

Sunrise Senior Living Limited

Sunrise of Guildford

Inspection report

The Astolat Business Park
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Guildford
Surrey
GU3 1NE

Tel: 01483307500

Date of inspection visit:
09 November 2021

Date of publication:
13 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sunrise of Guildford is a nursing and residential care home that can support up to 101 people. The ground and first floor provide accommodation for people described as requiring assisted living, this part of the home is called the 'Assisted Living Neighbourhood'. The care provided includes a range of care and nursing needs that include minimal support for people up to nursing care. Some people led a mainly independent life and used the home's facilities to support their lifestyle. Other people had various health care needs that included physical and medical conditions including diabetes, strokes and end of life care. Some people had limited mobility and needed to be supported with equipment to help them move around. Some people lived with dementia that required regular prompting and supervision to lead a fulfilling life.

The second floor provided accommodation for people who were living with dementia. This floor was called the 'Reminiscence Neighbourhood'.

At the time of the inspection, care and support was being provided to 73 people.

People's experience of using this service and what we found

The deployment of staff did not consistently promote positive outcomes for people. Some staff told us that they did not always get the time they wanted to spend with people and promote their social, emotional and psychological care needs. People had access to their own individual call bells. However, staff's response time could be varied. One person told us, "I do feel safe here but sometimes I do have to wait to have my call bell answered." We have made a recommendation about staff deployment.

People and their relatives spoke highly of the home. One relative told us, "The best thing they do is genuine personalised care. It's a lovely place to be and they make it very homely." Another relative commented, "I'm very pleased with the care. The staff are always enthusiastic and professional."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs.

The environment was clean and staff observed and followed infection control procedures in line with national guidance for reducing the spread of Covid-19.

Staff spoke positively about management. They felt well supported and they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. One staff member told us,

"Management are ever so supportive." Positive links with the local community had been established. People were supported to go out and about and the home had its own minibus which people could access.

Equality and diversity was at the forefront of the service. Staff had received training on equality and diversity and spoke positively of the multicultural nature of the home and staff team. People were treated with dignity, respect and kindness and were involved in decisions about their care.

People told us that they made friendships and felt happy at the service. One person told us, "I've no reason to be unhappy here. It's lovely. The staff are wonderful and very respectful."

People received personalised care that met their needs and respected their preferences. Care plans gave staff clear guidance and staff followed these plans. People enjoyed activities that reflected their hobbies, interests and lives. People were supported with care and kindness at the end of their life. Staff were also passionate about delivering dignified and compassionate end of life care.

People had regular access to health care professionals. A GP visited the home on a weekly basis and staff were prompt in responding to any change in health care needs. Staff also worked in partnership with healthcare professionals, including dietitians; speech and language therapists and tissue viability nurses. We found that the design and layout of the building met people's needs and promoted dignity

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

Rating at last inspection

The last rating for this service under the previous provider was Good (report published 28 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our well-Led findings below.

Sunrise of Guildford

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, a specialist advisor who was a nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 12 people about their experience of the care provided. We spoke with ten care staff; two registered nurses, the dining service coordinator, three activity assistants, reminiscence coordinator, three housekeeping staff, one medicine technician and the registered manager. 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 reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits; activity records, menu's, daily notes, staff rotas, maintenance records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. An Expert by Experience contacted 10 relatives on 11 November 2021 to gain feedback over the telephone. We also looked at training data, clinical audits and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Staffing and recruitment

- Staffing levels were determined by the specific needs of people and based on those needs; hours of care were assessed which determined staffing levels. Observations of care and feedback from staff working on the 'reminiscence neighbourhood' found that staffing levels were not always consistent in meeting people's social and psychological needs. We have further reported on these concerns in the 'Well-led' domain.
- Staff and people living on the 'assisted living neighbourhood' felt staffing levels were sufficient in meeting the needs of people. We observed that staff were present in communal areas and responded to people's request for support in a timely manner. One staff member told us, "I'm happy with the staffing levels. We are using agency staff, but we request the same agency staff and they are very competent."
- Safe recruitment processes were followed. The provider ensured pre-employment checks were completed before staff began working at the service. These checks included a current Disclosure and Barring Service criminal records check (DBS). DBS help employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.
- Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to revalidate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.
- In preparation for the condition of vaccination as deployment for care staff, systems and processes had been created in order to check the vaccination status of health and social care workers from 11 November 2021.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Staff had received training in safeguarding people. Staff told us how they would recognise signs of abuse and concern and who they would report them to both internally and externally. Information leaflets had been provided to staff which included information on the local safeguarding team alongside the number for staff to call.
- Staff spoke highly of safeguarding training. One staff member told us, "Safeguarding is mandatory training and is really helpful in providing us with information on the potential signs and indicators of abuse." Another member of staff commented, "Look out for the signs and be aware of the different types of abuse. We have received a lot of training to know what to look out for."
- Systems were in place to respond to any allegation of alleged abuse robustly so that the appropriate action could be taken.
- Accidents and incidents were recorded and analysed by the registered manager to identify trends and improve outcomes for people. The analysis enabled the registered manager to check correct procedures

