Sunrise Operations Weybridge Limited

Sunrise Operations Weybridge Limited

Inspection report

Ellesmere Road
Weybridge
KT13 0HY
Tel: 01932 871100
Website: www.sunrise-care.co.uk

Date of inspection visit: 19 August 2015
Date of publication: 26/11/2015

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

Overall summary

Sunrise Operations Weybridge Limited is a care home providing accommodation and personal care for up to 110 older people, who may also be living with dementia. There were 85 people living in the home at the time of our inspection.

The inspection took place on 19 August 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that some risks to people had not always been appropriately assessed and monitored to ensure that control measures were adequate and followed. For example, we observed one person fall and two others

Summary of findings

nearly fall as a result of a certain type of chair in the dining area. The risks of this had not been previously identified by the home. Another person was at risk of falling when two care staff were not aware of the changed support needs for this person during transfers.

Staffing levels on the Reminiscence Unit during the lunchtime period were not sufficient to meet people's needs at this time. As a result some people ate cold food, whilst others had meals that they had been unable to feed themselves taken away. Because lunchtime on this unit was not staggered in the same way breakfast was, some people had a late breakfast and were still offered lunch at 12:30pm.

There were systems in place to recruit new staff, but the policy to explore gaps in employment histories had not always been followed. The home's own auditing had identified this and the home was in the process of gathering the outstanding information to ensure judgements about the suitability of new staff were sound.

Staff knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was variable. Some staff had a good knowledge in this area and were clear about the principles of capacity and how to make best interests decisions. Other staff were not clear of their responsibilities and as such some people may not always have received care in the least restrictive way.

People were safeguarded from harm because staff had a good understanding of their roles in keeping people safe and knew when they would need to report concerns. Communication across the service was good and information about people was shared appropriately, especially where there were concerns.

The home had appropriate systems in place to manage medicines safely and identify any mistakes promptly. Designated staff to manage medicines on each shift meant that staff had the time to do this important task without interruption.

The quality of food was good and people had a choice of a wide range of food and drink at every meal. With the exception of the lunchtime meal on the Reminiscence Unit, the timing of meals was flexible and people could choose where, when and with whom they wanted to eat. On the Assisted Living Unit, meals were seen to be a social occasion with lots of chat and laughter taking place. Visitors were welcomed to the home at any time and many chose to join their family members for meals. A selection of drinks and snacks were always readily available for people to help themselves to.

People described staff as "Excellent" and "Superb". Staff had access to a wide range of training, including specialist learning in supporting people living with dementia. We saw that staff were effective in the way they supported people and took the time to assist them at their own pace. Staff had a good knowledge of people's needs and preferences and demonstrated a genuine caring attitude towards them.

People had choice and control over their daily routines and a range of activities were available throughout the day for those who wished to take part. Dedicated activity staff spent time getting to know people and how to engage effectively with them. For other people, they enjoyed the freedom of living independently with minimal assistance.

People had opportunities to be consulted about their care and regular reviews of their needs took place. Where people needed additional healthcare support, this was sought promptly and the district nursing team visited the home twice weekly to offer support with wound care.

The registered manager had a good oversight and management of the home and worked collaboratively with senior care staff to support people effectively. The culture of the home was open with regular feedback sought from people, relatives and staff. We found that where feedback or complaints had been made, the registered manager had used the information to improve the quality and safety of the home.

We found two breaches of regulations. You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Some identifiable risks had not been appropriately assessed and monitored to ensure that control measures were adequate and followed.

Staffing levels on the Reminiscence Unit were insufficient at lunchtime to support people effectively.

There were systems in place to ensure new staff were appropriately checked, but gaps in employment histories had not always been explored.

People were safeguarded from harm because staff understood their roles and responsibilities in reporting concerns.

There were systems in place to ensure people received their medicines safely.

Is the service effective?

Good

The service was mostly effective.

There were systems in place to ensure people's legal rights were protected, but not all staff had a good understanding about the Deprivation of Liberty Safeguards.

The service provided a varied and balanced diet, but staffing levels on the Reminiscence Unit meant that some people did not always receive the right level of support.

Staff received appropriate training and support to undertake their roles.

People were supported to maintain good health and access external healthcare support as necessary.

Is the service caring?

Good

The service was effective.

People felt that staff treated them with kindness and respect and we observed positive relationships between people and the staff who supported them.

People had choice about their daily routines and were regularly consulted with about their life in the home.

We saw care that promoted people's privacy and dignity and treated them as individuals.

Relatives and visitors were encouraged and welcomed in the home at all times.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's needs were assessed and regularly reviewed to ensure they received appropriate support.

