

Four Seasons 2000 Limited

Sunbridge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sunbridge is a purpose-built residential care home providing personal and nursing care up to 42 people aged 65 and over, some of whom are living with dementia. At the time of the inspection 33 people were living at the service.

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

We found there had been improvements in the environment and quality of care following the last inspection. However, further work was required to improve the garden area.

Relatives praised the service for keeping their loved ones safe during the COVID-19 pandemic, however some relatives felt communication and updates could be improved. We have made a recommendation about this.

We observed people to be cared for by staff who were caring and compassionate. Relatives spoke positively of the caring and friendly staff team.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

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.

People living at Sunbridge had a care plan which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities, although these were impacted by the pandemic.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 19 March 2020) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Sunbridge

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

This inspection was carried out by two inspectors, a specialist nurse advisor and three 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. One Expert Experience attended the inspection and spoke with people who used the service. Two Experts by Experience supported the inspection by making telephone calls to relatives for feedback.

Service and service type

Sunbridge 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 since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and twenty relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, registered manager, deputy manager, senior care workers, care workers and the chef. We spoke with one visiting healthcare professional. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to ensure the premises and equipment used was clean, well maintained and suitable for the purposes it was intended. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 15 for this reason. However, further work was required to ensure the outdoor environment was fit for use by people who used the service and visitors.

- Since our last inspection, the provider had made improvements to the internal environment. Some communal bathrooms had been adapted to accessible walk in shower rooms which meant that people could have the option to have showers as well as baths.
- Other improvement works were completed which included redecoration and new furniture in some bedrooms and communal areas. The registered manager told us a full plan of redecoration was in progress.
- The home appeared to be cleaner and better maintained. Some older flooring was replaced which meant that there was less odours found across the service.
- We checked the garden area and found it to be unkempt and in a poor state of repair with broken paving slabs and furniture. This placed people and staff at risk of injury. Furthermore, this was not a pleasant environment for people and their families to spend time in, particularly with increased use of outdoor spaces recommended for visiting due to the risks associated with COVID-19. Some relatives also told us they had concerns with the garden area with one relative telling us, "The garden needs to be tidied up, it doesn't look appealing. If it is needed to be used in the summer, it needs quite some work doing on it."
- The registered manager advised us that they had already identified that the garden needed extensive work and had a plan in place to make improvements. Following the inspection, the provider told us that a new gardener commenced employment, new concrete was being laid and new garden furniture and a shed was purchased.
- There were regular planned checks on the environment to help make sure it was safe. These included checks on electrical, gas, water and fire safety and equipment within the home. People had individual evacuation plans highlighting the level of support needed for each person.
- Risks associated with people's care and were assessed, and guidance was in place to guide staff on how to keep people safe. Records confirmed that when staff had concerns about people's well-being in areas such as weight loss, skin integrity, falls, swallowing or choking, referrals were made to the appropriate health professionals. For one person, we saw prompt action taken by staff when they observed pressure areas which included referral to the appropriate health professionals and a risk management plan to ensure the

skin did not deteriorate further.

- Equipment used to keep people safe such as hoists, slings and crash mats were checked regularly and maintained to safe standards.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection. Staff said they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We observed staff wearing PPE in line with guidelines. Staff and people living at the service were tested in line with government guidance.
- Procedures were in place to ensure visiting to the service was carried out within government guidelines which included rapid testing, temperature checks and designated visiting areas.

Staffing and recruitment

- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults
- We observed that there were enough staff to ensure people's needs were met. We observed staff spend time talking with people and did not appear to be rushed or under pressure. There were designated staff for activities, cleaning, maintenance, kitchen and laundry.
- People's needs were assessed each month using a dependency tool. This helped inform the registered manager of required staffing levels to meet people's needs safely and effectively. The registered manager told us that after they started working at Sunbridge, they overhauled the rota system to ensure it was easier to cover holidays and short notice absence and that staff did not work too many shifts concurrently.
- People and relatives told us they felt overall there were enough staff. A person told us, "Staff are 99% good on the whole, yes they are very good." A relative told us, "Sometimes when you phone, they seem a bit stretched especially on a Sunday. But when I visited there were people around, I think there are enough staff."

Using medicines safely

- Systems and procedures were in place to ensure people received their medicines as prescribed. Medicines were stored securely. Medicine administration records were complete and there were no omissions in recording. Medicines stocks matched records kept.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines.
- Some people received their medicines covertly. The appropriate records were in place confirming the method for administration of covert medication which was reviewed by the appropriate medical professionals. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- High risk medicines, such as anti-coagulant medicines were risk assessed and comprehensive information was available for staff.
- Staff administering medicines had received training and were competency assessed to ensure they were safe to administer medicines.
- Regular medicines audits were carried out and where issues were identified, for example around administration of patches, actions were put in place to ensure the issue was communicated to staff and addressed.
- We identified some gaps in temperature checks for medicines. We reported these to the deputy and registered manager who advised that they would ensure temperature checks would be monitored moving

forward. We also found two liquid medicines which were found to be opened but no date of opening was recorded. This meant that there was a risk that they could be used after recommended dates which for one was seven days and the other medicine 28 days. This was also reported to the deputy and registered manager who arranged for the medicines to be removed and assured us that they would monitor this in future.

