

Sunrise Operations Eastbourne Limited

Sunrise Operations

Eastbourne Limited

Inspection report

Sunrise of Eastbourne
6 Upper Kings Drive
Eastbourne
East Sussex
BN20 9AN

Tel: 01323525000

Website: www.sunrise-care.co.uk

Date of inspection visit:

01 December 2016

02 December 2016

Date of publication:

01 February 2017

Ratings

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

Summary of findings

Overall summary

Sunrise Eastbourne is a purpose built location. It is registered to provide accommodation for up to 107 people. Providing care and support, nursing, dementia care and respite accommodation. Sunrise is described as a community which is divided into neighbourhoods. This includes the Assisted Living neighbourhood which provides care and nursing for people dependant on their level of need and the Reminiscence neighbourhood which provides care for people living with dementia.

This was an unannounced inspection which took place on 1 and 2 December 2016.

Sunrise was inspected in May 2015. Two breaches of regulation were identified. Regulation 9, Person-centred care and Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating they would have addressed all of these concerns by October 2015. At this inspection we found these breaches had been met.

Sunrise had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The manager was in day to day charge of the home, supported by the deputy manager. People told us that they felt supported by the management team and knew that there was always someone available to support them when needed. Staff told us that the manager and deputy had a good overview of the home and knew everyone well. Staff went the extra mile to provide person centred care for people and were highly motivated to improve people's day to day lives and had an excellent understanding of their needs.

We received many positive comments from people, staff and relatives. People said that they were able to question, discuss and be involved in changes and felt part of 'the team'. People had a varied and active daily programme of activities offered. Staff had identified specific areas of interest for people and had gone out of their way to arrange special trips, organised pets visiting the home, and taken people out to events that were important to them.

Staff told us training provided was effective and ensured they were able to provide the best care for people. Staff were encouraged to attend further training, with a number of competency checks taking place to ensure staff understanding after training completed. When errors had occurred in relation to medicines the registered manager had ensured that all staff responsible for medicines had received further training and assessment. This showed a proactive response to facilitate on going improvement. There were numerous audits and a rigorous system in place to assess the quality of the service.

All required maintenance and equipment and services maintenance had taken place. Fire evacuation plans and personal evacuation procedure information was available in event of an emergency evacuation.

Medicine documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure high standards were maintained. People told us they received their medicines on time.

There was a programme of supervision for all staff. Staff told us they valued the regular supervision as it was their opportunity to discuss their development and talk about their role.

Staffing levels were reviewed regularly to ensure people's needs were met. Robust recruitment checks were completed before staff began work. And all new staff completed a 12 week induction period, which included shadowing a buddy and receiving training and support before being deemed competent to work unsupervised.

Care plans and risk assessments had been completed to ensure people received appropriate care. Care plans identified all health care needs and had been reviewed regularly to ensure information was up to date and relevant. People's mental health and capacity were assessed and reviewed with pertinent information in care files to inform staff of people's individual needs. We found some areas of documentation needed to be reviewed to ensure they were clear. This was addressed during the inspection. The co-ordinator responded to this during the inspection to ensure the information was clarified.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected. Feedback was gained from people this included questionnaires and regular meetings with minutes available for people to access.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and visitors told us they had eaten with their relative and found the food to be of a very high standard.

Referrals were made appropriately to outside agencies when required. For example GP visits, community nurses, chiropodist and speech and language therapists (SALT). And notifications had been completed to inform CQC and other outside organisations when events occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained. People living at Sunrise told us staff were always available if they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff felt supported and had regular supervision and appraisals.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). People were actively involved in day to day choices and decisions.

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Outstanding ☆

Sunrise was exceptionally caring.

Staff went the extra mile to provide person centred care for people.

Staff were highly motivated to improve people's day to day lives and had an excellent understanding of their needs.

People were always treated with dignity and compassion; people's personal choices were valued and supported.

The registered manager and staff ensured people's privacy and confidentiality was maintained.

Staff knew people very well and displayed kindness, patience and compassion when providing care.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and people were involved in reviews about how their care was provided.

People's choices and the involvement of relatives and significant others was clearly included in care files.

