourne and also a separate dining committee. Both of these groups met regularly. During the meeting people were unanimous in their appreciation of the meals and service they received from the chef and kitchen staff.

The environment was well maintained to a standard that reflected respect for the people living and working in the home. There was a very homely feel to Sunrise of Westbourne and the thought given to the décor was clear. People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.

At the time of the inspection the home was undergoing a major refurbishment. Minutes from residents' meetings and the home's monthly newsletter showed that people had been involved with the planning of the work and provided with regular updates about the progress. The registered manager also told us how plans were changed and adapted as the works were completed. For example people had recently moved back into some newly completed bedrooms and suites and had pointed out issues with shower trays, the height of lavatories, positioning of mirrors and the need for more shelving and better lighting. These issues had been addressed and action was taken to ensure these changes were included for the rest of the project. One person told us, "They are spending a fortune on the place. It's really very good!" The registered manager had also ensured that new understanding about the best environments to support people living with dementia, based on research evidence, had been included in the refurbishment works.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Feedback from people, relatives and visitors was that staff provided outstanding care and support and went the 'extra mile' to ensure that people felt cared for. People told us things such as, "This place is good. No, supremely good. I can't fault it. Comments from relatives included "My mother has been here for 6 months. We moved her from another care home. I live about 10 minutes away so I come in several times a week and I see nothing but excellence. The caring and the detail here is so good.", and "I agree that this place is excellent. My mother in law is a strong character and would expect, and gets, the best!".

Staff spoke with respect and kindness about people and their discussions were full of references to shared experiences. Staff told us how they had discovered that one person had a love of rabbits so one of the staff team had brought their pet rabbit in to visit the person on a number of occasions. People told us they liked the staff; making comments such as, "I have made several acquaintances here and we do the quizzes. The staff here are very nice." And, "I'm well looked after. I'm very happy here."

There was a strong sense of community evident at Sunrise of Westbourne and staff in all roles clearly saw themselves as part of one team. The registered manager led the development of the community atmosphere by holding regular "Captain's Table" meal times in the private dining room: different residents were invited and this was used as an opportunity to encourage people to meet others in the home and develop new friendships. The registered manager explained that the focus is on people who have just moved to the home and the information they have obtained about people's life stories is used to help identify other people with whom they may have things in common. Examples included people whose former careers or hobbies meant they had connections: three ladies had become friends and join together at quizzes, scrabble and discussions, other people had started to meet regularly in the bistro and attend exercised classes.

We saw that the staff were always kind and considerate and highly motivated to provide people with the best possible experience of living at the home. Throughout our inspection we heard about and saw many examples of staff "going the extra mile" for the people living at the home; staff told us this was because they saw that people lived better lives if they were cared for holistically with consideration given to their social and mental wellbeing as well as to their physical care. One person moved to the home following a period in hospital, their relative wrote on a website review of the home, " Sunrise have been amazing at every stage of this process, and we all feel incredibly lucky to have found the right safe spot for Mum that nurtures her individuality, and allows her to express herself, while sympathetically offering her the level of care that she needs. A massive thank you to you all!

There was a Residents' Council with meetings organised and facilitated by the registered manager. One of these meetings took place during our inspection. During the meeting, one person stated that they wanted it noted that staff had done an "amazing job of moving my furniture and possessions" to their temporary room while theirs was being refurbished. They told the meeting that it had felt like they were in their own room and they were surprised to find they knew where everything was. The registered manager explained that

this was because staff had taken photographs of the person's room and made notes about where everything was. They had chosen the temporary room for the person because it was in the same position in the building only on a floor above so the room lay out and structure was the same and it was easy for them to then recreate the person's room for them.

The topics for the council meeting were wide ranging and people were clearly empowered to raise issues, add topics for discussion and give feedback. The registered manager asked for feedback about the newly recruited minibus driver. People said things like, "...he's very nice", "...very, very good", "...so helpful" and "He's very caring". Minutes from these meetings were shared with people and their relatives in the home. Actions from these meetings were reviewed for example, people had requested that spicy foods on the menu were marked clearly and we saw this was noted on the menus that we checked.

People looked relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in people laughing. One relative wrote, "My mum went into Sunrise of Westbourne after a severe stroke which left her half paralysed and unable to communicate. Yet somehow, the care staff managed to reach her. I remember one lady (care worker) coming down the stairs and my mum just grinned. Another time, one of the staff gave my mum a kiss and there was joy and engagement in my mum's face. I can't thank the staff enough for the difference they made to my mum in the last few months of her life. The dignity and respect with which they treat the residents is just amazing and humbling. They are worth their weight in gold."

Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. Peoples wishes were respected with the daily choices they made or were supported to make. They confirmed that staff respected their privacy at all times and told us that if they had a preference for male or female staff, this was respected. People had decided whether they wanted their names or photographs to be displayed on their doors and this was respected. One person told us, "I do like my own company so I like to sit quietly on my own. There's a lot going on down here in the lounge but the carers know my preferences and let me alone."

Care records held clear information about people's life histories; this included details on their likes and dislikes, hobbies, lifetime achievements, preferences, religious and cultural beliefs and things which were important to them to have a meaningful and happy life. Staff had a very good understanding of people's histories and used this information to inform activities, conversations and other interactions with people. For one person who was living with dementia, staff had found out that music was very important to them. They had arranged for a music therapist to visit the person. This had been successful, and we saw that a number of people were able to enjoy interactive music sessions with the therapist who visited during the inspection. Two people taking part in the session were very frail and staff told us they no longer used words to communicate and rarely interacted with activities. The music therapist gave both people marracas to hold which they started shaking along with the music. The staff were very pleased and excited to see this and were keen to share this news with other staff and the people's families.

As part of the staff getting to know people, they were encouraged to complete a wish form and post this in a wishing well in the activities area of the home. Staff told us this was a way to encourage people to share their aspirations with staff and encourage people to have things to look forward to. One person had wished to have lessons to improve their playing of a musical instrument. Staff had arranged for a music teacher to come to the home for an afternoon. Another person had been in the land army during the second world war. Staff arranged to spend time discussing this time of their life and also for some entertainers to visit the home to sing the person's war time favourites.

Several compliments had been received by the registered manager about the service provided at Sunrise of Westbourne. Some of the comments that had been made included; "Words are inadequate to express our gratitude and commendation for the top-quality, genuine care and love mum received.Staff know and understand their residents, they take time and effort to do so. They offer an environment where the energy and positivity offered by all staff is infectious. They are tireless in their efforts to make everyone comfortable, safe and enjoy their living." And. "She was always treated with dignity and respect even though her behaviour, though polite, could test a person's patience at times. It would be inappropriate to single out or name any one particular staff member, suffice to say, there were many special moments when those individuals concerned raised the title of 'carer' to an altogether higher level."

One person explained how the home encouraged and supported them to maintain relationships with friends. They told us that they were regularly visited by friends and supported to use a quiet area of the home to spend time with them in private. They explained, "I have got six friends coming for lunch with me today. We go into the private dining room to chat and eat. It's a real benefit to have that".

Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly. People's different cultures and beliefs were recognised and respected. Staff confirmed that people were supported to attend local churches and that regular services were also arranged at the home in recognition that some people were no longer able to easily leave the home

The service worked with people and staff to ensure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Examples included working with people and staff to support staff to be inclusive and understand how to best support each other. The registered manager gave a couple of examples where they had worked with people to be supportive, understanding and respectful of people and staff with protected characteristics. For example, one person had chosen to disclose information about themselves that they wanted support with but did not want their family to know about. The registered manager explained that staff had been able to find the person support and this had been provided discretely.

People's information was stored confidentially, and the home understood their responsibilities under the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Visitors were asked to sign in and out of the building and confidential information was stored in areas with coded access or on the electronic care planning system which was password protected.

Is the service responsive?

Our findings

People and their visitors spoke highly of the quality of care they and their loved ones received. Comments included: "This place is excellent. Mum is happy here, she tells us." One staff member commented, "I've been working here for 12 years. I like my job and I love the residents." And another said, "I like to help the residents. They are really lovely."

People received care that was personalised and met their individual needs and, in many cases, exceeded people's expectations. For example, two people had been very active committee members of a local charitable organisation. Due to health conditions, they were no longer able to attend the meetings. Staff had arranged for the meetings to be held at the home and reported that this had proved to be very successful and resulted in the charity also providing support to the home.

Without exception staff spoke positively and passionately about working at the service. One member of staff told us, "We all come to work to do a good job and make a difference." Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported. They told us about one person who had received international recognition for their work during World War 2. The person's god daughter was teaching a class of 8 year old children in Suffolk about the war and wanted to be able to share the person's experiences with the children. The person wanted to do this too but felt unable to travel to the school. Staff helped gather photographs and information which they sent to the school and then set up a Skype call so that the person could speak to the class.

