Sunrise Operations Solihull Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on 17 December 2015. The inspection was unannounced. .

The service is registered for up to 109 people and offers accommodation for people who require nursing or personal care. At the time of our inspection there were 77 people living at the service including one person staying there temporarily receiving respite care. The service consists of three areas, Assisted Living, Reminiscence (for people living with dementia) and the Cotswold Suite (for people with higher levels of independence).

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post and had been since November 2014.

There was not always enough staff available to support people at times they preferred. Staff were not always able to support people quickly or respond to their needs effectively.

People told us they felt safe living at the service. Staff knew how to safeguard people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured people received their medicines as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

People's health and social care needs were reviewed regularly. Staff referred to other health professionals when needed, so people were supported to maintain their health and wellbeing. Risk assessments were completed and plans minimised risks associated with people's care.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Staff ensured they gained consent from people before supporting them with care.

Staff had training to do their jobs effectively in order to meet people's care and support needs. Overall staff told us they felt supported by the management team to carry out their roles effectively.

People's nutritional needs were met and special dietary needs were catered for. People took part in some organised activities and trips, and told us there was plenty for them to do.

People told us they liked living at the service and that staff were kind and caring. People were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect when supporting them and encouraged people to be independent. Relatives were encouraged to be involved in supporting their family members.

People were positive about the management team and the running of the service. Staff felt that recent management changes were positive in improving the service further.

The registered manager was responsive to people's feedback in developing the service, and making continued improvements such as recruiting more staff. Systems and checks made sure the environment was safe. People knew how to complain if they wished to, and these were recorded and responded to by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe living at Sunrise, however staff were not always available at times people needed them. Staff were confident in how to safeguard people from abuse and actions to take if they had any concerns. Risk assessments reflected the risks to people's health and wellbeing, and were managed to minimise these. Medicines were stored safely and people received these as prescribed. Recruitment checks reduced the risk of unsuitable staff being employed at the home.

Is the service effective?

Good

The service was effective.

Staff received training and understood how to meet people's needs. Staff had an understanding of MCA and DoLS and provided suitable support to enable people to make decisions. People enjoyed the meals, were offered choice and special dietary needs were catered for. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were encouraged to be as independent as possible and care was provided ensuring dignity and respect. People told us staff were caring in their approach. People were involved in decisions about the care they received and staff encouraged relatives to be involved in their family member's care.

Is the service responsive?

Good

The service was responsive.

People received person centred care and staff knew their individual needs and preferences. People took part in some organised activities and felt there was enough to keep them occupied. People knew how to raise complaints, and these had

been responded to by the registered manager in a timely way.

Is the service well-led?

Good

The service was well led.

People were positive about the management of the home and felt it was improving with the new management team in place. People and staff told us the registered manager was approachable. Systems ensured the environment was safe and the care provided was effective. Overall staff told us they felt supported by the management team who had identified that some improvements were required, and continued to make positive changes at the home.

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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.

The inspection took place on 17 December 2015 and was unannounced. The inspection team comprised of three inspectors, a specialist adviser and an expert by experience. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care for people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from relatives and visitors; we spoke to the local authority commissioning team who made us aware they had visited in July 2015. Some concerns had been raised with us by staff about staffing levels. We reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information prior to our visit and this reflected the service we saw including plans for improvement.

We spoke with 12 people who lived at the service, five relatives, two friends and three professionals. We spoke with 23 staff including the registered manager, nurses, care staff, the activities co-ordinator and the cook. We looked at 12 care records, and records of the checks the registered manager made for assurance

that the service was good. We observed the way staff worked and how people at the service were supported.

Some people living at the home had a diagnosis of dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel safe at the home, my room is like my home, I have brought things from home and I like to spend time there." Another person told us, "I feel safe and well looked after."

We looked at staffing levels and found there were not always staff available to support people when they required assistance. During our visit we saw staff were busy answering calls and supporting people. Vacancies were being covered by existing staff or agency staff. Overall people's needs were being met, but this was not always when people required assistance and staff told us morale had been low due to all the staff changes and vacancies.

Some people we spoke with told us there was enough staff to care for them. Typical comments included, "Yes [person] is always happy here, there seem to be enough staff to look after them." "I think there's enough staff to support me; if I ask staff to do something for me they do it more or less straight away or at least within a few minutes." "I feel there are enough staff here to make sure our relative is safe, well cared for and all their needs are being met."