A full and varied programme of activity was provided. People were supported to stay active and do the things they enjoyed.

Sunrise had close links with local community.

A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Is the service well-led?

Good ●

Sunrise was well led.

There was a registered manager in place who had a full overview of the day to day running of the home.

People living at Sunrise, relatives and staff told us the home was organised and well led.

Staff were supported and their achievements recognised.

There was a system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

People were involved in gaining and providing feedback about the home. People's views were used to make changes and improvements.

Sunrise Operations Eastbourne 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 inspection which took place on 1 and 2 December 2016 and was unannounced. The inspection team consisted of two inspectors and two experts by experience in older people's care and mental health. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last inspection took place in May 2015 where two breaches of regulation were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR) This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

We spoke with 24 people living at Sunrise throughout the community and 19 staff. This included the registered and deputy manager, carers, registered nurses, heads of department, chefs, domestic and maintenance employees working at the home during the inspection. We also spoke with seven relatives and visitors. Not everyone was able to tell us about their experiences of living at Sunrise. Therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals in each of the neighbourhoods.

We spent time looking at care records for seven people. This is when we look at care documentation for people to get a picture of their care needs and how these are met. We also looked at documentation in a further two care plans to follow up on specific health conditions and areas of care for the person, including risk assessments.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read daily records and other information completed by staff. We reviewed three staff files including one staff member who had recently began work at Sunrise and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

People told us they felt safe living at Sunrise. Comments included, "I think it's quite good here, the staff are confident and helpful. "There's nothing lacking, I'm a natural worrier but there's nothing I can find to worry about". "I feel safe in my room, seriously as good as it could be, I feel very safe and relaxed here."

Relatives and visitors to the home told us they had no concerns regarding safety. Relative's said, "Mum is safe, always someone about, even quietly watching." And, "Very safe, I have no concerns."

At the last inspection in May 2015 we asked the provider to make improvements in relation to assessing risks to people and doing all that is reasonably practicable to mitigate any such risks and the proper and safe management of 'as required' medicines and topical cream applications.

The provider sent us an action plan stating this would be addressed. At this inspection we found that improvements had been made and the home was meeting this regulation.

People living at Sunrise had a range of care and nursing needs. Some people required minimal staff input, for example assistance with medicines whilst others required support and prompting or full assistance from staff for all activities of daily living including personal care, nursing and care needs. People's needs were assessed and reviewed monthly or more frequently if changes occurred, to ensure that the home could provide safe and effective care. Those with reduced mobility had assistance provided by one or two staff as required, for example when using a hoist to assist people to move from a wheelchair to chair. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

Individual risk assessments were in place to support people to stay safe, whilst encouraging them to be independent. For example, bed safety, falls, diet and nutritional risk and any other individual risks identified during the initial assessment or subsequent regular reviews of care. When people moved to Sunrise they saw it as their new home, some told us they had moved to Sunrise with their spouse. And even when loved ones had passed away they had chosen to stay as they loved the environment and felt safe. People were encouraged to maintain their independence and it was fully supported that whilst people's safety was paramount for all staff to consider, life would present an element of acceptable risk and people should not be discouraged to continue their hobbies and way they chose to live before they moved to Sunrise as risk could be managed effectively.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they would initially speak to the team leader or head of department but could also contact the registered or deputy manager at any time if they had concerns. Staff told us they would not hesitate to raise concerns if they needed to and had a clear understanding of the whistleblowing policy and procedure.

There were systems in place to ensure people received their medicines safely. Medicines were administered by both the registered nurses and medication technicians. Medicine technicians were health care staff who had received the appropriate training. People told us they received their medicines "On time and appropriately." One said, "They are red hot with medication and I am not just saying that." And, "They do it

all I haven't got to worry about that." One visitor told us, "A couple of times medication has run out which upsets my relative but it's always sorted out quickly."