Staff had a comprehensive knowledge of people's individual needs, preferences and personal histories. One member of staff took particular responsibility for finding out about people when they first moved into the home. They told us they wanted to know more than the person's care and support needs, they wanted to know all about what people had done in their lives, what brings them pleasure and what their interests and hobbies are. Staff then used the information to help people meet other people living in the home who had similar experiences and interests and to ensure that activities and entertainment included these areas wherever possible.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing. The numbers of activities staff, or the hours they worked, were flexible and adjusted according to the programme of events and activities each day.

The activities department staff were very passionate about their role and were trained in both the provision of activities in residential care and for people who were living with dementia. Reviews were carried out after activities to establish what had worked well and what needed to improve so that they could ensure that the activities provided met as many people's needs as possible.

Staff had developed good relationships within the wider local community to help people become involved

in the local community and share experiences with others. A number of local groups including charities, a mother and toddler group and a pre-school regularly used the facilities in the home for meetings and activities and were then able to integrate with life in the home; they spent time in the bistro and chatted to people living in the home and there were some organised activities for some of the nursery children and people living in the home.

Staff told us how they had observed that people particularly enjoyed learning about different charities, people's experiences and things that were happening in the area. They had started to arrange monthly tea parties and invited a speaker to talk to people about something they were interested in. This had developed further into themed days and charity fundraising events. We saw photographs of events that had taken place and staff told us stories of how people had become more energised and motivated as a result of these events. Some of the recent lecture topics had included the Olympics, the New Forest, Life on the coaches, Dad's army and The Dogs Trust.

One of the management team had also used the opportunity to interact more with the various groups and provide education for them about living well with dementia and how best to support people who are living with dementia. This had led to work with local shop owners, Bournemouth beachfront staff and a local taxi company. Work with the local taxi company had also been further developed to allow people to use a special system for payment set up by the home and the taxi company to avoid people having to worry about handling money and enable them to feel more independent.

Birthdays, religious and cultural events and community fayres and events were celebrated all across the community. There was a real sense of pride in achievements of people who lived in the community. Special work was put into the recent Remembrance Day celebrations to mark the centenary of the end of world war one: people were encouraged to bring photographs of loved ones who had fought in or supported the war in some way and to wear any medals that had been won. We saw photographs of beautiful decorations made with poppies that had been put up around the home, a display of the photographs of loved ones that people had provided and heard how one person had spent time memorising a special poem and had recited this to people who attended a remembrance event.

Sunrise of Westbourne had a minibuss and there were trips out every day of the week. People told us how much they enjoyed the trips and said they had asked for extra trips to be planned over the festive season, once it was dark, so that they could see the local Christmas lights. Activities staff confirmed that this would be arranged. One person told us, "There's lots to do. I join in with most activities. I need to keep busy and my brain active. I've been to the New Forest this morning." Another person said, "I'm off on our minibuss trip today. We've got a new bus and a new driver who is really nice. He gives us a running commentary which I like."

Outside entertainers visited the community regularly to provide music, singing and dancing. On the first day of our inspection a pianist visited and played in the main entrance area of the community. Other regular activities in the community included knit and natter sessions, Tai Chi, board and card games, hands and nail care, seated exercises and community sing along sessions.

Staff had identified that, despite all the organised activities and entertainments in the home, there were still some people who were at risk of becoming isolated and lonely. A separate programme had been developed to try to reduce this. There were several different resources and activities which were specifically planned for one to one sessions with people, especially those who chose to remain in their rooms. The activities staff told us that this was continually evaluated for each person so that they could recognise what people, including those who were unable to communicate verbally, enjoyed or disliked.

Throughout the inspection the general atmosphere in the home was calm, caring, well organised and person centred. Staff met people's care needs individually and there was no sense of task oriented practice in the home. People were not left unattended in communal areas and staff were always visible and available to respond to people whenever the need arose.

People's needs were assessed before they came to stay at the home. This made sure staff understood about what help or support the person wanted or needed. Following admission, a protocol was in place to make sure key aspects of a person's care such as their DNACPR (Do not attempt cardio pulmonary resuscitation) status, medicine needs and any risks were identified and acted upon.