However, other people told us there were not always enough staff available when people needed support. One relative told us they had to wait for staff to assist their family member who had incontinence. They went on to say, "Staff have no time to sit and engage, most times staff are tending to other people." Another person told us they had wanted to return to their room from the lounge area and had to wait 45 minutes as a staff member was helping another person to eat.

Some staff told us, "Staff turnover is not too bad, we use agency staff but the same workers come on a regular basis, this is good and they know the people," and "Generally there is enough staff." However other staff comments included, "There is not enough of us, it's really hard to get everything done." We are running around ragged, it's rush, rush, rush and we are doing more shifts to cover, everybody feels tired." "It's like a conveyor belt for people, it's no good for them, they are complaining."

One staff member explained, "You have to prioritise which call to go to first, normally who has waited the longest." They told us they did not know if the call was because someone had fallen to the floor or because they needed the toilet. At times when people did need the toilet staff were too late in assisting them and they had an 'accident'. The staff member went on to explain, "It was resident oriented before, now everyone is run off their feet and fed up, people can't interact with you or you with them, there is no time to chat." Another staff member explained further, "The problem is the way Sunrise is structured, this is people's home, they can get up when they want, but you need staff to do this." Some staff told us more staff had been employed but they were leaving and morale had been affected because of this. They told us they felt pressured having to support new and agency staff. One staff member told us, "We have six new staff members; we are struggling to help them to learn." However, a team leader told us, "I will work with new staff and will show them what to do. I will try to adjust teams working together to ensure strengths and weaknesses are matched. No one new is left without supervision, staff are told to come and ask."

The registered manager told us that staffing levels were determined by the assessed care levels of people and were adjusted as these changed. Staffing schedules and rotas reflected the numbers of staff on duty on each shift, and in addition the deputy manager and two co-ordinators were available to assist and were 'Supernumerary' (not counted) in the staffing levels required. They went on to explain that when agency staff were used there was an induction provided for them and the same staff were used to maintain a consistency of care for people.

A dependency tool was used to assess people's needs and the levels of staff required to support these. There were two full time nurse vacancies, also care hours in the reminiscence and assisted living areas. However, there were currently 186 hours 'in the pipeline' for new staff to start. Some bank staff were used and worked 'as and when' required but were not always available. The registered manager told us the use of agency staff had been high but they had been able to reduce this now and aimed to have no need for agency staff by the end of the year.

Prior to staff starting at the home, the provider checked their suitability to work with people who lived there. Staff had background checks completed and two references were sought before they were able to begin work. We checked three staff files and saw these checks had been obtained.

Staff understood how to safeguard people they supported, were able to tell us about different types of abuse and what they would do if they had any concerns. Comments included, "If I see any bruises on a person's body I know to complete an incident form immediately, I then tell my manager, it's really important that we tell the manager straight away," and "Safeguarding is keeping people safe, I know that we have a responsibility and part of our job is to protect people."
There was a whistleblowing policy dated February 2015 and staff were aware of this. One staff member told us, "There is a whistle blowing policy and a phone number that I can call if I need to." We saw people also had safes in their rooms to safeguard their own valuables if they wished to. The registered manager understood their responsibilities and had made safeguarding referrals when required.

Assessments of risks associated with people's care and support needs had been undertaken. These included information about possible harm and guidance for staff on what action to take to minimise identified risks. These were updated by nurses and lead care staff. One person was at high risk of falls and had been referred to a 'falls clinic'. It was now being investigated that there may be a specific medical condition that caused them to fall. Another person told us they came to the home as they had experienced several falls living in their own home. Since living at Sunrise for several years they had not experienced any.

Equipment was used to support staff in managing risks. Some people who had been identified as at risk of falls had 'pressure mats' in their bedrooms which alerted staff if people got out of bed without assistance. One staff member told us, "The pressure mats alert us if someone gets out of bed. We can quickly go to the person's room if we hear the alert. This means that we can check they are okay and haven't fallen." Care plans contained a monthly falls incident analysis to identify any patterns or trends so this information might prevent further falls. Records documented the time and location of the fall. For example, one person was identified to have falls during the night when they needed to use the toilet. As a result extra checks had been implemented during the night time. Staff told us, "By checking through the night more frequently we can assist [person] to use the toilet and hopefully reduce the risk of them having a fall."