Policies and procedures were in place to support the safe administration and management of medicines. Including covert medicines and self-administration. Staff completed training updates when required and competencies had been assessed. When errors had occurred this had been followed up by further assessment and competency checks to make sure all staff responsible for giving people their medicines were following correct procedures and ensured medicines were given safely. Medicines were regularly audited to ensure all areas of medicine administration were maintained to a safe standard. Medicine Administration Records (MAR) charts were checked to ensure that they had been completed correctly. We observed medicines being administered over the two days and saw that this was done following best practice procedures. Staff who were being trained to give medicines were being supported by a more experienced staff member to give them hands on support and ensure they were appropriately trained before working unsupervised.

Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be given. Staff followed clear processes and ensured that PRN medicines were considered. A pain assessment chart was completed every time medicines were given to people to show how people's pain was reviewed. There was information to show that staff always considered the most appropriate PRN medicine to give on an individual basis for example when medicines had been prescribed for anxiety or agitation. People were kept informed of the medicines they had been prescribed by their GP and were involved in any changes and decisions if appropriate.

Medicines and topical creams were stored and disposed of safely. Medicines were labelled, dated on opening and stored tidily. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within safe levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures.

People's safety was well managed. Incidents and accidents were reported and the manager had oversight of any incidents/ accidents or falls that had occurred. Accidents and incidents were discussed during the daily 'huddle' meeting and there was a process in place to ensure the registered manager had oversight when these occurred. A monthly review was completed and these were analysed to look for any trends. The manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a review and referral to other outside organisations if appropriate to look at how the person's safety could be supported to prevent further incidents, where required mattress sensors were in place to alert staff if people were getting out of bed who may be at high risk of falls.

Care plans were detailed and folders included a summary of people's current care needs. This meant staff were kept well informed of people's needs and any changes had been documented and updated promptly. Staff were able to tell us about people's care and support needs.

The home was clean and well-presented throughout. Regular maintenance and environmental risk assessments had been completed. The home had a designated maintenance employee who was available at the home. Systems were in place to ensure equipment and services were well maintained and checked regularly. Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency

Evacuation Procedures (PEEPS). PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. There was regular training for both day and night staff and evacuation equipment was located at the main reception in the event an emergency evacuation was required.

Staffing levels were assessed and reviewed dependant on people's nursing and care needs. Some people were assessed to require support of two staff. People told us that staff were always available when you needed them. "I think there are enough staff, no one has ever been rude to me, I have no complaints." "Staff are very nice, enough staff to help me anyway." And, "I am very happy, very good staff, I think there are enough staff, more in the morning maybe." And, "The staff couldn't be better, very caring, on the whole enough of them but they can be quite pushed." Visitors told us, "There are enough staff, very good, never had any issues with the staff, exceptional care home." And, "Every member of staff is approachable; staff member (name given) is delightful to me and Mum."

People told us that they had call bells they could use to alert staff if they needed them. Call bell systems were in people's rooms, communal bathrooms and toilets and some people wore pendants which they used to alert staff if they needed any help or assistance. People told us, "The call bell system works well, just press once and someone will come, twice for emergency" Staff told us that staffing levels were appropriate to meet people's needs. Staff acknowledged that there were times of the day when they were very busy but felt that staffing levels were reviewed and appropriate. All staff we spoke to told us they felt the home was organised and everything was in place to ensure the home ran safely. People told us that if they ever needed any help from staff, they always responded promptly.

The registered manager had a safe recruitment system in place. We looked at staff recruitment files. These showed that all relevant checks which had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references and visa information was in place if needed before staff were able to commence employment.

We carried out observations on each of the neighbourhoods. In Reminiscence we saw that a member of staff was present in communal areas to support people. Staff were assisting people in corridors and when completing paperwork staff sat in communal areas to ensure people were adequately supported. People were able to walk around the community as they wished and not restricted to communal areas. People went to their rooms when they wanted or came to the lounge for music and activities. People living in the assisted living neighbourhoods were seen to access the Bistro, lounge of dining room as they wished or remain in their rooms. Staff were available when needed to provide support or guidance.

Is the service effective?

Our findings

People said care was provided that met their needs by staff who knew and understood them. Telling us, "They know me very well, by nature of the job they know what I need." "Staff are unfailingly polite and I appreciate what they do." And, "Absolutely the staff know me, they are all very good." People felt that staff were happy and content in their role, telling us, "It must be a happy place to work, no back biting, staff all blend together." A relative said, "I do think the staff do a good job."

