

Sunrise Operations Southbourne Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Overall summary

This unannounced comprehensive inspection took place on 14,15 and 16 October 2015. At the last inspection completed in June 2013 we found the provider had met all the regulations we reviewed.

Sunrise Operations Southbourne Limited is a purpose built care home comprising three floors providing accommodation, care and support for up to 102 older

people, some of whom live independently and require little or no personal care. The service also provides a specialist service on the third floor, the reminiscence neighbourhood, for older people living with dementia or enduring mental health conditions. At the time of the inspection there were 96 people living at the home. There was a registered manager employed at the home. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection visit the home had a lively and vibrant atmosphere with interesting, fun activities being available for people to join in with if they wished. There were also quieter areas for people to sit in which meant people had the opportunity to relax in a calm and homely area.

The premises were well maintained and sympathetically furnished to ensure people were able to sit down and rest throughout the home. The reminiscence neighbourhood was furnished and decorated to accommodate people living with dementia, with tactile wall coverings, clear signage, toilet doors painted in contrasting colours to enable people with dementia to distinguish toilet doors from bedroom doors, themed corridors for easy navigation around the premises and a homely, cosy atmosphere.

People and their relatives were full of praise about the care and support they were given at the home and everyone we spoke with told us they enjoyed living there. People told us they felt safe at the home. One person said, "A family friend recommended Sunrise Southbourne to us, and we haven't looked back since, it's marvellous".

Staff had a good understanding of how to keep people safe and free from harm. They spoke knowledgeably about how to prevent, identify and report abuse and the provider had systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed including areas of risk, and reviewed regularly to ensure people were kept safe. People were cared for with respect and dignity and their privacy was protected.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the administration, storage and disposal of medicines.

People told us there were always staff available to help them when they needed support and they were supported promptly by staff who were friendly and

caring. Relatives told us they were always made to feel extremely welcome when visiting the home and said their relatives were very well cared for, comfortable and enjoyed living there.

There was a robust recruitment and selection procedure in place to ensure people were cared for, or supported by, sufficient numbers of highly motivated, suitably qualified and experienced staff. Staff spoke positively regarding the induction and training they received and commented they had felt well supported throughout their induction period. Staff told us they really enjoyed working at Sunrise Southbourne and found the support given by the management team was "Excellent".

Staff spoke passionately about their roles and responsibilities and demonstrated interest in giving people the best possible care and support to meet their needs. Staff demonstrated a detailed understanding of how people liked to have their care needs met. They delivered safe, effective, person centred care to people in a friendly, professional and kind way.

Supervisions and appraisals were regularly completed with staff, were detailed, clearly written and gave staff the opportunity to comment on their performance and request further training and development opportunities if they wished. The provider had a range of staff incentive schemes to reward and encourage staff to attain their full potential. Staff told us they appreciated these schemes, one person told us, "It's so nice to be appreciated, it makes such a difference".

Equipment such as hoists and pressure relieving mattresses and cushions were readily available, clean and well maintained.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People were supported and provided with an extensive choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people's dietary needs and people told us they really enjoyed the food and could ask for different choices if they did not like what was on the menu. The provider ensured meal times were a pleasant and social

Summary of findings

experience for people and the dining areas were attractively laid out with table cloths, table decorations and attentive staff available to ensure people received the assistance they needed.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was an extensive schedule of daily activities for people to participate in if they wished. Activities were very well publicised throughout the service with an hourly schedule of activities taking place around the home.

People who required assistance were supported to take trips to places of interest. The provider ran a mini bus three times a week to places of interest that people had asked to visit, such as Poole Pottery, garden centres and local parks.

People told us they felt the service was very well led, with a clear management structure in place with a visible, approachable management team that listened to them and the staff.

There were systems in place to monitor and drive continuous improvement in the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people were assessed and reviewed and staff understood the procedures in place to safeguard people from abuse.

Medicines were administered, stored and disposed of safely.

Staff were recruited safely and the provider had robust recruitment procedures in place to ensure pre-employment checks had been conducted prior to staff starting employment.

Good



Is the service effective?

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills. Robust induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

The service works towards and achieves recognised accreditation schemes. There were proactive support systems in place for staff to develop their knowledge and skills.

People were offered and enjoyed a varied choice of nutritious food and drink. Positive staff relationships were used to encourage those who were reluctant or have difficulty eating and drinking.

The reminiscence neighbourhood environment had been effectively adapted to meet the individual needs of people living with dementia. A sensory room had been provided where people receiving end of life care, or with very late stage dementia care needs could receive specialist care and support.

Outstanding



Is the service caring?

The service was caring. Person centered care was provided with kindness and compassion by highly motivated staff who treated people with respect and dignity.

Staff had developed good relationships with people and their relatives and there was a happy, relaxed atmosphere throughout the home. People valued their relationships with staff and staff regularly went 'the extra mile' for people, giving support over and above what the service required of them.