were followed and the appropriate notifications and referrals had been made.

- Management and staff worked in partnership with external agencies such as Surrey Clinical Commissioners (CCG) on how safeguarding could be improved and developed within the service. In September 2021 the registered manager had completed a safeguarding assurance tool (designed by Surrey CCG) which had identified areas for ongoing improvement. This identified the need for annual safeguarding competency assessments to be completed with staff.
- Learning was shared through daily meetings and individual meetings held weekly and monthly. These meetings enabled the staff team to reflect on any incidents and identify what improvements to practice could be made.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe and were cared for by staff who knew them well and understood their needs. One relative told us, "I feel he's very safe there."
- Risk assessments were in place for people for all their care, nursing and support needs. There were general risk assessments for the home, this included risks resulting directly from COVID-19.
- People at risk of falls were supported in line with the providers policy. One staff member explained how they mitigate the risk of falls by supporting people with sensory technology and ensuring that they have good and appropriate footwear on, observing people while they walk and reporting any concerns. This staff member commented, "The introduction of the sensory technology has been amazing, and we have noted a real decrease in the number of falls. Recent technology is the sensors on people's mattresses, so as soon as the person lifts their weight off the mattress, we receive an alert. It has really helped our management of falls."
- Falls risk assessments were in place which identified any factors which might increase the individual's risk of falling. For example, medication, poor lighting or any mobility concerns. One person's falls risk assessment identified that during the night, the non-glare soft lighting should be used to help minimise the risk of falling at night.
- With pride staff told us how bed rails were no longer in use in the home (apart from one person who requested the use of bed rails). One staff member told us, "From a dignity perspective, I feel it's so much better to manage the risk of falling without the need for bed rails. Technology is so advanced now that with the introduction of sensors, falls can be managed much more proactively and in a way that doesn't require the use of bed rails."
- Risks associated with people's individual care needs were assessed, mitigated and guidance in place. For example, people living with a catheter in-situ, guidance was in place on the signs of potential infection and when support was needed to change the catheter bag.
- Risks relating to the building and fire safety had been assessed. Regular checks and fire drills were completed. This included checks for gas safety and their hoists and slings. Staff understood what to do in a fire emergency and Personal emergency evacuation plans (PEEPS) for each person were also available to guide staff in emergencies.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR charts) demonstrated that people received their medicines as prescribed. Medicines checks and audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. There were appropriate systems in place to ensure that people's medicines were stored and kept safely.
- Nursing staff supported people to maintain as much independence as possible with their medicine management. A number of people self-administered their own medicine while some people were able to self-administer some medicines but required support with some of the more complex medicines that they were prescribed. This enabled people to remain as independent as possible.