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

- People and their families were overall positive about Sunbridge and felt their loved ones were safe there. Relatives told us, "It felt safe when I last visited. She is in the best place; I am really satisfied. They are helpful, spend time with her and look after her", "I am absolutely happy with this place. It was recommended to me and is safe, professional and well run" and "It is now a year since I have seen him face to face. You hope and trust that everything is fine. He appears fine. He is still mobile and continues to feed himself. I am satisfied he is safe."
- Staff had received training in safeguarding and were aware of how to appropriately report any concerns.
- Where any potential safeguarding concerns were raised, these were reported promptly to the local authority and CQC.
- Staff completed accident and incident records. These were reviewed by the registered manager to identify any further action required to prevent a reoccurrence. Records of accidents and incidents were also reviewed centrally by the provider's quality team.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's needs were comprehensively assessed prior to their admission to the home so that the service could confirm they were able to meet their needs safely and effectively.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.
- Based on information collated at the preadmission assessment, a care plan was compiled for care staff to follow. Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. Staff told us and records confirmed that they had received regular training and updates and new staff received an induction before commencing employment.
- Staff told us, "I think, the last one I did was infection control, but I've done loads so far. We're encouraged to do the e-learning", "I had to complete all essential training before starting work" and "We cannot have trainers in at the moment, but the e-training works well."
- Staff told us they felt supported in their roles and could approach the management team if they had any concerns or queries. We noted that documented supervisions had not been regular for all staff since the last inspection. The registered manager confirmed this and advised that there was a plan in place to address the gaps in supervisions with some staff.

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

- People were supported to eat and drink well. People's care plans documented people's likes and dislikes and any support they required around food and drink.
- Care plans detailed whether people followed a cultural or religious diet which was confirmed by our observations and feedback from relatives. One relative complimented the efforts the kitchen staff went to ensure their loved one could enjoy meals from their home country.
- People told us they were offered choice around what meals they would like, and any specific requests were catered for. One person told us, "The food is acceptable. We get a weekly menus so we can choose and we get a hot meal in the evening too, but they are very flexible there are things I cannot eat so if there's a problem there will always sort something out for me."
- Relatives told us staff were monitoring their loved one's food intake providing additional nutrition if they were losing weight. Feedback included, "He is maintaining his weight. He likes his food and he seems happy"

enough there" and "In the beginning she was all for the food but then she lost interest in eating. They are trying to build her up. They asked if she had any favourite foods- they seem interested in her as a person- apparently they can give special drinks as well."

- We observed a mealtime during the inspection. Staff ensured mealtimes were a positive experience for people, tables were set nicely and condiments available. People were offered visual choices of the meals on offer and could change their minds if they wanted to. Choices of drinks were available throughout the day and one person told us they could have an alcoholic beverage if they wanted to as they missed going to the pub due to COVID-19 restrictions.
- Where people required staff assistance to eat and drink, support was offered in a kind and patient manner. We saw one person initially refuse their meal, however staff patiently and gently worked with the person to encourage them to eat some of their meal which worked.
- We observed the chef visiting people during mealtimes and greeting them warmly. People knew them well and engaged in conversation about their meals with them.

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

At the last inspection, we made a recommendation around supporting people to maintain good oral health. At this inspection, we found that the provider had followed the recommendation and made improvements in this area.

- We checked a sample of bedrooms and found that people had access to toothbrushes and toothpaste.
- Care plans contained an oral health assessment tool which had been completed to guide staff on how to support people to maintain their oral health.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.
- Care records evidenced people had regular reviews with appropriate health and medical professionals, for example, Tissue Viability Nurses (TVN's), Speech and Language Therapists (SALTs), GP's and Chiropodists.

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

At the last inspection, we recommended that the provider implements a dementia friendly environment.

- At this inspection, we found that some improvements had been made to the environment and décor. This was a work in progress and part of the provider's overall renovation scheme which had been delayed in part due to the COVID-19 pandemic.
- Please see the 'Is the Service Safe?' section of the report for further information on the environment at this service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- MCA, DoLS authorisations and best interest decisions had been recorded within people's care plans. Where a DoLS authorisation was in place we saw there were time frames for these to be reviewed.
- People's care plans clearly documented if they had capacity to make decisions. Where people were able to make certain decisions about their care, such as day to day things like food and clothing, this was documented.
- Staff had received training in the MCA and knew how understanding people's mental capacity impacted on the care they provided.
- During the inspection, we observed staff asking for consent from people before providing any care or assistance, for example, offering bibs at mealtimes. If a person did not want to wear one, staff respected their decision.