Wherever possible, people and their relatives were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff enabled people to remain independent and had an in depth appreciation of people's needs.

People reaching the end of their life received good, person centred care.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's needs were assessed and care was planned proactively in partnership with them and delivered to meet their needs. People's care plans and records were kept up to date and accurately reflected people's preferences and histories.

Staff were very attentive and responded quickly and appropriately to people's individual needs. Staff showed innovation in providing care and support for people which was flexible and fully responsive to people's needs and preferences.

There was an extensive, varied daily schedule of activities for people which they enjoyed and promoted their independence.

There was a clear complaints procedure. People knew how to raise a concern and felt confident that these would be addressed promptly.

Clear, detailed, information was shared effectively if people needed to transfer between services, such as hospitals or other care homes.

Outstanding



Is the service well-led?

The service was well led.

The management team demonstrated clear values and a high level of innovation, creativity and vision to ensure people were put at the heart of the service.

Staff spoke of an open, supportive, positive culture that encouraged their views and input. Staff felt very well supported in all areas and felt involved listened to and appreciated at all times.

The manager showed passion and commitment to raising awareness of dementia within the local community. The management team demonstrated a high level of commitment to ensure people received a high quality service.

The provider had a range of audits in place to monitor and drive improvement of the quality of the service provided.

Outstanding



Sunrise Operations Southbourne Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 14,15 and 16 October 2015 and was unannounced. The inspection team consisted of one CQC Manager and one CQC Inspector and a Specialist Nurse Advisor on 14 October 2015. A CQC Inspector and a Specialist Nurse Advisor on 15 October 2015 and a CQC Inspector, a Specialist Pharmacist Advisor and an Expert by Experience on 16 October 2015. An Expert by Experience is a member of the public who has experience of caring or working with people who have a diagnosis of dementia.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

During the three day inspection we met with all of the people living at the Reminiscence Neighbourhood, a specialist service for people living with dementia or

enduring mental health conditions, and spoke with those that were able to. We also met and spoke with a selection of people who lived in the assisted living apartments within Sunrise Operations Southbourne Limited. We also spoke with the general manager, the registered manager, the head of Reminiscence Neighbourhood, the cook, the activities manager, a selection of care staff including senior care staff and activities co-ordinators and a domestic member of staff. During the inspection we spoke with four visiting relatives and following the inspection spoke with a further four relatives and requested the views of visiting health professionals and other professionals. We observed staff supporting people in communal areas and to eat meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked in depth at four people's care, treatment and support records, a selection of other care records and reviewed a selection of medication administration records for both the assisted living and reminiscence neighbourhood areas of the home. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, activity schedules, premises maintenance records, a selection of the providers audits and policies, compliments and complaint records, completed quality assurance forms and staff and relative meeting minutes.

Is the service safe?

Our findings

All the people we spoke with felt safe living at Sunrise Operations Southbourne Limited. People told us, “I like it here because it’s homely. It might look posh, but actually it’s an easy place to live: people are kind, and I’m never lonely. I like to sit here where I can see the front door, and watch the world go by”. Another person told us, “Everywhere is so clean. That’s what I like to see”.

Medicines were kept securely. We reviewed 20 medicine administration records (MARs). We saw there was a photograph at the front of each person’s records to assist staff in correctly identifying people. We reviewed people who received one or all of their medicines covertly, records showed the pharmacist and GP had been involved in the decision to give the people their medicines covertly.

Records of people's allergies were recorded on their medicine records and care records. Following discussion during the inspection, this information has now also been added to the 'Resident Summary' sheet. This system provides staff with clear guidance regarding people's allergies.

We reviewed the records of four people prescribed one medicine that required blood monitoring. Test results were recorded and further blood tests scheduled for these people. Medicines were accounted for accurately. An independent Pharmacist company had recently completed a full audit on the home’s medicine processes. We saw the completed report and action plan and recommendations that were required had been implemented by the manager to ensure safety with their medicine processes.

The manager told us those staff that had responsibility for administering medication had received medication training to ensure they could administer medicines to people safely. We saw certificates that confirmed staff had completed training in medicine management and had their medicine competency regularly assessed.

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse and felt confident to do so. The provider had a system in place for staff to follow in regard to

safeguarding adults. Records showed the manager had taken the appropriate preventative action when incidents had occurred in order to protect people and minimise the risk of further incidents.

Staff were knowledgeable regarding the provider’s whistleblowing procedures and felt confident in using them if they needed to. Staff stated they had confidence in their management team and would report any suspicion of abuse or poor practice if they witnessed any.

The manager showed us the system they had in place to record and review accidents and incidents. Accidents and incidents were recorded on a monthly basis with detail recorded regarding the location, type and time of the incident/accident. If action was appropriate to prevent further occurrences this was recorded and the manager conducted analysis each month to identify any trends or patterns to ensure preventative action could be taken.