- Staff administered medicines in a kind and caring manner, demonstrating patience and taking the time to explain to people the purpose and reason for their medicine. For people prescribed medicines to treat heart conditions, staff were also observed checking the individual's pulse before supporting the person to take their medicine.
- People had individual protocols in place to guide staff when and how to give specific medicines as they were required. The protocols outlined individual preferences and needs of the person to support them with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had a dedicated Covid-19 taskforce who provided the home with regular updates and key information. The home also had a dedicated COVID-19 co-ordinator who was responsible for overseeing staff's weekly PCR testing and lateral flow testing.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- People's needs were comprehensively assessed, and their choices respected. Care was delivered in line with standards guidance and the law. For example, people who were assessed as at risk of choking had care plans which used the International Dysphagia Diet Standardisation Initiative (IDDSI) to guide staff and ensure people were provided meals suitable for their needs. We observed people receiving their correctly textured meals and being supported in a safe and considerate manner.
- The dining service coordinator had a clear understanding of people's dietary needs and attended regular multi-disciplinary meetings to discuss and review any people at risk of weight loss or experiencing weight loss. Management plans were therefore implemented to manage those risks.
- Hydration stations were accessible throughout the home. The registered manager explained in their Provider Information Return (PIR) that hydration talks were also delivered to people living at the home and to staff. The number of hydration stations were also increased throughout the home to encourage regular fluid intake and a local doctor was engaged to deliver additional talks on hydration. The registered manager explained that this focused approach has led to the number of urinary tract infections (UTIs) dropping within the home.
- People were regularly weighed, and their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. MUST was used by staff to inform people's care plans.
- People's dietary requirements were met. For example, the dining service coordinator worked in partnership with people who were vegetarian and living at the home to ensure the menu was diverse, varied and bespoke to people's individual needs. The provider also signed up to the vegetarian for life (national authority for older vegans and vegetarians) memory pledge to ensure that all vegetarian options provided in the home were tasteful yet nutritious. In 2021, one of Sunrise of Guildford's chefs was runner up for the 'most innovative veggie dish' at the Vegetarian for life awards.
- People were supported to eat and drink enough and maintain a balanced diet. We observed staff ensure people were served the meals they requested or alternatives if they changed their mind. People and their relatives shared positive feedback about the food. One person told us, "I like the food, it's very nice here."

Staff support: induction, training, skills and experience

- New staff had an induction when they started work and then were able to have updates as needed. The

provider used the Care Certificate, as a base for their inductions. This is a nationally recognised induction training programme.

- People were supported by a staff team who had the appropriate skills, knowledge and training to carry out their roles. Staff spoke highly of the training provided and one staff member told us, "The training is great. We support people living with dementia and the training on dementia care was fantastic. I got to experience what it might be like for someone living with dementia and that has definitely helped my practice."
- Training was also delivered that was specific to the needs of people living at the home. For example, training on HIV was delivered to the staff team to ensure that they felt confident and supported whilst supporting people living with HIV.
- The registered manager recognised the importance of upskilling their staff team and ensuring that staff had the skills, competency and expertise required to deliver high quality care. Within the PIR, the registered manager spoke about partnership working with healthcare professionals and organising training to be delivered by visiting healthcare professionals to better enable and equip their staff team to effectively support particular people living at the service. For example, the local mental health trust had recently delivered training on mental health.
- Staff told us they felt supported and valued within their role. One staff member told us, "Management are incredibly supportive. They want staff to progress and there is a clear focus on training and development."
- Nursing staff received ongoing clinical supervision and on-going training as required by the Nursing and Midwifery Council (NMC). For example, syringe driver and catheterisation training.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff attended handovers to keep up to date with people's needs and any changes to their care. Staff told us how they found these handover meetings helpful and enabled them to keep up to date with any changes in people's care needs.
- There was a daily management meeting which was attended by all heads of department. These meetings shared incidents, events and what was happening at the home with staff. This information was then be cascaded to others.
- People were supported to access healthcare services and support. People and their relatives confirmed this. The GP visited the home on a weekly basis and this visit was used as an opportunity to discuss and review any healthcare concerns. Weekly GP visit notes reflected that staff escalated concerns relating to potential urine infections; falls alongside concerns associated with people's medicine regime.
- The management team had developed effective relationships with external agencies. Staff communicated with other health professionals to inform them of concerns over changes to resident's health and the effectiveness of new or adjusted treatments. Staff regularly worked in partnership with Speech and Language Therapists (SLT), dietitians, tissue viability nurses (TVNs) and the community mental health team.

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

- People were observed in a homely environment suitable for their needs. People appeared relaxed and comfortable and had their own private rooms which they were encouraged to personalise. Memory boxes were outside people's bedroom doors which included personalised pictures, ornaments and memorabilia that was important to the person.
- The home was spacious and light with adequate space for people to mobilise safely with their mobility aids. People were observed mobilising independently. For people unable to use the stairs, the home had lifts available for use if required.
- The environment on 'reminiscence neighbourhood' had been adapted for people living with dementia. This floor contained appropriate signage and decoration to support and help orientate people.
- Technology was used to enhance people's care. Within the past year, the registered manager and staff