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 requires improvement. At this inspection this key question has now improved to good. 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; Respecting and promoting people's privacy, dignity and independence

- At the last inspection, we found that some aspects of the environment did not promote people's privacy and dignity. We also observed some interactions between staff and people who the service which did not show people were always treated with respect.
- At this inspection, the privacy concerns with the environment had been rectified. We also did not observe any negative interactions between staff and people.
- Throughout the inspection, we saw many interactions which showed that staff had developed good relationships with people and knew their care needs well. We saw staff patiently and kindly support people when they became anxious or upset by providing gentle reassurance and a cup of tea and a chat. We also observed a relaxed and jovial atmosphere with lots of talking and interaction between staff and people who used the service.
- People told us staff were kind and caring. One person told us, "I get on with most of the staff they are really good and help me out." Relatives told us, "They seem a very caring staff. The people I have spoken with have been there a while. They know residents well. Staff seem a bit older and know what they are talking about. They are happy to talk if I am worried about something" and "They are really nice there. [Person] has been very low due to her bereavement following her husband's death. They have been trying to get her to eat. They even did her a special cream tea. She tells me they are really nice to her."
- Some of the staff we spoke to told us they had worked at Sunbridge for many years and built caring relationships with the people who lived there, which was even more important during the COVID-19 pandemic when people were unable to see their loved ones regularly. One staff told us, "I've been here X years, she's been here X years and she's been here X years, so the residents really get to know us. We love our jobs. We enjoy what we do." A relative told us, "When I last visited someone introduced themselves to me and made sure I knew they were looking after her. They seem interested in her as a person, she loves them, she is definitely getting the care she needs." A second relative told us, "They look after then like they are their own mother. Mum is good; safe and happy."
- People's individuality and diversity was respected. Care plans documented people's cultural and religious backgrounds and how staff should provide appropriate support. Where people spoke a first language other than English, phrases were provided to staff to assist with communication. We also saw staff converse with people in different languages, such as Turkish. For one person, their relative commented that they had been unable to attend their birthday celebration, but staff were able to arrange a virtual gathering which included a religious element. They told us, "He was supposed to be having a 90th birthday party last year but it had to

be cancelled due to the lockdown. They arranged a link up with the family and arranged to have prayers said. They decorated the place up really nicely for him and they do it for the others as well."

- Where possible, people were encouraged to be as independent as possible. One person was supported to manage their medical condition themselves with staff helping only if they needed. Another person told us they could come and go from the service as they pleased which was important to them. They told us, "I can come and go whenever I want to, so I go to the shops and sometime get a cab to see my friends."

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

- Most relatives told us they were kept informed about how their loved ones were doing and kept involved and updated in decisions around their care. Some relatives told us that this was not always the case. We raised this with the registered manager who assured us that they would reach out to the families who felt this was the case to discuss.

- People were involved about day-to-day decisions regarding their care and support. We observed staff offering people choice around things like food, activities and when they received personal care.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection, we found instances where staff did not always engage with people in activities or stimulating conversation. We observed people sitting for lengthy periods of time unattended.
- At this inspection, we found the staff team to be responsive and engaging with people. We observed a structured programme of activities delivered by a dedicated activities team. People were seen to engage well with the activity, which was flower arranging, and staff jovial and encouraged people to take part.
- We spoke with the activities co-ordinator who told us that they had to adapt to the challenges brought about by the COVID-19 pandemic which meant that they could not go on day trips or have external entertainers attend the home. They told us, "We used to get out and about more, like we always had trips to Southend or the garden centres for coffee and cakes but that's all on hold at the moment because of the pandemic so we've had to adapt the activities."
- People told us that there were activities on offer and sometimes they attended, if they felt like it. One person told us, "We get activities, but I don't tend to join in, but I will occasionally depend on what they are doing."
- Most people and their families told us they were supported to maintain contact with their loved ones throughout the pandemic. A person told us, "We can't have many visitors at the moment but its better now as we had none for a while. I tend to use the phone mainly for contact, but we can do video calls too. It's getting better as regards visitors now."
- Most relatives told us they were offered opportunities to have video calls and visits with their relative if this was appropriate and in line with government guidelines. They told us they received regular newsletters and updates from the home. Some told us that because of their relative's cognitive impairment due to dementia, video or phone was not always possible but they were kept updated on their relative's well-being.
- However, we heard inconsistencies with some relative's experiences with being able to contact their loved ones. Some relatives told us they weren't informed of visiting procedures or how to arrange a video call. We reported this feedback to the registered manager who told us that they would look into the feedback received and ensure all families were fully aware of the visiting and contact processes.