The service provided a wide range of activities for people to engage in. People were encouraged to maintain their independence and follow their interests and hobbies.

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated.

Is the service well-led?

Good

The home was well led.

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

Quality assurance audits were carried out to ensure the quality and safe running of the home and identified actions from these audits were routinely addressed.

The manager maintained accurate records which were easy to read.

Sunrise Operations Weybridge 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 took place on 19 August 2015 and was unannounced. The inspection team consisted of five inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were carrying out this inspection in relation to some concerns we had about the home.

As part of our inspection we spoke with 16 people who lived at the home, four relatives, 18 staff, the registered manager and one external health and social care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.'

We also reviewed a variety of documents which included the care plans for 13 people, six staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected on 01 October 2013 when we had no concerns.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us "Yes, I feel safe, staff are responsive and I have confidence in the manager." Relatives told us that they felt their family members were safe in the home and that they were kept informed of any incidents or concerns.

Staff spoken with demonstrated that they understood the importance of keeping people safe. When asked how they did this, they gave examples of the things they did to protect people's safety. One staff member told us when they supported people to move they "Make sure they are comfortable and steady on feet, free from obstacles. If two staff are needed make sure there are two. Don't make them do something they can't do. We make decisions to keep safe. Also care plan will tell us what they need for example if need two staff. If it's not provided that's serious".

Despite this feedback, we found that risks to people's safety had not always been effectively managed. For example during the inspection we witnessed a fall and two near misses associated with the types of chairs in use in the dining area on the Reminiscence Unit. These chairs had castors on two of the four wheels which could assist people to move away from the dining tables as they were lighter to manoeuvre. In the incidents we witnessed however, these chairs moved too quickly away from people as they leant on them to stand up. We found that this risk had not been assessed. The falls audit did not include a breakdown of the exact location of falls and therefore it was not possible to see if other falls had been caused as a result of this risk.

We observed two members of staff attempt to assist another person from a chair. They put a walking frame in front of the person and stood either side and were about to support the person to stand when a third member of staff stopped them and said that the person, "Can't stand from a chair that way and walk with a Zimmer." The member of staff then brought a wheelchair to the person and all three staff then assisted the person to move safely. The care records for this person documented that the person's mobility was declining, but not that the person could no longer safely mobilise without the use of a wheelchair.

Potential risks to people who went out independently had not always been considered. A person told us that they had recently moved to the service and that the area was new to them. They said that they had been out that week and become disorientated and asked a stranger for a lift. Staff were unaware that this situation had occurred. The person's care plan said that they had full capacity and went out independently. There was no risk assessment which detailed how this decision had been reached. The person had not been orientated to their new neighbourhood and there were no guidelines for staff outlining when the missing person's policy should be used for this person.

Failing to appropriately assess risks to people's health and safety and doing all that is possible to mitigate any such risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels on the Reminiscence Unit were insufficient at lunchtime to support people effectively. The timing of lunch was set which meant that everyone on this unit ate together. This was in contrast to breakfast which we saw was staggered in accordance to the time people got up. As such, staff were expected to support everyone at the same time. We observed that some people who required assistance to eat did not receive this support in a timely way. For some the impact of this was that they ate a cold meal, others were at risk of not eating and drinking enough. One person's care plan stated that they required 'stand by' support at lunchtime. This was not provided and we saw that they struggled to eat their meal. This person sat looking at their main meal for 10 minutes before a staff member came and sat with them to offer support for a short time. It was a further 15 minutes before they were offered support again during which time they had tried and failed to eat their food. The staff member then supported them with dessert. The person did not drink anything during lunch and staff were not observed to prompt them about this.

In another case the lack of support at this time presented a trip hazard. We saw a person drop their fork on the floor on several occasions during lunch. The first time it occurred, we intervened as we believed the person was at risk of falling forwards from their chair. Staff intervened on a further two occasions but did not wipe the food from the floor. On the fourth occasion the person's shoes were slippery due to the food debris, as they tried to stand up their feet slipped forward and the chair slipped back. We again had to intervene by alerting the team leader stood near the person.

Requires improvement

Is the service safe?

The failure to provide sufficient staff to support people safely and effectively was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels on the Assisted Living Unit were sufficient to meet people's needs. People in the Assisted Living Unit said that they received the support they needed in a timely way. Staff working on this unit said that there were enough of them to support people effectively. We observed that call bells were answered promptly and there were enough staff around the unit to answer people's queries or concerns. One staff member told us that they were on an early shift and were responsible for providing personal care to five people and also named support to other people who were independent. They said they had sufficient time to provide this support. Staff said that staffing levels went up and down according to numbers and dependency of people.