People were encouraged to be as mobile and independent as possible which improved and maintained their level of wellbeing. There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of four people. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed if people’s health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were arrangements in place to deal with emergencies. There was a system in place for people to follow in the event of an unforeseen emergency, such as a fire and the evacuation processes that staff would follow if required. The plans setting out the help people would require in the event of an emergency were updated weekly to ensure they accurately reflected people's needs.

The provider had a robust system in place to ensure the premises were maintained safely. Records showed regular checks were completed for the whole range of premises safety checks which included; fire safety equipment, lighting systems, electrical testing, lightning protection and gas safety.

We were given a tour of the kitchen and met with the kitchen staff. The kitchen had been assessed by the local

Is the service safe?

environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us all the kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

The manager told us there were enough staff employed to meet people's needs. We reviewed the staff rotas for the period 21 September 2015 to 11 October 2015 which confirmed staffing was being managed effectively. The manager explained recruitment was always ongoing; however at the time of our inspection visit they told us they had a full complement of staff. The staffing rotas we reviewed confirmed this to be correct. Staff and people living at the home told us there were enough staff on each shift to manage the needs of the people living at Sunrise Operations Southbourne. We asked a member of staff, "Were there enough staff at all times?" they replied, "Yes, generally. It is difficult when people go of sick. Staff here are very flexible to cover and the management are very good at arranging staff. We have enough to cover all the time really". We spoke with an activities member of staff and asked her if people's activities were ever affected by staffing levels? They replied, "No, we have lots of volunteers and are able to do lots of different activities daily".

We reviewed the provider's recruitment policy and staff recruitment records and spoke with one member of staff about their recruitment. They told us they had felt very well supported throughout their induction period and had "shadowed" more experienced staff on shift. They told us they had had background checks completed on them before they started working at Sunrise and stated they got to know the people and systems well before being left to care and support people independently. Records showed recruitment practices were safe and that the relevant employment checks, such as proof of identity, criminal

records checks, health and fitness checks, full employment histories and appropriate references had been completed before staff began working at Sunrise Operations Southbourne Limited.

There was effective infection control processes in place. We spoke with the head of housekeeping who showed us the system that had been put in place to ensure all cleaning chemicals were checked at the beginning and end of each shift. This system would highlight if any cleaning products had been left behind which could pose a risk to people's health. Records showed staff signed and checked this system was operating daily.

We were shown records that highlighted spot checks were conducted on cleaning schedules to ensure the home was maintained at a high level of cleanliness. For example, "Room aaa 'dust on the fridge', this was then dealt with immediately and a 'task of the month schedule has been implemented for the cleaning staff. For example, during September the task was to clean behind and under all beds and furniture, for October the task was to clean windows and window frames. We checked bathrooms, toilets, public area, laundry and bedrooms, hoists and wheelchairs, all areas and equipment was clean. People we spoke with told us the home was always clean.

We reviewed the laundry process and spoke with housekeeping/laundry staff. They told us sheets and towels were laundered in a totally separate area from people's clothing. This reduced the risk of infection, if for example the home experienced an outbreak of norovirus. The laundry was organised well with a clear flow of dirty to clean processes. We were shown a new piece of equipment that was being used to place the name of the person directly into the material of the clothing. This meant the risk of people's clothes getting mislaid or placed in the wrong bedroom was reduced, which promoted people's dignity.



Is the service effective?

Our findings

People and relatives we spoke with commented very positively about the care and support they received at Sunrise Operations Southbourne Limited. People told us, "I hadn't realised how little I was doing at home, and how lonely I was. I couldn't be bothered to cook, some days. It's so much nicer here". People told us they enjoyed the food, one person said, "You've only got to say, or suggest something to eat and they'll get it for you. They remember your likes and dislikes too". Another person told us, "I have an allergy to onions and garlic; I only needed to tell them once, and they get it right every time".

Staff demonstrated they had a good understanding of their role and told us they found the training they received to be thorough and effective. We asked one member of staff, "Did you get a good induction training and what did it cover?" They replied, "When I started we did a two week in house training course. It was really involved. We covered subjects I hadn't heard of, such as safeguarding, COSHH, moving and handling. We do yearly refreshers. I did my MedTech training last year". The manager showed us the training schedule that was in place for all staff. Records showed staff received training in all the core subjects such as; manual handling, infection control, health and safety, food hygiene, dementia awareness, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and practical first aid.

The provider ran an extensive accredited dementia pathway training scheme for staff. The scheme took staff through four levels of certification covering a wide range of dementia related training. Examples of training areas covered were, communication in dementia, cognitive stimulation and life enrichment, recognising pain in people with dementia and nutrition.