team had introduced 'Alexa' (music playing system) to enable people to call out for their favourite song to be played as well as supporting those with limited mobility to listen to their favourite song or hear the news from their seated position.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and legal guidance. Staff had completed training on mental capacity and obtained peoples consent before providing care. One staff member told us, "We always assume that the person can consent and empower them to make their own decision."
- Staff offered choice to people and asked for their consent when offering support. Daily routines were flexible and centred around personal choices and preferences.
- DoLS had been applied for as required and in a timely way, and authorisations sought from the local authority. Where conditions to DoLS had been imposed, these were complied with. Where decisions were taken in people's best interests, these were documented and appropriate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were extremely positive regarding the care and support provided. We observed gentle, kind and thoughtful interactions between staff and people. Staff understood the importance of human touch and were regularly observed holding a person's hand or putting their arm around a person to provide comfort and reassurance.
- Staff recognised and understood that for people living with dementia, they could experience anxiety or distress. Staff responded to people in a kind and dignified manner. For example, one person on the 'reminiscence neighbourhood' was observed calling out 'help me, help me, I'm such a hinderance.' Staff immediately responded to the person calls, gently holding their hand and reassuring them that they were not a hinderance.
- It was clear that staff were dedicated to providing good quality care and support. They had worked tirelessly throughout the pandemic to ensure people continued to receive the care they needed. The registered manager told us, "My team are extraordinary. I'm so proud of them and how they worked during COVID to keep our residents safe."
- During the pandemic, staff recognised that for many people continuing to receive support with beauty care was important (such as getting hair done or nails painted). However, as the hairdresser was unable to visit the service, staff supported people as best they could with hair and beauty care. Staff told us how it made people feel like them normal selves during a period of turmoil and uncertainty.
- It was clear that staff knew people's personalities very well, describing aspects of their care that were important to them. It was evident that staff were passionate about their work and had genuine affection for the people they supported.
- Staff recognised that it was the little things that were important to people. For example, supporting them to watch their favourite TV show at the right time. One staff member told us how one person was a huge Neil Diamond fan and therefore they supported them to watch YouTube videos of old Neil Diamond concerns and videos. This staff member told us, "It's the little things that are important."
- Staff's; people's and relatives' equality and diversity was respected. Staff received training in equality and diversity and with pride the registered manager told us about their multi-cultural workforce. Within their PIR, the registered manager told us, "We ran a diversity day entitled SunPride at the end of the summer. This was a highly successful day in which team members were encouraged to come in their traditional dress, as well as encouraged to bring their traditional foods, which we then shared amongst each other. Team members were given the opportunity to give a talk on their region or anything specific to them from a diversity perspective. This was a powerful event for staff and residents as it raised awareness and began new conversations."

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

- People were supported to be at the forefront of their care and support. People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One person told us, "I make all decisions relating to my day. I'm thoroughly involved in my care and make my own decisions about what I want and what I don't want."
- People were involved in regular reviews of their care and shared feedback about things they would like to see changed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that they were treated with dignity, respect and that their independence was always promoted.
- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We encourage people to do as much for themselves as possible. When people return home from hospital, we always try and encourage them to get up and move around. We've also supported people who have experienced strokes and lost movement in one arm to regain some of that movement. It's all about supporting people to be independent, to mobilise and to do as much for themselves as possible."
- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished.
- The provider had a sexual expressions and intimacy policy which staff followed. Care and support was provided to a couple of married couples. Couples were able to opt out of night-time checks if requested. People's bedrooms doors were also closed at night unless the person requested for them to be left open.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- People had access to a wide range of activities that took place on the 'assisted living neighbourhood', however, people living on the 'reminiscence neighbourhood' who were more reliant on staff to meet their social, emotional and psychological needs, were at potential risk of social isolation. We have further reported on these concerns in the 'Well-led domain.'
- Whilst some people on the 'reminiscence neighbourhood' were more reliant on staff, some relatives spoke highly of the support provided. One relative commented, "There are lots of activities and they keep him occupied. He used to paint and was in a choir before he moved into Sunrise and he still paints, and they make sure he can always join the singing." Observations of care on the 'reminiscence neighbourhood' demonstrated that staff knew people well and provided support that was based on their individual likes and interests. One person used to be a Judge, so staff provided them with a notebook as they enjoyed having a book to hand in which they could refer to.
- A daily activity programme was available and people living on the 'assisted living neighbourhood' spoke highly of the activities available. On the day of the inspection, activities included exercise and meditation, sunrise choir practice, French speaking club, quiz and poppy making.
- People were observed enjoying the activities on offer. One person told us, "They put on lots of quizzes and films, the activities are very good here." Another person told us, "I play bridge twice a week which I enjoy, alongside the singing."
- Three activity assistants were deployed to work with people to make activities as meaningful as possible. One activity assistant told us, "Each person has an activity plan which is developed further as we get to know and learn more about them." Another activity assistant told us, "I also have started the ladies club where we might start by reading different articles in the newspaper, then discussing. I also picked lots of flowers recently that I knew were not toxic and we pressed them. Six weeks later we made cards and stuck the flowers on the front."
- Staff recognised the importance of sensory stimulation for people. The registered manager told us in their PIR that "The gardens are designed to stimulate all the senses through smell (our glorious roses), touch (ferns and ornaments), taste (we grow some of our own vegetables which are used by the kitchen), sound (wind chimes and birdsong) as well as sight." People spoke highly of the garden and staff commented how many people living at Sunrise were keen gardeners and regularly spent time watering plants and enjoying the gardens surrounding the home. One person told us, "I love going out in the garden. It's my calm place." With pride, staff and people told inspectors how the service had won local gardening competitions two years in a row.
- For people who preferred to stay in their bedroom, staff spent time chatting with them and providing one to one interaction.