One person was at risk of skin pressure damage. A specialist nurse had been involved and the person was now repositioned in bed every four hours to reduce this risk. Another person was at risk of choking on food and pureed food was required. One staff member told us, "The chef prepares a pureed meal, I always check that there are no lumps before I offer their meal, it's really important that there are no lumps or they could

choke." Staff were aware of actions to take to manage and reduce the risks.

Accidents and incidents were recorded. This information was kept on each unit and was analysed to identify any trends or patterns which may be used to prevent reoccurrence of these.

We looked at how people's medicines were managed and found they were administered, stored and disposed of safely. One person told us, "Staff are very good to me and they make sure that I'm safe and well by giving me my medication on time every day." Medicines were administered by nurses and medicine technicians. Staff received face to face training, computer training from a national pharmacy and undertook annual refresher training to administer medicines. Staff competencies were assessed by senior staff to ensure they remained safe to do this.

One person self-medicated and staff supported them to do this safely. Staff told us this was checked monthly to ensure the person remained safe to do this. Any change in their condition triggered a review which involved their GP. Some people received medicine 'as required' and protocols were in place to identify when these may be needed for people unable to tell staff. For example, one person would cry if they were in pain and staff knew this. One person told us, "The staff are very kind and make sure that I have my medication every day at the same time, and if I tell them I'm in pain, they will give me some paracetamol."

Controlled drugs are medicines which require additional checks and monitoring. We saw these were kept in a line with manufacturers guidelines and records were suitably completed. People received medicines correctly and records reflected this. We asked staff about medicine errors. A staff member told us, "[With temporary staff] they have put in place a form to go through with them about medicine, we always check if they are competent with medicine." Any errors with medicine had been recorded and analysed. We saw errors had occurred in relation to missed medicine and an incorrect dosage given. The correct action was taken by staff following this. A community pharmacy service had completed a 'Safe handling of medicine audit report' in October 2015. This highlighted some areas for improvement, such as fridge temperatures should be checked daily and recording was required on medicine records for people who self-medicated. Action had been taken by the management team to address these areas.

Emergency evacuation plans were available for each person living at the service. These detailed care needs including mobility levels so people could be assisted effectively and safely in an emergency. Fire alarm tests were carried out weekly and drills every two months to practise dealing with an emergency situation. One staff member told us, "If there is a fire I know what to do, we have fire drills."

The registered manager maintained health and safety procedures at the home and had systems in place to protect people from harm. Checks were carried out to ensure the buildings and equipment were safe for people to use. Certificates for water temperatures, legionella testing, gas and other services had been completed and were up to date. A maintenance person was employed to undertake these tasks and any repairs, and the environment appeared safe and well maintained.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One relative told us, "The staff are excellent, they know what they are doing." One person had come into the home with high level care needs and this person was now spending some time back at their family home and considering returning there full time, such was the improvement that had been made with their ability to walk.

Staff were supported during an induction period at the home. One member of staff had recently started working at the home and during their induction they 'shadowed' an experienced staff member. They told us, "This helped me to get to know people and read their care plans." Induction also consisted of 'core' training such as fire safety and moving people safely. Staff completed other training required by the organisation which covered areas such as the code of conduct, legal obligations and values. The registered manager told us that some of the senior staff had been carrying out 'back to basics' training additionally for new staff in areas such as dignity, privacy and communication. New staff were provided with a staff handbook and job description so they were aware of their roles and responsibilities.

Staff received training relevant to the health and social care needs of the people who lived at the home. One staff member told us, "Training is scheduled each month so you know what training is required. The training is very good." Training included diversity, food & hygiene and health and safety. Some training took place on the computer and this was being developed so staff were able to do this at home if they preferred. Staff were paid for training completed and the management team monitored that training had been completed. Some staff did not feel training was as useful on the computer. One staff member told us, "Most of the training is online, this is okay but I prefer the classroom training as I can ask questions and discuss real life examples." Staff were also completing the 'Care Certificate'. This sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Some staff on the reminiscence unit had recently completed a dementia training programme. This consisted of a variety of modules which included understanding dementia and what it was like to live with dementia. Comments from staff included, "This has been brilliant training, I understand now how to judge a person's mood and why people can become frustrated and anxious, "I have learnt how to calm people down and reassure them." And, "We were put in the shoes of a person with dementia, I learnt so much." We saw staff had put this training into practice. For example, how they effectively supported people when they became anxious.