All staff were enrolled on the dementia pathway scheme, a quarter of the staff in the reminiscence neighbourhood were trained to intermediate level of the dementia pathway scheme. This level included use of a 'Virtual Dementia Tour Tool'. When worn the virtual dementia tool, gave the wearer similar sensations as people living with dementia experience, for example through wearing glasses which altered how people see. The manager said this had proved to be a really effective training aid for staff and gave staff a practical appreciation of what it was like for a person living with dementia. The use of this innovative virtual dementia

tool meant people living with dementia benefitted from staff who had been trained to support them using effective and pro active training methods. These methods allowed staff to experience first hand what it was like to live with dementia and allowed staff to care and support people effectively and with a level of understanding that was unique to this service.

Some people who were living with dementia could display behaviour that challenged others. We saw that staff knew people well, and were able to identify possible triggers. Staff engaged positively with people to manage those behaviours. Staff were also aware of the impact that people's behaviours could have on others and worked sensitively to support people within the home. Staff demonstrated they were well trained in dementia care, which meant they were effectively able to manage people's challenging behaviours.

The manager told us staff completed the Care Certificate training which was completed on an e learning basis with some modules such as manual handling and first aid being given as a practical module. The provider had a clear system in place that showed what training staff had completed and what training courses they were due to attend in order for them to keep up to date. The system was effective and easy to follow and used a simple colour coding scheme to highlight individuals training needs.

Staff told us they received regular supervision meetings that they found helpful. Staff commented they found the supervisions sessions were completed in an open, honest and supportive manner and they were encouraged to put forward their own suggestions for any further development training they required. Records showed staff received appraisals on an annual basis, these were a two way process that encouraged the staff to put forward ideas and suggestions for their own development. Staff told us they felt well supported and could go to any senior member of staff if they needed guidance or wished to raise an issue. Staff said, "We can speak to anyone, everyone is very helpful".

The majority of people living at Sunrise Operations Southbourne Limited had capacity to make their own decisions. Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 to



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make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the reminiscence neighbourhood manager and the senior carers. We looked at whether the service was applying the DoLS appropriately. The manager told us DoLS assessments had been sent to the local authority for authorisation for five people currently living there.

We spoke with the chef and met with some of the kitchen staff when we were shown around the kitchen. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. People's photos with their allergies, likes and dislikes were clearly displayed on a board in the kitchen. The chef told us all meals were prepared from the provider's menu sheet which stipulated what ingredients and the menu to follow. This meant each meal had a breakdown of the nutritional content and calorific amount to ensure people were receiving quality, nutritious food.

There was a twenty four hour bistro and snack station available for people on the ground floor where people could help themselves to a wide range of hot and cold drinks, fruit, biscuits, cakes and crisps at any time of the day or night. Yogurts and dairy drinks were also available in the fridge for people to take if they fancied a change. We observed staff encouraging people to drink regularly throughout our inspection visit to reduce the risk of people becoming dehydrated.

We were shown the menu's which were run on a four weekly cycle and followed the seasons of the year. For example, stews and winter warmer meals for winter and a choice of salads for the warmer summer months. We saw people could choose a different meal if they did not like what was on the menu. The chef showed us one person's handwritten request for their breakfast which stated, "Grilled sardine on brown toast, no butter and a grilled tomato and one slice of brown toast, please". The chef said

this person always asked for an individual breakfast which they really enjoyed, they said, "It's their choice, we always try to accommodate their wishes it's what they enjoy that matters".

The chef told us the recent implementation of the nutrition stations had worked really well, people could choose any snacks they wanted and could help themselves which promoted and maintained their independence. This also helped people to increase their nutritional intake and maintain their weight.

There was a comment book available where people could make comments about the meals and food and make suggestions relating to menus and mealtimes. The comments we reviewed were positive and reflected people enjoyed the food and their meal time experiences.

We were shown a smaller dining room that the manager told us had originated from a person's request to have their relatives visit for Sunday lunch. The manager told us the private dining room was available for people and their friends and family and was very popular for booking birthday meals and special occasions. The dining table could accommodate up to ten people and there was a toy box and a high chair available so that families would be made to feel welcome. This gave people living at the home an opportunity to host a family meal, and continue to celebrate important occasions with family and friends.

We observed two lunchtime meals in both the reminiscence neighbourhood and the assisted living dining room. The majority of people were able to eat their meal independently. In the reminiscence neighbourhood staff sat with people at the table and ate their meal with them. Staff had found this had proved to be effective and had helped people to start eating independently again. People who were living with dementia often had memory impairment which could result in them not being able to eat independently. By watching other people eat, this served as a memory jogger to remind them how to use their knife and fork which led to them being able to eat independently again.

If people needed assistance staff sat with them and assisted them in a patient and compassionate way, gently encouraging them to eat their meals and ensuring they had a choice of drink to accompany their meal, red or white wine, beer or a selection of fruit juices were offered. Staff had time to give support to people in a calm and unrushed



Is the service effective?

manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period which helped ensure the mealtime was an enjoyable experience for people. Soft, classical music was played throughout the lunchtime meal which promoted a calm and happy atmosphere.