- People regularly went out and about to various coffee shops and local places of attraction. On the morning of the inspection, some people went out to a local lake. Whilst activity staff also supported some people to go out for a drive and enjoy a hot drink whilst enjoying the local scenery.
- Staff recognised the importance of physical exercise as a way to promote people's wellbeing. The local rugby club were approached who subsequently worked with staff and people to deliver exercises and seated rugby classes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that they felt involved in creating and reviewing their care plans. One relative told us, "I've been involved in reviewing her care plan and they inform me when her medications changed." People also told us how staff were knowledgeable about their needs, preferences and wishes.
- Care plans covered a wide range of health and social care needs including catheter care, diabetes, oral health, Parkinson's, COVID-19 and other key pertinent areas. Information relating to people's past history was recorded and staff spoke highly of having this information accessible. One staff member told us, "Having information on people's background really helps in building a relationship, getting to know the person and find out what is important to them."
- Staff and management were working in partnership with the community matron team to help improve safe transfers to hospitals when required. 'This is me' passports were in the process of being completed and for anyone requiring admission to hospital, these passports would contain key information that hospital and paramedic staff would need to know about in order to provide safe and responsive care to the individual.
- Relatives and people spoke highly of the responsive and person-centred care provided. Relatives commented that staff had a good understanding of dementia care and how to provide care that was responsive yet personalised. One relative told us, "The staff are always empathetic; they know how to steer her, they've moved with her as her dementia has deteriorated. All the staff have a good understanding of dementia and know how to speak to people."
- During the COVID-19 pandemic and lockdowns, relatives spoke highly of the ongoing person-centred care provided to their loved ones. Relatives spoke highly of communication from staff, management and how staff supported their loved one to remain in contact through the use of technology. One relative told us, "They brought iPads and laptops and staff were teaching people on how to use facetime and zoom. It meant we could stay in contact." Another relative told us, During COVID-19 they've tried their best to get as many visits for relatives as they can. They're very open and very responsive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Care plans identified how people preferred to communicate and where extra support was required. For example, if people required information to be provided in large print. Staff told us how people with visual impairment would have access to large print word searches or sudoku, therefore ensuring that everyone could be included in the activities.
- People were supported to have regular eye check-ups with the optician. For people living with hearing impairments, enhanced volume telephones had been purchased to help people communicate better with their loved ones via telephone.

- Staff understood people's individual communication needs and this was observed throughout the inspection. For example, staff were seen to lower their standing position to people that were sitting so they were on the same level to aid communication. This supported staff to ensure they understood people's needs and wishes.

Improving care quality in response to complaints or concerns

- Complaints were appropriately investigated in accordance with the providers policy. The registered manager was open and transparent when dealing with concerns that had been raised. Complaints were used to make improvements when needed.
- People and relatives knew how to make a complaint. People and relatives felt comfortable to speak to the staff about any concerns. One relative told us, "If I had anything to complain about, I would be very comfortable in raising it with management and I 'm sure they would sort it out."