Some external professionals, a national dementia nurse specialist and a regional nurse specialist, provided support and guidance for staff around caring for people with dementia. Staff told us, "Having a support team is great, we can phone them at any time and they will advise us how to care for individual people. Sometimes it's difficult as people have advanced dementia. The advice that the specialists provide helps us to meet people's needs," and "It reassures me that I am doing everything that I can. The specialists have expertise and liaise with families to support them as well."

Staff received regular management support and one to one meeting's were held between staff and their line

managers. A new system was being introduced where lead staff supervised other staff in their areas. One to one supervision meetings were held every two months with some group supervision for nursing staff. One staff member told us, "I have supervision with my manager frequently, about every eight weeks. We talk about what needs improving." Appraisal meetings were held annually and staff performance, development and remuneration were discussed.

A 'handover' meeting was held as each shift commenced, where information was passed onto staff about any changes to people's health or well-being. Information was recorded in an 'assignment sheet'. We saw this included information about people's needs, preferences and the equipment required to support them. For example, one person had been unwell and staff discussed the action taken so far and if other steps were required to keep them and other people well. One staff member told us, "The shift leader tells us during handover what we will be doing during the shift, for example, who I will be assisting to get up and who we need to monitor closely, if people are unwell we keep a closer eye on them to make sure they are okay." Communication between staff assisted them to provide effective care to people they supported.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The rights of people who were unable to make important decisions about their health or wellbeing were protected.

Staff had an understanding of the principles of the Act and how this affected their practice. One staff member told us, "Mental capacity is about people making their own decisions; if they can't then decisions are made in their best interests, we ask families if we are unsure." Care records contained capacity assessments and we saw where people lacked capacity to make a decision, 'best interest' meetings had been held. Guidance around mental capacity was displayed for staff to refer to. One professional told us, "Staff have an understanding of mental capacity and DoLS and always get me people's records that I need to see in relation to this."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit one person had a DoLS authorisation and other applications had been submitted. The registered manager was aware of the circumstances when a DoLS authorisation may be required and other people were waiting for DoLS assessments.

Consent was sought from people when providing them with care. One staff member told us about this, "If someone says no, I listen, it's their choice." Consent forms had been completed on care records in areas such as giving consent for other healthcare professionals to see care plans and for having photographs taken. If a person was unable to consent, their families or friends had done so on their behalf.

People had a choice around their meals and were positive about the food provided. Comments from people included, "The food's very nice and well presented on the plates and it looks appetising too,." "I have several choices at each meal time," "The staff make sure I have enough to eat and drink during the day." And, "If I'm hungry or thirsty during the night I have things in my room for that." The chef told us, "Alternative food is

always available, we cater to their needs if someone just wants egg on toast they can have it, it's not a problem." Drinks and snacks were available for people to access during the day and night. One staff member told us, "Some people will go and help themselves, snacks are always available." People that required assistance with eating were supported by staff. We saw staff positively encouraging people to eat at their own pace.

Some people had additional dietary needs in relation to their health. The kitchen staff knew about these and ensured they were catered for. One staff member told us, "Dietary notification sheets are in use. Information is sent to kitchen staff so they are aware of this." The chef told us, "This is really helpful, as we know what the person likes and dislikes, we know if people require a special diet and we can make sure that this is provided." For example, one person was allergic to cow's milk; the kitchen staff knew about this allergy and provided an alternative. People's photographs and dietary need were displayed in the kitchen to assist staff in ensuring people had the correct diet. Nobody required a specialist diet for cultural reasons. The chef told us, "We fortify foods for some people; we offer high calorie foods like peanut butter, add extra cheese and cream. Some people are diabetic, so we offer reduced sugar puddings."
Records showed that some people were weighed weekly and others monthly. Frequency of this depended on their current weight and any other concerns. Nutritional intake charts were implemented if weight loss was identified. For example, in March 2015 it was identified that one person had lost 4.9kg in weight so nutritional intake charts were implemented and we saw these were up to date. The person had been referred to their GP and the community dietician and their weight was now stable. A staff member told us, "We weigh people either weekly or monthly. If they are losing weight we report it and tell the GP, some people are on fortified diets, or have extra snacks and milkshakes."