For people who lived with specific nursing or health care needs such as diabetes, epilepsy and dementia, plans of care clearly reflected these needs and how staff should support people. For example, for one person who lived with Parkinson's Disease, their care plan contained detailed information about the condition, how it specifically affected this person and what staff should do if they became unwell.

Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was at risk of developing pressure sores, the actions taken such as helping people to change position regularly was clearly recorded.

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. Visitors also told us that it was rare to hear call bells ringing for a long time. People had other things they might need next to them such as any walking aids they used, a hot or cold drink, a paper or magazine or something to hold. This supported people to remain as independent as possible.

Staff at Sunrise of Westbourne sought to support people nearing end of life to have a comfortable and dignified death by working closely with health care services and through consulting with people about their end of life wishes. Whilst there were no people receiving end of life care at the time of our inspection, there was extensive feedback from families of people who had lived at Sunrise of Westbourne. The registered manager told us people who received end of life care in the service had usually lived with them for some time and staff had got to know the person very well. This meant they had prepared with the person any plans of care or wishes they had and these were respected. For example, care plans identified who or what people wanted to have with them, things that they felt may help them to feel less anxious and ways of providing comfort such as by touch, use of music or support from a religious or spiritual organisation.

Staff had also been trained in end of life care, using a recognised training and assessment framework. Staff at the home had been assessed as providing a high level of care for people at the end of their lives. Staff were very proud of this and told us about the additional work they were undertaking to enable them to achieve the highest possible level with the framework at their next assessment. One relative wrote on a care home review website, " Words are inadequate to express our gratitude and commendation for the top-quality, genuine care and love mum received. Sunrise provided the surety of mum's safety and happiness when we were away - underpinned with excellent communications. Staff know and understand their residents, they take time and effort to do so. the staff are amazing, committed and special. Thanks to Management for doing so in such a knowledgeable, efficient, friendly manner."

Other relatives had written reviews of the home and reflected how well the staff at Sunrise of Westbourne had supported the person and their families. Comments included, "...staff were so supportive of my mother who suffers dementia. They supported a quick move to the Reminiscence floor because she could no longer cope on her own." Another person wrote about how they had been able to hold the wake at the

home and said, "...a staff member supported her throughout the funeral and wake which made such a difference....."

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint. People told us they would be happy to raise a concern or make a complaint although nobody had needed to.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

Is the service well-led?

Our findings

The atmosphere throughout the home was positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations. People, relatives and staff spoke very highly of the management team and the registered manager. One person told us, "I see the manager most days. He always stops for a word or two. He's a nice chap and very professional and it shows in the staff too. Everything is well run here." A relative told us, "Staff here go the extra mile. I think the manager's professional attitude shows."

There was a very strong emphasis on continually striving to improve the service. The registered manager and the registered provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. There were notice boards around the home with various pieces of information and details of activities and forthcoming events. There were active endeavours to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. Feedback from these surveys was analysed and fed back to the registered manager who then created an action plan to respond to any issues raised.

Relatives and staff told us they always felt able to approach the registered manager and members of the management team if they had any concerns. Staff said the managers' doors were always open and that anything they said was taken seriously and the appropriate action taken. Some people had raised concerns and told us they had had a very positive response and that matters had always been addressed. One person told us about the response they had received when they raised an issue: they said, "The manager is an excellent man. During the last cold spell we had, the radiator in my room wasn't working. I reported it and within 5 minutes a heater was installed in my room and by the end of the same day the maintenance man had been in and repaired the radiator. That's service that is!". A relative wrote, "My Mum has only been at Sunrise for a few weeks but from the minute we walked through the door there was a warm welcome. Anything we needed and questions have always been quickly sorted. All staff have been so caring and friendly. Mum has settled for more quickly than I expected. The home itself is beautiful, the coffee shop, lounge and dining room are perfect. Wonderful atmosphere."

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.7 out of 10 following feedback from people who lived in the home, relatives and visitors. There were 54 positive reviews about the home from people, relatives or visitors that had been left on a national care home review website in the preceding 12 months. The site asked respondents to rate 12 different areas out of a possible five marks. Of the 54 reviews, 53 had rated management of the service and staff five out of five and 52 had rated the overall standard as five out of five. 52 people had said they would be "extremely likely" (the highest rating) to recommend the service. A relative wrote, "My father moved here for a two-week stay and was so happy that he is staying permanently! His family are pleased and relieved to see him so well cared for and relaxed as he has no responsibilities and worries. I have spent a lot of time with him on my

visits and am impressed by the quality of care and kindness of staff and involvement of managers. Thank you!"