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, community nurses, Speech and Language therapy (SALT), opticians, dentist and chiropodist. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health. For example, referrals to physiotherapy when people's mobility changed, or they experienced falls.

People received care from staff who had knowledge and skills to look after them. There was a full and intensive programme which included all essential training for staff with further training and distance learning courses available for staff. Training took the form of both e-learning and practical sessions. This included training for registered nurses (RN) to maintain skills and competencies, and further training for care staff including medicine training. The registered manager was clear that after training was completed it was important to validate learning to ensure staff competency. A number of competency checks took place to ensure staff training had been appropriate and to check staff understanding before staff were able to work unsupervised. Staff told us they had particularly enjoyed a 'virtual dementia training' which they felt had helped them understand how best to provide care for people with dementia or short term memory loss. Families had also been encouraged to access this 'virtual' training to increase their understanding of their loved ones diagnosis. Staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided appropriately. Some staff had designated roles, for example an infection control champion who has attended further training with East Sussex County Council to assist them in this role. Another was a 'dementia friend' and had been involved in providing some training to the police and local taxi companies on how best to assist people living with dementia. This meant that staff were encouraged and empowered to enhance their roles with further training and support.

The environment was bright, open and spacious. All areas including communal areas were nicely decorated and furnished. The building did not give the impression that people were living in a care environment, despite all necessary equipment and services being available. Information was displayed informing people of upcoming events and activities. There were places people could sit and entertain guests, mingle with others or just enjoy a drink in a friendly relaxed environment.

Staff felt supported and involved in the day to day running of the home, telling us any changes were discussed and information shared at meetings and handovers. A clear structure was in place to ensure staff received regular supervision. Annual appraisals had fallen slightly behind but this had been identified and a programme was in place to address this. One staff member told us they had not had an appraisal for a long time, but they had received regular supervision. Their appraisal was due to take place the following week.

Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered and deputy manager and communication was 'Much better, things have changed for the better.' And, "Supervisions are regular; it's my chance to feedback and talk about things." Staff were supported emotionally with amendments made to their working hours to support family friendly hours and health needs. In September a 'Health Check Mobile Unit' visited Sunrise to do health checks with staff and provide information around dealing with stress levels, health and work life balance.

When new staff were recruited they started a 12 week programme of induction which incorporated the Care Certificate. We looked at the induction pack given to new staff and this detailed that staff were given a 'buddy' for the induction period, that induction timescales were flexible and that staff would have their competencies reviewed and assessed before being deemed confident and competent to work unsupervised. This meant staff were adequately supported when they began work at Sunrise.

People were complimentary about the food provided and the amount of choice and variety. There was a large restaurant on the ground floor and separate dining area in the Reminiscence neighbourhood. People were able to choose if they ate in the dining areas, lounge or in their rooms if they preferred. We observed lunch time on the Reminiscence neighbourhood. Lunch time was busy and staff coped well. Six people sat in the lounge area for their lunch but most people sat at dining tables with at least one staff member sitting with them. The RN was visible and working alongside the staff serving meals. Staff assisted people with their meals and were attentive and relaxed. People chose where they sat and some moved around and staff just supported them. People who didn't want their dinner were immediately offered an alternative.

Lunch in the main restaurant provided a true restaurant experience, tables were beautifully set, staff were available for guidance and support if needed. Meals in all neighbourhoods were presented well. Anyone who required soft or pureed meals had this provided. Soft and pureed meals were made to look a mirror image of the original food item. For example fish and chips although a different texture was presented to look like fish and chips, pies looked like pies and scones with jam looked like scones with jam. This meant that people with specific dietary requirements were not treated differently because of their need for a soft/pureed food. We also saw photos album of meals, cakes and puddings to demonstrate how they would be served and assist people in making meal choices. People told us the fact that food looked so appetising gave them a better appetite and they enjoyed mealtimes. One told us, "I can be very difficult and picky with food, but I must admit, I can't fault it. Very civilised three courses at dinner, may have wine if you wish and sherry mid-morning on Sunday."