People were supported to access health professionals when required. One person told us, "If I need to see my GP or someone like that staff will organise it for me." One relative told us, "Yes. I feel that professionals are called in when needed. My family member had a fall one night, when I came the next morning they had already seen the doctor. They had arranged for them to be sent to hospital for x-rays. I am very happy that all the checks are being done." A GP visit took place weekly to assess anyone who required support with their health needs. A physiotherapist and speech and language therapy also visited the home. District nurses provide clinical support to staff around leg ulcer care and administration of insulin for people with diabetes. Professional visits were recorded on care records.

Good

Is the service caring?

Our findings

Overall people were positive about the staff at Sunrise and their approach. One person told us, "I don't think you'll find anything better than this place, I've been around a lot." One relative commented, "They are caring staff, even the cleaners. They will speak to [person] and have a chat." Another person told us, "I'm really happy living here as it's a very nice home and the staff are good to me as well." One relative told us they felt one staff member could be a little abrupt at times in their manner, but most of the staff were good.

Staff told us they enjoyed the company of the people at the home, one staff member told us, "I feel that generally getting on with people is all part of the caring role." We saw positive interactions between staff and people who lived at the home. Staff were friendly and knew the people they cared for well. For example, we saw a good rapport between people and staff while watching a children's choir, discussing how this made them all cry. During some activities we saw staff actively involve people and they could choose to join in or not as they preferred.

Prior to people coming to live at the home, they could come to a 'taster day' to assess if they liked it and choose their preferred available room. A family liaison manager assisted people and families with the move to support with the transition, including managing the practicalities and the emotional impact.

Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times. During our visit we were aware that one person had fallen and staff contacted the person's family to inform them of this and the circumstances. One relative told us, "The staff always give me a warm welcome and I can help myself to hot drinks during my visit.
I have never seen or heard any of the staff be disrespectful to the people living here.
It's a nice warm loving atmosphere each time I come." Another relative told us, "The environment is friendly, we're always made welcome and asked if we want to stay for lunch." A private dining room was available for people to use for special occasions if they wished to.

The registered manager told us no one at the home currently used the services of an advocate, however they had in the past and this was available to support people if required. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Staff encouraged people to maintain their independence; however staff supported people when this was required. One person told us, "I'm very pleased with the home, the carers and all the staff. I'm very independent and do most things myself so I don't need the carers but they are there if I need them." Another person told us, "I was really poorly when I came and could not do anything for myself, I was told I would never walk again. Here I am, I can walk with my frame I can do somethings myself but the carers help me when I need it. It's taken a long time to get here but with the staff here and the medics I'm as well as I can be."

Some people at the home did their own laundry and this was encouraged in order to promote their

independence. During the day we observed staff checked on people's well-being and respected their decisions if they said they did not require any assistance. One staff member told us, "If care staff don't need to assist a person they will not assist." Another staff member told us, "I know what people can do for themselves, such as wash their own face or pick their clothes. I always encourage them to do what they can. "

People's preferences were catered for where possible. Some people preferred to eat meals in their rooms. A staff member told us, "If people choose to eat in their rooms we take their meals to them." Another staff member told us, "[Person] enjoys having a spa bath, when I am on shift I always ask them if they would like to have one."

We observed staff supported people with kindness, warmth and affection. We saw a staff member describe to someone what was on their plate before eating and the person smiled. A staff member cut up a person's toast and put a piece into the person's hand. They told us they did this because the person could eat independently with a bit of encouragement. They were supportive to the person and told them, "There is no need to rush." Another person was asleep on a sofa. A staff member bent down and rubbed the person's knee to wake them and ask if they would like a cup of tea. The staff member was patient and gave the person time to answer the question. We observed two staff moving a person in a hoist from a chair to a wheelchair. We saw they talked through the transfer to reassure the person saying, "We are going to move you into your wheelchair to go for lunch."

Staff treated people with dignity and respect. Comments from people included, "Staff are kind and respectful, when I have a shower or bed bath they make sure the doors are closed and nobody can see me, protecting my privacy and dignity," "The staff are caring and I feel they listen and respect what I'm saying." And, "The carers are well trained, compassionate and treat me with love and dignity." One relative told us, "Staff are all very gentle. They are very good dealing with the residents."

The provider's 'values' included 'preserving dignity' and 'encouraging independence' and staff reflected this in the care provided. We saw a staff member go down to a person's eye level to introduce themselves before taking the person to the hairdressers, to reassure them about this. We observed a staff member using a hoist to assist a person and we saw this was done discreetly to protect the person's dignity. Staff told us, "We always shut the curtains when we are hoisting someone as people might be looking in through the window," and "We always knock people's bedroom doors before we enter, it's their space." People were able to maintain their privacy and had keys to lock their own rooms if they chose to do this.