Staff also involved people in the community to enhance both the lives of people in the home and the larger community of Westbourne. The service had recently joined a Dorset Police Safe Haven initiative, and had become a location where anyone who is living with dementia and other related conditions can temporarily go if they are confused in public and are unable to provide sufficient information to be taken home. One person had already benefitted from this and staff had been proud to use their skills to help.

One member of staff told us "I enjoy working here. Our current manager is a very good manager." Without exception, the staff we spoke with during our inspection spoke positively about the registered manager and the management team. They confirmed that they felt very well supported which in turn motivated them to do a good job. They also confirmed that they knew the registered manager would address any issues which they raised and gave examples to us of this which included the use of disciplinary procedures where they had been necessary. This showed that the registered manager took steps to address concerns and manage staff in more challenging situations.

The registered manager had a strong focus on developing a permanent staff group and teamwork. They valued their staff team and provided opportunities for continuous learning and development for staff. The registered manager told us how they had worked hard to employ permanent staff and reduce the number of hours that agency staff were used to cover shifts. They also held various social events and activities for staff to assist in making them feel like one team. This meant that there was better continuity for people living in the home as they were always cared for by staff who knew them.

Staff were supported to adopt the provider's principles and values and these were evident throughout the home: there were notice boards in the entrance which informed people of this and also gave examples of what this should mean to people. The registered provider also had an employee recognition system in place called 'The heart and soul awards'. The system gave staff the opportunity to tell other staff and managers about colleagues who had gone over and above the call of duty, and those who had gone the extra mile. The registered manager was able to reward staff financially as well as sending letters or cards to staff in recognition of their contribution to the home. This meant that the provider and the registered manager had recognised the importance of valuing their staff and motivating them and in turn a happy workforce supported happy people who used the service.

Sunrise UK Operations Limited, the registered provider, is part of an international group providing care homes in the United States of America and Canada as well as the United Kingdom. The international headquarters had recently held a conference for all the registered home managers and other senior staff. The registered manager of Sunrise of Westbourne had received the award for the Champion of Quality Care for the service provided at Sunrise of Westbourne. This demonstrated how the registered manager's commitment, values and behaviours and leadership style set the tone and culture for the whole service. The registered manager attended regular conferences and workshops to develop their learning and ensure they were aware of current good practice. Two care staff had also reached the UK finals for their work at Sunrise of Westbourne.

The structure of the management team supported good practice throughout the home. The management team consisted of a registered manager, a deputy home manager, and a manager each for the assisted living and reminiscence communities. In addition, there were other staff members supporting different functions of the home to help ensure the service ran smoothly. Each member of staff had clearly defined roles and responsibilities and were able to demonstrate this throughout the inspection by taking the lead in

specific areas or referring to other staff.

We observed members of the management team working alongside staff, observing practice and giving a good insight to training and development needs. This helped the management team with effective supervisions and appraisals for all staff. The management team had also developed a system of feedback forms which they used to document when they identified either issues of concern or good practice. These were used as discussion opportunities and a reflective tool to ensure that other staff became aware of good practice or learning was shared.

The registered manager held a daily head of department meeting every morning which was called the 'Daily Huddle'. This meeting promoted good communication and team working in the community and ensured information about individual people's needs was highlighted and responded to. A senior member of staff from all areas of the community including maintenance, kitchen, housekeeping, Reminiscence and Assisted Living met with the registered manager and deputy manager to identify plans for the day in the community and review any concerns or incidents which had arisen. Each meeting started with a positive piece of news and staff also took time to ensure people were recognised and thanked. Staff who attended these meetings were then expected to cascade this information to other staff in their teams to ensure that everyone was aware of important issues or work that needed to be done.

Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Staff were cheerful and respectful when they interacted with people. There was a warm and welcoming atmosphere and ambience throughout the home. Experienced care staff, who had expressed particular interests, were designated as 'champions' with particular areas of expertise including falls prevention and management, continence, infection control nutrition and hydration, activities and end of life care. Training and ongoing development was planned for the champions in their areas of interest, so they would be able to provide advice, guidance and supervision to their colleagues.

The registered manager had robust quality assurance systems in place and all aspects of the service were monitored. Following the audits, actions were put in an action plan and we saw that these were signed off as they were completed and this was kept under regular review to drive continual improvements.

The registered manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.