People's individual needs were assessed, for example, we observed the soup was served in a choice of dishes. For people who could use a spoon a standard soup bowl and spoon was offered to them. For people who needed a little more assistance a soup bowl with handles was given to them. Staff knew people's individual needs and served soup in the appropriate dish as they took food to each table. This meant that people could still take their soup independently which helped maintain their independence and wellbeing.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, opticians, chiropodists and GP's. One person told us, "It's like home, but with the worry taken out. If I want a Doctor, I can see one, easily: there's a weekly surgery. And the staff are so nice".

Sunrise Operations Southbourne Limited has been specifically designed and furnished to support and accommodate older people and people living with dementia. Support and perching rails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. Corridors and communal areas were wide and well lit to aid navigation and orientation for people. There were two garden areas for people to access; both areas were attractively laid out with seating areas and a variety of flowers and plants for people to enjoy. In the reminiscence neighbourhood there was a smaller outside space where people were encouraged to grow and tend plants and take part in gardening activities which they enjoyed.

Memory boxes, name plates and bedroom numbers were located outside people's bedrooms to help them orientate themselves around the home. These contained photographs or pictures of items that were important to people. Clear signage was found throughout the premises. In the reminiscence neighbourhood toilet doors were

painted a contrasting colour to help people orientate themselves and in some bedrooms the toilet doors were painted the same as those in the communal areas to aid orientation.

We were shown the sensory room the home had recently implemented. Staff working within this room were provided with specific training. The room aims to offer an activity programme based around sensory and one to one stimulation for people who were living with dementia or who were nearing the end of their life. There were lights, different textures, and fragrances to help people connect with memories, or experience different sensations. We saw each person had their own basket in the room which held items particularly important to them. For example, a retired surgeons' basket held a surgical mask, nail clippers and a nail brush and Old Spice aftershave. The atmosphere in this room was calming and restful. For people who experienced anxiety there were, tactile cushions, life size replica cats and dogs which people found comforting and 'twiddle muffs'. These were knitted muffs that had a selection of buttons, and different textures sewn on to them for people to hold and touch. The room also provided a quiet area where relatives could spend time with people in private. Soft lighting and calming music and DVD's were played which created an overall atmosphere of peace and tranquillity to sooth and calm people who may be anxious or agitated.

In the reminiscence neighbourhood offices were designed from the outside to look like people's homes with windows and net curtains which gave a welcoming, homely feel to the neighbourhood. Corridors had tactile wall coverings for people to touch as they moved through the home. There were various memorabilia stations such as offices with paper and pens and a typewriter and a nursery area which people could engage and occupy themselves with if they wished. Corridors were themed, with pictures and ornaments such as animals or boats this meant people could orientate themselves around using the themes as memory joggers. There was an on-going programme of redecoration and refurbishment, with new ideas being tried to continuously improve the service. They were currently testing different forms of lighting, such as daylight bulbs to see if this made it easier for people to see and whether they preferred it.

Is the service caring?

Our findings

All the people we spoke with told us the staff were always kind and caring. One person who had lived at the service for four years said, “Oh, I know everything about the place. They all come to me for advice when they first move in, the staff are so friendly, I knew this place from respite term here so I got the manager to show me around. I had four visits, then I chose my room, I love it, it really is my home”.

Another person told us, “You know, I thought it would be good here, but this is amazing! It’s great when that happens, isn’t it?” A relative told us, “You only have to ask the residents. They won’t have a bad word to say.” Another relative told us, “Here is not only lovely, but the morale is so high-both staff and residents. Our relative is always happy when we come to visit. Staff are so kind and really engaged with their clients”. A relative said, “The staff here are super helpful, and my Dad is not always easy to get on with”.

Throughout our inspection visit we observed staff treating people with kindness, compassion and patience. Staff interacted with people well, speaking with them on their level and engaging them in conversations that were interesting to them. We observed staff spent quality time with people, chatting to them about their families and pastimes they had enjoyed.

Staff demonstrated they knew people very well and told us detailed information about how people preferred their care and support to be given. We saw these details had been accurately reflected in people’s care plans which showed the staff had a good understanding of individualised care.

Staff spoke knowledgeably about people’s likes and dislikes, how they liked to spend their day, what they preferred to do after lunch and what routines people liked to have.

Throughout our inspection visit we saw evidence that there was a culture of promoting and maintaining people’s independence. We observed people sought staff out to chat with and appeared comfortable and happy with them, often smiling and laughing along with them. Staff offered assistance promptly when required and supported people discreetly when they needed assistance.

We observed many good interactions between staff and people during our inspection visit. Staff interacted with people with care and compassion and anticipated their needs in a friendly and supportive way. Staff spoke fondly

of people and were able to accurately describe what activities they liked to take part in. Staff supported people patiently and kindly and did not appear rushed. We observed one person became a little anxious, staff responded promptly to assist and support them in a calm and natural way, distracting them with an offer of tea and cake.