End of life care and support

- End of life care was provided in a dignified and respectful way. Information on end of life care was recorded in people's care plans. However, end of life care plans were not always detailed and sometimes lacked information on what was important to the person. The management team advised that end of life care planning was an area of work that they were focusing on.
- The provider had started to implement the recommended summary plan for emergency care and treatment (ReSPECT). This process was a new national approach to encourage people to have a plan to try to ensure they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.
- Staff spoke with compassion and dedication on how they delivered end of life care to people. One staff member told us, "When we provide end of life care, we always place a forget me not flower on the person's bedroom door. This just ensures all staff are aware so are mindful of noise. We also make sure that the person is comfortable, pain free and that any cultural or religious beliefs are met. We also make sure that the body is respected after death. For example, ensuring the right undertakes are contacted and that the person is dressed in clothes that they may have picked out or were important to them."
- Staff recognised that end of life also required supporting relatives and friends. One staff member told us, "Communication with the relatives is key. We've also recently supported one person with end of life care, and they had formed a close friendship with one of the residents living here. It was also important that we supported the friend throughout the process. For example, letting them come and sit together and holding their friends' hand near the end."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff consistently told us that their main aim was to support people to live fulfilled and busy lives. However, staff working on the 'reminiscence neighbourhood' told us that deployment of staff meant that they could not always support people as they wished. Some staff commented that deployment of staff impacted on their ability to meet people's social and psychological needs. One staff member told us, "The activities happen on the 'assisted living neighbourhood primarily', we don't always have the time to tell about the activities going on or have the time to take people downstairs to participate in the activities. It makes me very sad. They deserve better."
- Observations of care on the 'reminiscence neighbourhood' throughout the inspection found that some people were taken downstairs to enjoy the activities on the 'assisted living neighbourhood'. A range of activities were scheduled for all people living on the 'assisted living neighbourhood' and 'reminiscence neighbourhood', including trips out.' However, for people who remained on the 'reminiscence neighbourhood', they were regularly observed sitting in chairs with little interaction from care staff. Staff presence in the communal areas was limited. Whilst we observed no direct impact to people's safety, people's social and psychological needs were not always met due to staff deployment.
- Staff told us that when they had time they would try and interact with people and this was observed on the inspection. However, we also observed periods of time whereby people's only source of interaction was from the television. One staff member told us, "I don't want to lie, it's tough as we are always busy. Sometimes people get stressed with a lot of tasks to do. I think the staffing levels are okay, but we sometimes struggle. When it's a busy shift it can seem really busy."
- Staffing levels were determined by the specific needs of people and based on those needs, hours of care were assessed which determined staffing levels. The staffing tool reflected that 113 hours of care were assessed as being required. Staffing rotas reflected that 125 hours of care was delivered on the 'reminiscence neighbourhood'. On the day of the inspection, staffing levels on the 'reminiscence neighbourhood' included five care staff, one of whom had additional nutrition and dining tasks. Therefore, five staff were deployed to meet the needs of 21 people. Whilst staffing levels were higher than the assessed level of care needed, ineffective deployment of staff meant people's social and psychological needs were not always met.
- People had access to individual call bells. Most people told us that their call bells were answered in a

prompt manner. However, we received feedback from a couple of people and relatives that improvements could be made to the answering of call bells. One person told us, "It can take a while before they answer a call bell. My husband waited 20 minutes recently and I had to go and ask someone to come. I shouldn't be put in a position where I have to get help for my husband."

- Management completed a daily 'call bell response audit'. This audit sampled a number of call bell response times during a two-hour time window. However, daily audits found that on a daily basis, a number of call bells were taking longer than 10 minutes to answer. For example, on 4 November five call bells took longer than 10 minutes to answer. On the 3 November 2021, six call bells took longer than five minutes. Steps to address this were not consistently clear within the management's daily audit. The registered manager told us that call bell response times were also discussed daily, however, despite daily audits and discussions, some people continued to experience long response times to their call bell.
- Most people were positive about the care they received. Observations of care demonstrated that staff responded to people in a kind and caring nature. The home presented as calm and welcoming with staff interacting and supporting people. However, improvements are required to the deployment of staff to ensure that people's social and psychological needs are met in a consistent manner and that call bells are answered in a timely manner.

We recommend that the provider reviews the deployment of staff to ensure that call bells are answered in a prompt manner and people's social, emotional and psychological needs are consistently met.