We met and spoke with the chef and kitchen staff. The chef and kitchen staff had a folder of each person and their dietary requirements. The chef told us they were kept informed of peoples dietary requirements and any changes to people's needs. The knowledge of the chefs was very good and they showed us their certificates for training, and their qualifications and awards they had received. This included winning a 'Care Dine With Me' competition and a National Award for Catering Excellence in 2015 and runners up award in 2016.

Staff kept records of people's dietary intake. This was completed after each meal and information shared with senior staff. For example if someone did not eat well, or felt unwell. Nutritional care plans were in place for people, and these were detailed and regularly reviewed. We received only positive feedback regarding the meals, people told us, "I love living here, I have made friends, food is delicious and the choice is great." "The café is always my favourite place, cosy, and homemade biscuits." "The food is always good, tasty and adventurous." "Thumbs up to the chef, wonderful." "I get a fried breakfast, plenty of fruit available and my family can join me" And, "Good food, no complaints."

Visitors were able to join people for lunch and dinner in the restaurant or in people's rooms, there was also a separate private room where people could eat together if they wished. One told us, "Excellent catering, silver spoon, I join my mum for lunch and am very impressed." "Good quality and the staff are very attentive." People had choice whether to eat in the restaurant, the Bistro, their rooms or wherever they chose, there was great flexibility and choice. Some residents said that they would eat with the friends that they had made since living at Sunrise, as some days this was the only chance they had of catching up as they were so busy attending the various and numerous activities that were on offer at Sunrise.

The registered and deputy manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the home and other health professionals if required. Best interest decisions had been documented to support any decisions made regarding people's safety and welfare. Staff supported people to be independent, involved and empowered to make decisions on a day to day basis. For example, decisions in relation to Do Not Attempt Resuscitation (DNAR) included clear information regarding who had been involved in the decision. Sunrise supported people's independence by using 'Wander Guard' wrist bands for people in the assisted living neighbourhood who were identified as at risk if they went out unsupported. This alerted staff if people left the building to enable them to provide support and keep the person safe whilst ensuring their independence encouraged.

Staff were clear that people were supported to be involved as much as they possibly could. For example, people with a dementia diagnosis were supported to make choices about the clothes they wore, what they ate and how they spent their time. Staff were clear that people's choice 'came first and foremost'. People told us they could choose when to get up and when to go to bed and how they spent their day. Staff were available to guide and support people when needed and many people went out with family or alone to go shopping, to attend the bank or other appointments. People told us, "I do my own thing each day." And, "The world's yours in here, you can do what you want when you want."

Is the service caring?

Our findings

People spoke very positively about living at Sunrise and the exemplary caring approach of staff. One person spoke to us about how vulnerable and lonely they had been at the time they moved to Sunrise and how they now felt welcomed, settled and safe. This positive experience had encouraged them to seek out new people when they moved into Sunrise to ensure they felt the same welcome and support.

People spoke very highly of the care staff and told us that they 'Went the extra mile for them and others'. One person told us that when they moved to Sunrise they could barely walk. They felt that the continued support of staff had helped them regain their confidence and strength and they now walked with a stick but felt they had their independence back.

Care staff had spent time getting to know people well to enable them to identify things that they felt would have a positive impact on the person. Staff were highly motivated and had been creative at looking at ways to improve people's lives. This included identifying personalised activities and trips out for people. Staff had worked with the management and families to ensure this took place, often giving their own time to facilitate this. We were told about numerous examples when management and staff had gone the extra mile to encourage and support people with things that staff had identified were important to them. For example, when people were receiving end of life care staff had considered how they could provide that extra support for the person. We were told that one person had a much loved pet. Staff arranged for the pet to be bought to Sunrise and the person was able to die peacefully with their pet by their side. Another person who was very unwell loved to spend time with horses. Staff working alongside the person's family were able to arrange a trip to enable this person to stroke and spend time with a horse. Staff told us they were amazed by the improvement in the persons overall wellbeing as the date approached for the visit to take place. Photographs clearly showed how much the trip had meant to the person. Equality and diversity was always supported with people encouraged to attend events that were important to them that they had attended before they moved to Sunrise.