People were treated with consideration and respect by staff. We observed staff supporting people gently and patiently to move around the home. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home. They told us they towels and blankets to promote people’s dignity when giving personal care. One member of staff told us, “We always make sure people’s clothes such as skirts are arranged correctly if we need to use the hoist to move them, we also make sure we put a screen around them so they have their privacy”. We saw screens in use during our inspection visit and also observed people being hoisted safely with dignity and patience. Staff explained what they were going to do and where they were going before using the hoist and people were calm and relaxed during its use.

Staff were respectful of people’s wishes, knocking on bedroom doors before entering bedrooms and using people’s preferred names when speaking with them. We observed staff often touched people on their arm or hand before speaking with them to make sure they did not startle them and made sure they spoke with them on their level. People we spoke with told us the staff were very respectful at all times and treated them very kindly.

People’s care records were kept securely and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

One bedroom had a large amount of balloons outside the door and a poster stating ‘Birthday Today’, there was information next to the poster that was headed; ‘On this day, 15th October’, which had different facts and events that had happened on this date through history.

The manager told us one person’s French heritage was important to them so they had arranged for a French-speaking volunteer to visit and speak with them in French

Is the service caring?

on a regular basis. Another person had spent their working life as a pilot which they had enjoyed and meant so much to them, the manager told us a staff member had taken the person to see the air show in their own time, which they had enjoyed immensely.

Records showed the service had established links with a local advocacy service to ensure that people who did not have any relatives living nearby had someone they could turn to for advice and support when needed.

Some people had their pets living with them which gave them comfort and joy and we observed people interacting and engaging with the pets who were very popular. We met a member of staff who had come into walk one of the dogs belonging to a person in their own time.

The manager and staff provided examples of how they had worked with specialist health care professionals and nurses

to ensure people had experienced personalised, compassionate and dignified care at the end of their lives. This included accommodating, involving and supporting family members.

The provider was working towards the Gold Standards Framework Accreditation. The National Gold Standards Framework (GSF) is a national training scheme which provides training for staff to enable them to provide a gold standard of care for people nearing the end of their life.

The provider used the butterfly scheme. An image of a butterfly placed on a person's bedroom door was used to remind staff that the person was at the end of their life. This meant staff were fully aware and could ensure their voices and noises were kept low so that the person was not disturbed.



Is the service responsive?

Our findings

One person told us, “It’s wonderful here, the staff are really lovely all the time, they always uplift you..I go to the residents meetings and I am amazed how they deal with all the concerns raised, they are always so positive, it’s wonderful”.

People’s needs had been assessed before they moved into Sunrise Operations Southbourne Limited. The assessment was then used to complete an individualised service plan for the person which enabled people to be cared for in a person centred way. Records showed staff used the information to develop detailed care plans and support records that would identify people’s strengths and abilities and the support they would need to maintain their independence. The assessments showed people and their relatives had been included and involved in the process wherever possible.

Care plans were reviewed monthly, or more frequently if the person experienced health changes. They were well written, had detailed personal history sections and gave clear guidance for staff to follow. For example one care plan stated, ‘I may feel low at times. Please reassure me that you are looking after me and that I am living near my daughter’ another person’s care plan stated, ‘Please reassure me if I am emotional looking at DVD’s or listening to music, remain with me and support me’.

Staff use daily ‘assignment sheets’ for each person. This system enabled staff to have detailed , daily updates on each person to ensure they could give responsive, individualised support and care to people. For example, guidance comments included, ‘needs to be warmly dressed as they feel the cold, reassure when anxious and remind them to use their walking stick’ and ‘they become very anxious as day progresses, needs one to one reassurances and likes to go to their room and look at their photo album and dislikes loud noises but loves classical music’ and ‘likes to be outside and loves a bright friendly approach, loves to joke with you’. Staff told us they found this system worked well, they said, “They’re really useful sheets, especially as people’s needs change all the time, I find them very helpful”.

During our inspection visit we did not see any people having to call out for staff to assist them. We observed staff were attentive to people’s needs, anticipating and responding to people throughout their day.

One person required a high level of support. A staff member was sat beside them interacting, or was within a short distance of them throughout the day. This person was not able to tell staff when they needed assistance so was reliant on staff being attentive, anticipating and recognising their needs, which the staff members did. For example through frequently offering them a drink, or talking to them gently when they needed reassurance. The person’s relative told us they were very happy with the care provided, and that they were kept up to date with any changes in their relatives’ needs.

The provider used recognised risk assessments tools to assess the risk of skin integrity, malnutrition, mobility, self-medication administration and falls monitoring to ensure people’s health was maintained.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were available for them and placed within easy reach at all times.

There were systems in place to monitor people's food and fluid intakes. The system ensured people were monitored daily for their food and fluid intake should they be at risk of developing malnutrition or dehydration. The system ensured staff would be alerted if people became at risk and ensured preventative action could be implemented. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. The system provided a clear, visual check, in the form of a clock face, that staff said they found effective and easy to follow.