People were able to personalise their rooms as they wished and many people had done this. One person told us, "My room is lovely, bright, warm and has my own personal belongings in there which makes it homely. I have been here a few years and enjoy the company of the staff, they are very helpful and compassionate and there's nothing to much trouble for them. If I need something they do it for me, I might wait for a few minutes but I'm not going anywhere."

Good

Is the service responsive?

Our findings

People we spoke with had positive views about how people's care and support needs were met. One person told us, "The staff are all very helpful, I have no complaints." One relative told us, "The carers know what they are doing, have common sense and show maturity. [Person] is pretty happy here."

Prior to admission to the home, people were assessed to ensure the home could meet their care needs. People and families were involved in care planning and reviews, however the registered manager told us they would like to improve this. They explained, "We plan to make monthly calls to families to update them, meetings are supposed to be two a year but this has been patchy in the past." One relative told us, "We get invited to meetings and receive phone calls if [person] is unwell, they keep us up to date." One person's relative had completed a life history for their family member prior to them moving in. Staff had told them this was helpful as this explained what was important to them.

A keyworker system ensured people were supported by a named worker and this provided consistency for them. One person told us, "I have my own named worker so if I have any worries or concerns I will complain to them and I know things will be put right. Like one day I was waiting for my toast and yogurt and I had to wait, so I complained, it doesn't happen very often." One co-ordinator told us the purpose of the system was for consistency and also for staff to develop their skills such as liaising with families and attending family meetings.

Care plans were in place for areas including mental health and nutrition. Care plans also contained information such as people's preferences, routines and histories. These had been reviewed monthly by staff and managers or when people's needs changed. A team leader told us every staff member was given a 'task sheet' detailing each person and their needs for the day. Staff read the care records and kept these up to date, including information such as turning and weight charts. Monthly wellness checks took place and these included checks of a person's mobility, health, skin care and behaviours. This gave an overview of how the person had been and highlighted any changes. Monthly assessments of weight, blood pressure, temperature, and pulse were also recorded with a full reassessment of need every six or 12 months. Care records were comprehensive, appropriately completed and reflected people's current care and support needs.

Staff knew the people they cared for well and how to support their care needs. Care plans included people's preferred routines for example, one person liked a shower every morning rather than a bath, liked to have a cup of tea around 8am, then go back to sleep for another hour. We saw people received care in the ways they preferred. One person told us, "I don't know if my care is written down but staff know what my needs are and they do it very well." Another person told us, "I've been here for many years so staff know my likes and dislikes. They are good staff and I like them." A staff member told us about one person they cared for who did not like a lot of noise and liked calmness and they were aware of this when supporting them. A staff member told us, "I know when people are having a really good day."

For people living with dementia, staff were aware of how to support them and we saw guidance for staff

around this. For example, if one person asked for their relative, staff were to engage in conversation and offer reassurance if the person became anxious or upset. Staff told us, "If people refuse care we don't want to make them anxious. We will go back to them a little bit later and ask them again or ask another carer to go and help them," and "One person can become anxious if we try and hoist them, they refuse sometimes, so we make them comfortable in bed and ask later on if they want to get up."

Memory boxes had been completed for people who wanted this and were displayed outside people's bedrooms. These contained photos and important information about people's lives and histories. They enabled staff to understand more about the person they cared for, their preferences and life stories. Staff told us, "The memory boxes are great, it reminds us who the person is and also helps some people to locate their bedrooms," and "When people move in we put up their memory box straightaway, it helps us to get to know them."

In the reminiscence unit for people living with dementia, there was some 'tactile' art work displayed. Also 'stations' were displayed with objects of interest, for example a table with travel books and related objects for people to look at and touch. There were some dolls and baby items and the registered manager told us some people enjoyed interacting with these. Contrasting doors and clear signage assisted people living with dementia to identify rooms more easily.