Sunrise provided end of life care for people which considered their individual choices and preferences. Staff worked closely with other health professionals involved in peoples end of life care including hospitals, GP and relatives. This ensured that if a person's wish was to receive end of life care at Sunrise rather than the hospital staff went out of their way to facilitate this. We saw a number of letters and correspondence received by the home thanking staff for the support and empathy shown to people and their loved ones during this time.

People's rooms were personalised, many with items of their own furniture. For people living in the assisted living neighbourhood who required minimal care and support, Sunrise was a supportive living environment but did not impact on their independence and many went out alone or with family and friends on a daily basis. For people living in assisted living who had higher care and nursing needs this person centred involvement still continued.

People appeared relaxed and content spending time in the communal areas or in their own rooms. There

were activities, conversation, and music playing in the Bistro and communal areas. The overall atmosphere was relaxed and homely. Staff popped into people's rooms regularly to ensure they had everything they needed and chatted to people sat in communal areas. There was always a clear respect shown by staff when providing care to people and an open and engaging atmosphere. People always responded to staff in a positive way and clearly enjoyed this interaction. People were actively encouraged to make choices and were encouraged to spend time how and where they chose. The emphasis was to provide care with dignity, respect and compassion. Staff were highly motivated and passionate about providing excellent care for everyone.

People received care which ensured their dignity was maintained and supported at all times. Staff knew people extremely well and had excellent knowledge on how to provide care taking into consideration people's personal preferences in order to provide the very best care. For example one lady liked to wear trousers or casual dresses, nothing too formal. One gentleman told us that he liked to remain in control of how things were done, and that staff understood this and respected his wishes. Staff knew this and told us it was important to know little facts about people so that you helped them do things 'their way'. When people needed assistance with moving, equipment was provided and care staff offered guidance and support to ensure the experience was calm and did not cause any distress for the individual.

Peoples care records were stored securely in locked staff areas. Staff told us they were aware of the importance of ensuring personal information was only shared with the appropriate people. For example, one visitor told us they were unhappy with some of the aspects of their relatives care. Staff told us they were aware of the concerns and these had been addressed however there was no agreement in place that they could share detailed information with this visitor. They had also had a situation where a visitor had taken an interest in another person's care who lived in the neighbourhood they were visiting. The RN told us that staff were aware of confidentiality restrictions and who they were able to share information with to protect individuals.

Relatives told us that they were always welcome at any time and encouraged to visit. They felt continually involved in people's care and that the overall environment at Sunrise was open and caring.

Is the service responsive?

Our findings

People and relatives had confidence in the skills and abilities of the staff employed at Sunrise. We received many positive comments and complementary feedback.

At the last inspection in May 2015 we asked the provider to make improvements in relation person centred care that reflected people's individual needs and preferences. The provider sent us an action plan stating this would be addressed. At this inspection we found that improvements had been made and the home was meeting this regulation.

The registered manager told us they were working with staff to develop a truly resident centred approach to achieving the highest standards of care. People were involved in the planning and assessment of care. Before people moved into Sunrise an assessment took place to make sure they could provide the individual with the care and support they needed. Where people were less able to express themselves verbally people's representatives for example (LPA) or (NoK) were involved in the assessment and review process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. This meant that people received person centred care based on their individual needs.

People said that they were aware of their care plans and were involved in reviews of care. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Staff demonstrated a good understanding of people and clearly understood their care and support needs. People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. Care planning and documentation included details about people and their individual preferences. This included their likes, dislikes, life history and significant life events. People's equality and diversity was considered, staff had attended courses around equality and diversity and this knowledge had been incorporated into care planning and care provision. We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs.