- The registered manager and management team received ongoing support from the provider's care and quality compliance team. These consisted of quality reviews and ongoing compliance audits.
- The provider's governance framework contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included falls, urinary tract infections (UTIs) and incident and accidents. For example, within the past three months, the rates of UTIs have reduced within the home and were lower than the organisation's average.
- Weekly clinical meetings took place. These meetings looked at falls within the home, admission to hospital, DoLS and weight loss. Actions were also considered on how improvements could be made or if any changes to practice were needed.
- People, staff and relatives spoke highly of the culture of the home. People described the home as 'welcoming and with a friendly atmosphere.' Relatives praised the kind and caring nature of staff. Comments included, "I feel quite lucky to have found a place where I can walk away knowing that he's safe and being well looked. I have recommended the home to friends of mine."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The registered manager understood their responsibilities in respect of the duty of candour. The registered manager had been open and honest when things went wrong and had informed people, their families and where appropriate external agencies of any incidents or accidents.
- The registered manager understood their regulatory responsibility to notify CQC of events in the service and records confirmed this had been done appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: Working in partnership with others

- Staff told us that they felt valued and supported within their role. Staff added that they felt able to express their ideas and that these ideas would be taken forward by management. One staff member told us, "Management are so visible and supportive. I can't fault them."

- Equality and diversity was at the forefront of the service. The registered manager explained within their PIR and on the inspection that they embraced diversity through their team ethos which was 'provide excellence, embrace diversity, celebrate the achievement of others, encourage team spirit, assume best intentions and show respect for all.' Staff felt that their equality and diversity needs were respected and understood. To also raise awareness on equality and diversity, the local police had delivered a talk to people and staff about LGBTQI (lesbian, gay, bisexual, transgender, queer and intersex). People and staff spoke highly of this training session and how it raised awareness.
- Management recognised the importance of promoting staff wellbeing. A number of staff had received training to become mental health first aiders. The registered manager told us, "We wanted to create a space whereby staff could safely and freely talk about their worries and concerns. We set up a box whereby staff could advise that they needed to talk. One of our mental health first aiders would then spend time with them, providing that vital wellbeing support."
- Systems were in place to gain feedback from people, staff and relatives through a variety of different ways. Regular staff meetings were held, alongside daily handovers. Resident council meetings were held which provided people with a forum to discuss their thoughts and ideas on the running of the home. Meeting minutes from the last resident council meeting in October 2021 reflected discussions around meals, food, activities, COVID-19 and housekeeping.
- Satisfaction surveys were used as a tool to gain feedback and improve people's experience of care. Feedback from the recent survey in 2021 included, "I am extremely happy with how Sunrise has managed the difficult and challenging times this past year."
- The registered manager recognised the importance of open and honest communication with relatives. They told us, "During COVID-19 and the first lock down, communication was key, and I'll be honest that originally I didn't get communication right with relatives. However, I reflected on that and thought about how communication could be improved, especially during that time of uncertainty. Weekly newsletters were sent out and I also set up zoom calls with relatives to ensure that they had the time and space to discuss their loved one's care needs."
- The management team kept up to date with best practice and developments. Management worked in partnership with the local NHS trust, community matrons and other healthcare professionals to promote positive outcomes for people.
- The service saw itself as an important part of its community and was keen to develop these links. Before COVID-19, local schools and nurseries used to visit people living at Sunrise of Guildford. People also used to attend local clubs and churches. Management recognised the importance of maintaining these links throughout COVID-19 and the lockdowns. Zoom was utilised as a forum to maintain links with local schools and every week, the service would have a zoom call with the local schools and nursery. People spoke highly of these links and activities being maintained throughout lockdown.
- Links with the local police and emergency services had been developed and maintained. The registered manager told us how they offered a 'lunch and go' to emergency responders such as police officers and ambulance workers. They commented, "As a way of saying thank you, any passing policemen, fire crew or ambulance workers, are welcome to pop in and we will provide them with a hot lunch and drink."
- The registered manager also maintained links with local churches and local charities in the area. The registered manager added that they had recently partnered with their local church who had asked the home if people would be happy to participate in the church carol service by reading some scriptures. Links with a local epilepsy charity had also been established and whereby some volunteering opportunities for people had been identified. The registered manager explained that this was a great opportunity that would enable people to have a sense of purpose and a big sense of achievement.