People told us they enjoyed the activities on offer at the home and there was enough for them to do. One person had gone with the activity co-ordinator to a concert as they had become aware of the person's interest in heavy rock music. One person told us, "I like gardening, film shows and the knitting and natter club. There are lots of activities." One relative told us, "I provided a full history for my relative. They do get them out of the room for lunch and entertainment. I feel there is much interaction with them." An activities co-ordinator was in post and on the day of our visit there was a school choir visiting, a Christmas jumper competition and some reindeer visiting as part of the Christmas celebrations. A schedule of activities was available and trips in the mini bus ran to places such as markets and museums. Staff told us they provided some different activities for people in the reminiscence unit to support their needs. The registered manager told us they were planning to improve activities further. Staff comments included, "There is always something happening, lots of activities. I would be happy to have a relative stay here," "Some people really join in with activities; other people like to spend more time in their bedrooms. I keep checking that they are okay but they like their privacy. They will use the call bell if they need me." And "People go out on trips; we go to garden centres and out for a drive in the minibus. We ask everyone if they would like to go."

Multi faith services were held for people who wished to attend these. A secure garden and wildlife area was available for people to use. One person who lived at the home was a keen gardener so assisted other people in a gardening group. Two volunteers also helped at the home and supported people with social activities. A hairdresser visited twice weekly and we saw people using the service. A 'daily sparkle newsletter' was produced with information of interest and other historical news. Also a newsletter called 'Solihull Sunriser' produced for people with information and upcoming events.

People were aware of how to make a complaint if they wished to and we saw appropriate responses had been given to these. We saw 13 complaints had been made in 2015. These ranged from concerns about fees to missing clothing to a concern about confidentiality. One person told us, "If I have any concerns or needed to complain I would talk to the staff who would put it right I'm sure." Complaints information was provided to each person living at the home.

Compliments had been recorded in a book about the care people received. Comments included, 'You went beyond the call of duty' and 'We could not have found a nicer place.'

Good

Is the service well-led?

Our findings

We spoke with people and staff about the management of the home. One person told us, "It's a nice home and there's nothing I would want to change." One relative told us there was a new co-ordinator in the reminiscence area. They described the person as, "A breath of fresh air."

The management team consisted of a registered manager and deputy manager. The registered manager had been in post for one year. The deputy manager had been in post for around one month. There were two areas of the home, Reminiscence and Assisted Living and both had a manager, known as a co-ordinator. Additionally there was an area known as the 'Cotswold Suite' for people who had a higher level of independence. This was adjoining the reminiscence area.

One co-ordinator had been in post since June 2015. They told us they had completed a clinical development training programme. The training included in-depth safeguarding, and management training. They said, "This was brilliant as this is my first management role; it's made me feel more confident to make decisions." Staff told us, "We have confidence in the unit manager and because they are a nurse and know what they are doing. They can see the bigger picture if people are unwell. I always check things with them." During our visit we saw evidence of teamwork and prioritising tasks. Staff were confident in their approach to the senior care staff and the co-ordinator who provided them with support and guidance. The deputy manager had reviewed and changed a number of systems including the management of medication errors so they could learn from these more effectively.

Overall staff had positive views about the management of the home and although staff morale had been low, felt that their concerns had been listened to. Comments included, "Changes are happening for the better, I can see why we need changes," "I am definitely confident to raise concerns with my manager, they are helpful," "I feel confident talking to the co-ordinator and the senior carer." And "Yes, the managers are approachable; they act on what we say." Overall staff told us that although there had been some issues, there had been improvements and there was more stability now. One team leader commented, "The home is going in the right direction; hopefully staff can see why we are making changes to improve things." One professional told us, "The last few months I have seen improvement and there are some brilliant carers here."

However, some staff members told us they had raised some concerns about staffing with the management team and did not feel this had been acted upon quickly enough. Staff comments included, "We have had our ups and downs but it has plateaued, it is more challenging for day staff, some staff have left," and "The management are trying to get staff on board." Another staff member told us they had raised concerns with the provider and told us, "They said they would look into this. They are trying to get more staff." A staff member told us, "They are approachable and will listen, but I don't know what takes the time (in getting staff)." Staff told us they felt problems recruiting were partly due to the location of the home and transport links.

The registered manager told us, "We have come to the tail end of people leaving, the last couple of months

we have been heading in the right direction." The registered manager told us, "We are struggling to recruit nurses," and they had had taken steps to try to address this. They explained completing checks for new staff could slow the recruitment process down, however a change in the recruitment system had streamlined this process further. They told us the staffing level was higher based on the dependency levels of people and told us, "The perception is we are short staffed. Assessment is the key to this as people's needs change and we are not always told this, so it does not trigger a 'reassessment' where the care hours are then increased. If it is not flagged, someone getting 20 minutes may need 45 minutes." They told us information was not always passed on from staff to the management team.