There was a full and active activity programme throughout the community. Daily 'what's on' leaflets were given to people and displayed. Group and individual trips, outings and special arrangements had been arranged including trips to musical concerts, football games and other personalised activities. All this was above and beyond the vast activities provided within Sunrise. People spoke animatedly about the things they had done and the impact this had made on how they felt every day. People could attend church services or access external groups to meet their spiritual needs. Social events and coffee, quizzes, games, puzzles, carol singing and a pantomime performed by staff were due to take place. A reminiscence gardening club had been running, this was devised as a way of bringing the two neighbourhoods together. People living at Sunrise were openly invited to arrange and co-ordinate activities if there was something they liked and wanted to share. For example one person told us he loved old movies and would like to show these to other people and talk to them about his hobby. The registered manager told us they would encourage this and other people had arranged similar events. People were able to access and participate in

as much or as little organised events and activities as they chose. There was designated activity staff who coordinated and gained feedback from people to ensure that activities were what people wanted and enjoyed. Everyone we spoke with told us there was 'a lot going on' and they were 'very active and busy'. Visitors and relatives were invited to participate in activities and the whole environment was engaging and welcoming. People were clearly having fun and felt involved. Sunrise had a 'hearing loop' to assist people who were hearing impaired to ensure they were able to participate and enjoy all events and activities. For people who remained in their rooms or did not enjoy group activities, staff told us they spent time with them, chatting, reading and ensuring they did not feel isolated and we observed this during the inspection.

When people were moving to other service providers or returning home staff and management worked closely with the person, local authority, families and other care providers to try and ensure the transition was successful. If there was a possibility that a person may need to return we saw that plans were put in place to ensure this was possible. When people's care needs were changing, for example if a person's dementia care needs were increasing and they may in the future need to move to the Reminiscence community to ensure their needs could be met safely. The management and staff had considered how to ease the transition from the assisted living to the reminiscence community. This involved offering individually tailored time in Reminiscence to participate in specific activities of the person's choice. This supported a gentle and individually paced introduction to the Reminiscence community for people who will at some point require more specialist dementia care and require to move to this community. This gave people an opportunity to become more familiar with the new surroundings in order to prepare them for a move when the need arose.

People had been supported to attend events and activities outside the home. Numerous individual trips, outings and special arrangements had been arranged including trips to musical concerts, football games and other personalised activities. Activities were person centred and focussed on helping people live full and active lives. Sunrise had developed links with a local secondary school as part of an on-going project to help forge links between the Reminiscence Neighbourhood and the local Community. Further plans were in place to work with local schools to increase children's knowledge and understanding of dementia.

A complaints policy and procedure was in place and displayed in the building. People told us that they would be happy to raise concerns and would speak to any of the staff or management if they needed to. We looked at complaints and saw that these had been responded to in accordance with the organisation's policy. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. Everyone we spoke with told us the registered manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to. One person shared a negative comment with us which we were able to follow up on. Management and staff were aware of this person's concern and had responded appropriately but were aware of confidentiality restraints regarding this as they were unable to share all the information this person requested. Staff were trying to handle this sensitively whilst ensuring that the person's concern was validated and responded to appropriately.

Is the service well-led?

Our findings

People living at Sunrise felt supported to speak their views, be involved in the way the community was run and part of the fabric of the home. There was a clear 'open door' policy that was apparent throughout the inspection, staff, visitors and people living at Sunrise felt able to approach, question and be involved. People stopped to chat to staff and management telling them their plans, asking questions and or just telling staff information they wanted to share. This open and engaging atmosphere was evident from comments we received from people. Telling us, "I do not have one negative thing to say, everyone here is excellent." And, "Above and beyond what you would expect." Relatives told us, "Everybody listens; it's a friendly and caring culture, very patient." And, "Exceptional care home."

The values at Sunrise were encapsulated by a clear ethos for continual improvement, ensuring that care and the overall living environment for people was person centred. The registered manager told us, "The vision and values that we uphold are born out of our desire from the top down to deliver a resident centred approach where they are at the centre of all we do and to provide a positive culture of excellence."

Staff felt that the management team led by the registered manager had offered a lot of support with extra training. Telling us, "I love it here, best job, management are very supportive, and any issues are addressed immediately or explained properly." And, "Things have improved since the changes to senior staff and management in recent months, and I feel supported." Everyone confirmed they would and could approach the deputy or registered manager at any time if they had any concerns.