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

- Care plans were person centred and detailed people's like and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance given to staff on how to meet these needs.
- Where people had a specific health condition, such as diabetes or pressure ulcers, guidance was in place

for staff on how to manage those conditions. Care plans also documented how staff should support people when they became anxious or upset, what triggered people to become upset or anxious and how staff should work with the person.

- People appeared to be clean, well-groomed and cared for. Most relatives told us when they saw their loved ones during visits or on video calls, they appeared well. One relative raised a concern around their loved one's appearance when they visited which was reported to the registered manager for further investigation.
- People were supported to maintain haircuts during the pandemic as one staff member was a qualified hairdresser.

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.

- People's communication needs were clearly documented in care plans. Information was person centred and gave staff guidance on how to effectively communicate with each person.
- We found daily menus and activity planners to be accessible to people in a pictorial format. We observed staff communicate with people in a kind and patient manner, at people's face level and appropriate if people had a hearing impairment.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place. The provider kept a log of all complaints they received. Complaints were investigated thoroughly and responded to.
- Most relatives told us they had no concerns and if they had, they would raise these with the management team. Some gave examples where they raised concerns in the past, for example, missing clothes, which were appropriately investigated and resolved. Feedback included, "I have never had any concerns to raise but feel confident they would try and help. I would be shocked if they didn't" and "I sent concerns to the previous manager by email and we had a meeting and from that they implemented new policies for all the residents. I was really pleased with the outcome."

End of life care and support

- People's end of life wishes were documented in their care plans. Where people did not wish to discuss this, it was also recorded. Relatives were also consulted about people's end of life wishes.
- During the pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for this reason.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Since the last inspection, a new registered manager was in post. The change in management had a positive impact on the home, people's quality of care and managerial oversight. The registered manager on commencement of their role had identified areas for improvement in addition to the concerns reported at the last inspection. They had worked to implement changes and improvements across all areas of care.
- The registered manager was working through an action plan with their regional management team to implement improvements such as environment and décor, improving the dining experience and streamline the staff rota system.
- Despite the challenges brought about by the COVID-19 pandemic, they had implemented improvements across the service which is outlined throughout this inspection report. We found that there was further work to do in improving the environment of the home and in particular, the garden. The registered manager was fully aware of this and a plan to implement the improvements was in place and underway by the time of this inspection.
- There was a clear management structure in place which staff understood.
- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong. The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- The improvements noted throughout this report support a culture of learning and improving.
- Any learning identified following incidents or complaints was shared with the staff team through regular team meetings and supervision sessions.
- We found the management team open and responsive during the inspection. The management team worked with us during the inspection to make improvements to the areas we had highlighted of concern.
- There were regular audits covering things like catering, housekeeping, infection control, medicines and

people's care records. Where any issues were identified, these were documented and followed up.

- The provider provided regular contact and support at the service and at the time of the inspection had resumed on site visits and audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were observed to be involved with day to day decisions about the care and support they received.
- Most relatives also confirmed that they were kept updated about their family member and any changes on a regular basis. One relative told us, "I would say communication is good. They are easy to contact and will always find someone for me to talk to who knows him." Some relatives told us they received regular newsletters and survey questionnaires.
- However, some family members reported that they did not receive regular communication from the service, were not always kept updated around what was happening with their loved one, or what visiting, and communication arrangements were in place at that time. Feedback included, "I feel their 'customer service' can be a bit unwelcoming sometimes" and "Sometimes when I phone, I feel I'm bothering them a bit."

We recommend that the service provider consult with people and their families around how communication could be improved.

- Staff spoke positively about the service and delivering individualised care and positive outcomes for people. The staff we spoke with were committed to delivering person centred care and improving people's lives.
- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.
- Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.
- During the pandemic, local community and church groups reached out to the service and the registered manager reported receiving gifts for the staff team to show their appreciation.
- People and relatives were regularly asked to engage in completing satisfaction surveys so that they could give feedback about the quality of care and support they and their family member received. The last satisfaction survey exercise was completed in late 2020 and feedback was overall positive. Where concerns were reported, these were documented, and actions taken to resolve the issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were satisfied living at Sunbridge, their care needs were met and felt well supported by the staff team. One person told us, "I get all my clothes cleaned here. They are very good. You have to label things though, when it's been washed it comes back ironed and on hangers which is really good too." A second person told us, "Yes I'm happy enough."
- Most relatives told us they were happy with the care provided at Sunbridge and would recommend the service to others. Relatives told us they felt their loved ones were safe and well cared for during the COVID-19 pandemic. They praised the caring and compassionate staff team. Feedback included, "In terms of how they are looking after my Dad and his needs they have only ever been kind to him" and "I would recommend. I am really pleased with the place and how well they are looking after her."
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff, and we saw some friendly and jovial

interactions.