People’s weight was recorded monthly and records showed they were referred to health professionals such as the dietician, speech and language team or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person. People’s care and support records were clear, detailed and accurately completed with signatures and dates recorded where



Is the service responsive?

required. We observed staff updated people's support records continually throughout the day as the updates occurred; this helped ensure records were maintained effectively and accurately.

There was an extensive schedule of daily activities available for people to participate in if they wished, these included; laughter yoga, bell ringing, hand massages, quizzes, pianist, cookie making, flower arranging and bus trips out. The activity schedule was clearly displayed throughout the home and gave a breakdown of activities for the week by the hour. The effort and organisation involved in running this schedule was clearly reflected in the interest and motivation shown by the activity members of staff.

We spoke with the activities manager and members of activity staff. They spoke with passion and enthusiasm about their role and the difference they were able to make to people's lives by providing interesting, meaningful activities for people to engage in and enjoy. Staff told us they were always looking for something different and unique for people to take part in and gave examples of how they adapted activities to enable people to take part. For example, one person had hearing difficulties so the member of staff ensured they sat next to them so they could hear clearly. Another person had compromised vision so they ensured the type and font was large on their written materials and clear for them to see. Staff clearly understood the need to engage people in meaningful activities of their choice that they liked. Staff told us that they often changed the activity that took place, depending upon what people wanted to do. They said, "It's not our choice, it's their choice".

The service was responsive to suggestions made at their resident council meeting. People put forward a suggestion for a selection of gifts and sweets to be on sale and the service responded by converting a small cloakroom into a fully functioning shop. The shop sold a selection of old fashioned sweets such as humbugs, cotton candies, bon bons etc and also sold a selection of gifts for people to buy for their relatives such as soft toys, toiletries, Wrights Coal Tar soap, pears products and everyday necessities. The shop was open for a few hours most days and had been furnished as an 'old fashioned' sweet shop complete with weighing scales and cash register. We saw people using the shop during the inspection. We asked people what they

thought of the shop and they all stated it was a really good addition and allowed them to buy little things for themselves or presents and cards for relatives and gave them some independence.

People were supported to maintain their independence. Although people were able to use the shop staff continued to support people to access the community to buy items for themselves or family members wherever possible.

For people who wished to go out in the community by themselves but lacked the confidence to do so, the provider had arranged for a GPS tracking pendant system to be available. People who wore the pendants were then able to go out alone, and were given peace of mind if they should become disorientated they would be supported back to the home. The system allowed the wearer to speak directly to staff at the home to obtain the help and support they needed. The system had proved very popular with people, enabling people to remain independent within the local community for longer.

The service runs an 'Assisted Living Scheme', which is a programme for cognitive stimulation. For example, one person had started to struggle at home alone and had developed poor eating habits and was reluctant to eat full meals or in company. Staff supported the person to eat and also ate their meals with them and by mirroring how the staff used their cutlery and ate their meal the person began to eat a selection of meals and now enjoys eating full meals with people in the dining room.

People had access to 'Skype' facilities and the internet in their bedrooms or in the activities lounge so they could keep in touch with family and friends. In the activities lounge there was a selection of board games, puzzles, books and CD's and DVD's for people to use at their leisure.

People told us they knew how to make a complaint if they needed to and guidance was displayed in the home telling people how to make a complaint. We reviewed a selection of complaints the service had received in the last year and noted the manager had acted in accordance with the provider's complaint policy. Actions had been recorded and the complaints resolved to all parties satisfaction.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service, this system was known as the 'transition pack'. The transition pack ensured information accompanied the person which meant they



Is the service responsive?

would receive consistent, planned care and support if they had to move to a different service. 'This is me' personal pen pictures had been completed which in addition to giving staff a greater understanding of each person's individual needs, provided a useful summary for people to take with them should they need to go into hospital. The transition pack had been produced by the service as a result of a complaint being raised. The pack had been developed in consultation with a family member who had found the transition period of their relative moving into the reminiscence neighbourhood difficult. This showed the provider demonstrated that their complaint process was used to drive forward continuous improvement.

For people who moved from the assisted living area of Sunrise Operations Southbourne Limited to the reminiscence neighbourhood, best interest meetings were held. The transition pack had been developed to ensure family members had the relevant support and advice to support them when a relative required more specialised dementia care, as this could be a difficult time for them.

During our inspection visit the manager conducted a talk with relatives on 'How to have a good visit'. They said relatives often needed additional support and advice when their relative's dementia became more advanced and they appreciated practical help and advice at that time.



Is the service well-led?

Our findings

People we spoke with told us they felt the service was very well led. One person said, “The manager’s lovely. She’s always around, always smiles and you are always welcome to tap on the office door, which is nice”.

Staff stated they had confidence in the management team and felt the home was very well led. Staff described the culture of the home as, “Open, supportive and honest”. The manager said, “It’s the little things that matter. It’s all very well grandstanding but it’s the squeeze of the hand, the touch on the shoulder, the reassurance that counts”. This sentiment was reflected by many staff we spoke with during our inspection visit .