Sunrise supported other health professionals in their on-going training and had links with local schools and the local hospice to share information and facilitate on-going learning and sharing of knowledge. The registered manager had completed a number of further educational courses to support them in their role. This included a dementia pathway course and further training to support person centred support for people living with dementia. This training had been used to facilitate the changes which were on going to improve the Reminiscence neighbourhood, including changes to the environment and looking at person centred ways to improve people's daily lives by reinforcing the focus on empowering staff to lead change. An example of this was changes made to the colour of hand rails to enable better recognition for people. And looking at ways to help people be better orientated to the time of day. The registered manager told us that people with dementia often found it hard to differentiate between day and night. The management team had discussed ways to help with this and had decided to have a change of uniform for staff at night. Coloured scrubs had been sought for staff to wear at night. This was to give the impression that staff were wearing pyjamas to help people associate that it was night time. This had been determined as the best option to ensure that the uniforms resembled pyjamas but were still practical to wear.

Staff were clear about their roles and responsibilities and who they reported to. Each neighbourhood had a designated co-ordinator who responsible for ensuring the day to day running of the area, supporting staff and providing leadership. Staff had clearly defined responsibilities and job roles. Daily 'huddle' meetings meant that information was shared every day and concerns discussed. The 'daily huddle' was a meeting attended by a representative from each of the neighbourhoods, departments and management. This meant

that staff were aware of people's needs and the risk factors associated with their care. Information could then be cascaded to other staff working in each neighbourhood throughout the community.

There was a robust system in place to assess and monitor the quality of the service. Including weekly, monthly, quarterly and annual audits and reviews. This included all aspects of safety, security and health care. For example, a safeguarding and notification tracker for all notifications sent to the local authority and CQC. There were folders used to collate information which they felt sat within the five domains of CQC inspections and information available for staff to access at any time. The response by the registered manager was proactive, any areas which needed to be addressed were noted promptly and actions taken to rectify or improve.

Regular reviews of care documentation and risk assessments were completed; these included all aspects of care delivery and documentation for example, medicines, environment and infection control, nutrition, accidents, incidents and falls. A minor issue was found with regards to the consistent documentation of pressure care. This was discussed and rectified during the inspection. The registered manager told us changes would be cascaded to all staff to ensure this inconsistency was addressed.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.

A number of organisational and service meetings took place to identify opportunities to develop best practice. When actions were identified these were added to an on-going community development plan which is a model of managing and measuring continuous improvements within the community. The registered manager told us "This allows us to identify, utilise and share best practice amongst the staff."

We saw that initiatives had been introduced to show recognition for staff. For example 'Heart and Soul' awards. Staff were encouraged to nominate each other for an achievement they felt had made a difference. Staff then received acknowledgement and awards. This information was displayed in the building so staff and people were aware of nominations and who won awards. Each department held regular staff meetings. And a monthly 'town hall' meeting took place for all staff to attend. This was an opportunity to feedback and discuss changes, issues, share praise and look at ways to take the service forward as a team. Staff completed a 'your view counts' staff survey. This was an annual survey and the outcome of this was discussed at town hall meetings with an action plan put in place to develop any areas identified.

People living at Sunrise were kept informed with what was going on in the community and invited to share their views in a number of ways. This included, resident council meetings, dining meetings, annual residents survey, monthly newsletter, the 'daily sparkle' newsletter which discussed what had happened on this day in previous years, news items, things happening at Sunrise, tips and feedback from people and quizzes. Some further ways to involve and gain feedback had been implemented by the registered manager. This included a family support group on the Reminiscence neighbourhood. The registered manager told us this had started as a way to gain feedback and discuss family members concerns and was an open opportunity for families to feedback and be involved. Numbers attending had now reduced as changes had been implemented and this was seen as a positive response. One person had taken on the role of 'Ambassador'. They told us this was a unique role at Sunrise and may be taken forward in other Sunrise locations. To facilitate them and to clarify the role they had requested a contract be written, which they had approved to clearly define the role. They told us the role involved liaising with people to gather information and insight.

This was then fed back to the management, staff and other people living at Sunrise. They met with people who were moving to Sunrise to ensure they felt welcomed and informed about the community and what it was like to live there. They represented people at the resident's council meetings and had attended some training around dementia and disability to assist them in this role. They told us they felt their role was to "Enhance and advance the sense of community in Sunrise" and they felt that staff had assisted with their on-going learning, and had been very receptive to the role.