One co-ordinator told us, "Staff are great at picking up extra shifts." Records showed 17 shifts had been picked up by care staff in the previous two weeks so people were supported by staff that they knew.

A team member appreciation system was in place called the 'Heart and Soul' award where staff nominated other staff who they believed should receive special recognition for their work. A staff member told us, "This makes me feel valued; we get vouchers and a certificate."

Staff told us meetings were held with the management team. One staff member told us, "We have meetings, they are not regular meetings." Another staff member told us about the meetings, "They are getting better. I had given up trying to change things, but I do feel that good changes are happening now." Staff meetings known as 'town hall meetings' were held monthly and we saw one had been held in October 2015 where there had been issues raised about staffing levels. We saw minutes of a meeting with night staff in October 2015 where six staff attended. The issue of staffing had also been discussed and recruitment. Staff told us they felt they could raise issues with the management team at the meetings.

A 'meet the management' team meeting had been held recently for people and their families. The registered manager told us, "We are trying to be much more visible as a management team going forward." Plans were in place to have this meeting every three months with a social event after.

A meeting involving people who lived at the home, was held every month. This was known as the 'Resident Council Meeting,' and families also attended. A meeting had been held in September 2015 where 15 people attended and another one in October 2015 where 9 people attended. Comments included, 'Staff are wonderful', 'Carers do a good job', 'Staff are overworked and leaving, and this is upsetting as we are like a family' and 'Can I be confident I do not need to find help for my neighbours?' (referring to people waiting for staff to assist them). One person told us, "I attend the residents meetings which I find useful because I can say things to other residents and staff."

We asked the registered manager about challenges at the home and they told us, "I came into an awful lot of staff discontent." In order to address this they told us they had arranged some listening groups to try to support staff and a 'staffing' helpline had been set up for staff to raise issues or concerns. They went on to say, "We have made changes, they have not always been well received, we have a much stronger leadership team now who are much more inclusive." They explained the biggest challenge was, "Getting the recruitment right, having a system that leads into having a full team, addressing staff morale which has been poor. There is work to do but we have plans in place, we can see some progress."

The registered manager told us they were most proud of, "My team here, we have fantastic staff, people are well cared for, the staff work hard." They went on to say, "There is also more of a 'closeness' in the friendships of the residents in the last 12 months, they welcome new residents."
They told us they were keen to support the personal development of staff to strengthen the staff team and told us about a staff member who had 'shone immediately' when they started working at the home. This

staff member had been given additional training and responsibility and had now been promoted to a more senior role.

Plans were in place to identify 'staff champions' in areas such as infection control and nutrition. A support group was being arranged for families in the reminiscence area with support from a person in the community, for people with a relative living with dementia. They were also developing a library of dementia information.

The registered manager encouraged feedback from people and relatives. We saw a survey completed by relatives in 2015, with 25 responses from a possible 71. Some comments were, 'The staff do a fantastic job but there is never enough of them', and 'This is my fourth survey and by far the most critical, there is a reduction in staffing'. Surveys were issued annually and an action plan formulated from this to look at improvements required.

There had been a visit from the local authority in May 2015. Recommendations had been, 'There has to be a cultural change away from the time and task concept.' This referred to staff having care tasks to complete primarily, and so less time to spend with people. The registered manager told us they had noted this recommendation and were taking steps to increase staffing levels.

Monthly manager's audits had been undertaken and were up to date. We saw audits included monthly checks of people's care records, staff files, the environment and equipment. Audits were completed for specific areas such as skin pressure areas, accidents and injuries and medicines. An audit had been completed around the key lines of enquiry used at our inspections. These identified improvements were needed in some areas such as answering call bells, but other areas were positive, such as the staff handover meeting and its effectiveness. The registered manager told us, "This information gives us a clinical overview of everything that has happened in the month, we meet to discuss this before this is submitted." These audits were reviewed internally within the organisation. Any action taken was documented and feedback was provided to the trustees of the home following this. A management meeting known as a 'Huddle' meeting took place each morning to communicate any issues within the home. The registered manager knew people living at the home well and explained they held a 'Resident issues meeting' where they looked at each person individually, their needs and if these had changed.

The registered manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the home. For example, serious injuries or allegations of abuse. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.