Staff told us they welcomed the open and honest management style of the management team. They told us they felt valued and appreciated, one member of staff said, “It’s so nice to be appreciated, it makes such a difference”. Another member of staff said, “Honesty is respected here, it’s good to know we can all be honest and learn from our mistakes, there is no blame culture we are all respected and treated fairly”. Staff told us about the ‘staff appreciation weeks’ the provider ran. They said, “They are great, on a staff appreciation week we get spoilt... donuts, pizza’s and massage sessions it’s great”. Staff said, “We all work so hard so it is nice to be treated well”. The provider also ran a ‘Hearts and Souls’ and ‘Carer of the Year’ award scheme for staff which staff valued and appreciated.

One member of staff said, “Things have improved significantly in the past few years, since (the registered manager) and (the head of reminiscence neighbourhood) have started”. Staff told us the management team were, “Very approachable” and felt they could discuss anything with them and they would be listened to. They said, “There is always someone you can go to for advice if you need it”. Staff felt valued and appreciated and were happy in their role. Staff told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there.

We reviewed a sample of completed quality assurance questionnaires that had been returned by people and their relatives during 2015. Areas the questionnaire covered included; staff and the team, quality care, peace of mind, food and nutrition and activities. Comments were positive and included, “Care manager very supportive, kind and

considerate, she kept my wife safe and kept her talking and happy. I’m very grateful for all the support” and, “My father has regained his independence, as the staff assist him but allow him to be himself” and, “Everything is done to improve the lives of the residents, all the staff are friendly and professional and the food is excellent” and “I feel safe and secure, which is a big help to me”. The manager completed analysis of the returned questionnaires and told us the results were discussed at staff meetings and any ideas for improvements, if required would be fully discussed.

There was a comprehensive programme of audits in place to monitor and improve the quality of the care provided. We noted that when issues were raised from an audit, these were analysed, reviewed and cleared on a rolling monthly programme to help prevent people’s quality of care being compromised and to drive forward continuous service improvement. For example, the provider ran a ‘team action plan’ which was a detailed document and system that recorded and measured good practice and system improvements. this enabled staff to consistently review their practices to ensure the service could maintain a continuous quality approach.

The service benchmarked good practice by reviewing published ‘Outstanding’ Care Quality Commission reports and ensuring best practice was followed where appropriate. The audit system showed the provider shared learning within the staff team. They were flexible in making changes to accommodate good practice and lessons learned. for example the pilot to try alternative lighting was a result of managers undertaking the virtual dementia tour.

The manager promoted innovation and encouraged staff to implement new schemes and services that would be beneficial for people. We observed people being supported with activities in ‘The Terrace Club’. This is a pilot scheme to improve cognitive skills for people who were living with dementia. These people had started to find living in the assisted living area of the service difficult and needed extra support to maintain a level of independence. The Terrace Club provided specialist activity provision for people living with dementia and included brain training activities and peer group support. The Terrace Club has been nominated for an award for innovation in the Great British Care Awards and provided a peer support group for people who were beginning to lose their confidence due to confusion and



Is the service well-led?

memory loss. The Terrace Club has been designed to extend the period of independence for people whilst supporting them to maintain their independence in the least restrictive environment as possible.

Staff told us they had weekly and monthly meetings which were conducted in an open and honest way. We saw a selection of minutes from these meetings which showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring and supporting people. Staff told us they felt involved in the running of the service and were happy to put their ideas and suggestions forward. The provider demonstrated staff were listened to, involved and consulted regularly.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths and had made appropriate notifications as required.

The manager showed passion and enthusiasm for promoting the public's awareness of Dementia. They gave extensive examples demonstrating how they worked in partnership with key organisations to provide good, quality care for people and ensure people and their relatives had a clear understanding of how living with dementia can affect people. They had a full and varied schedule of visits, presentations, group work and workshops throughout the

local community to raise people's awareness surrounding Dementia. A 'memory café' was held at the home each week for both the public and people living at the home to attend.

The manager was a member of the local dementia alliance, which included representatives from the Alzheimers Society and other local dementia support groups. The manager told us they delivered free training for local shopkeepers and businesses including solicitors and funeral directors as part of the 'Dementia- friendly Southbourne' initiative run by the Alzheimers Society.

There was a full schedule of community events, these included; Nutrition in Dementia talk, Dementia Awareness week, numerous talks on dementia related topics, including different types of dementia and the importance of early diagnosis, dementia workshops, quiz nights and several dementia friends sessions.

The manager told us about their active role in the campaign to make Southbourne a dementia friendly community. Sunrise Operations Southbourne Limited works closely with the local police to be recognised as a 'safe haven' for any members of the public living with dementia who become disorientated or lost when out alone in the community. People are made welcome with a cup of tea and kept safe while waiting for their relative to collect them.