With the exception of the lunchtime meal, we found that the deployment of staff on the Reminiscence Unit ensured that people received the support they required at the times they needed. For example, we observed that staff were available to support people to have their breakfast at the times they preferred and staff were able to sit and support people to eat when required. Staff on the unit said that there were enough staff on each shift to meet people's needs.

The provider had recruitment procedures in place to make sure the right staff were recruited to keep people safe. However records showed us the provider had not accounted for all gaps on people's past employment history. The registered manager told us their own auditing had identified this and that they were in the process of making arrangements to obtain this information.

Records showed us the provider had undertaken Disclosure and Barring Service checks and had obtained two references to check staff were of good character. The provider made checks to satisfy themselves of the health of staff they employed in accordance with legal requirements.

We also saw some good examples of people being supported safely. For example, after a person had fallen, we saw two staff members immediately arrive to assist them. The person was checked for pain, reassured and another staff member brought a hoist to help them stand safely.

A member of staff explained the systems in place to respond to emergencies, accidents and falls. They showed us two pagers that they carried on their persons. One was linked to sensor mats in people's rooms that indicated if a person had fallen. The second pager was linked to the emergency call bells located in toilets and bathrooms. They also showed us a walkie talkie which they also carried on their person. They said that this was used by staff in the event of an emergency. They said, "We use this so that the nearest staff can respond quickly. They help a lot". Where care records stated that sensor mats were required we saw that these were in place. A member of staff informed us that no one used bedrails and that sensor mats helped ensure the least restrictive options were in place.

Systems were in place to protect people in the event of an emergency. We read in care plans that each person had a Personal Emergency Evacuation Plan which outlined how the person should be supported in the event of a fire. When we asked a team leader asked about fire evacuation they were able to describe procedures in detail.

A member of staff was able to explain accident reporting procedures that included falls. They said, "We put as accident report. Also put in daily log, inform families, inform lead care and line managers".

We observed that a person was using a profiling wheelchair. Information was recorded in the person's records about this item of equipment. It stated 'Please make sure while I'm in my profile wheelchair that the brakes are on when I'm stationary and the chair is slightly tipped back whilst I'm resting to avoid me slipping out of it'. Their records also stated that the chair had been donated to the home by a relative of another person. We discussed this with a member of staff who informed us, "Mobility for You came and assessed and said the chair was suitable. I have worked with them previously. They measured, weighed and assessed fully and check everything is correct". This person also had a moving and handling document that stated two staff were required for all transfers, a hoist should be used with a medium sized sling.

People were safeguarded from abuse because staff understood their roles and responsibilities. Staff spoken with were aware of the types of abuse and their personal responsibility to report concerns. Staff were able to explain safeguarding procedures. One said, "I need to listen, investigate and report. I can report higher if nothing is done. I can go direct to the local authority or CQC. There are different types of abuse including behavioural, mental, physical".

Requires improvement

Is the service safe?

Staff had a comprehensive awareness and understanding of potential abuse which helped to make sure they could recognise and take appropriate measures so people could feel safe in the service. All staff we spoke with told us they would report any issues to the senior person or manager and that they were aware of the provider's whistleblowing policy which they would use if necessary.

People received their medicines when they needed them. Only senior carers who had received training and regular supervision for competency were authorised to administer medicines.

We observed medicine being given to people. Senior carers went to each person individually and gave the required medicines as prescribed. Senior staff wore a red apron whilst giving medicines so that other staff did not disturb them allowing them to focus on giving medicines safely.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were administered from a trolley in which they were stored securely. When not in use the trolley was stored securely in a locked room. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Administration records showed that medicines were administered as instructed by the person's doctor. There was a written guidance for each person who may need medicines only 'when required' for consistency.

A medicine that required regular a blood test was managed well and the dose changes following this blood test were actioned as indicated by the blood test results. However another person was prescribed a different medicine that required monitoring by doing a blood test every three months. This person last had a blood test in January 2015. The provider must ensure that critical medicines are reviewed according to recommendations and national guidance.

There were systems in place to review any incidents and medicine errors that happened at the service. These were analysed and improvements were made if any trends or patterns were identified. Staff involved in these incidents were given appropriate corrective training. This helped reduce the risk of further accidents and incidents. Medicine use was audited. This provided information for audits and governance.

Where appropriate the service involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible. One person told us the provider enabled them to have a lockable medicine cabinet in their room. One member of staff told us the service enabled people who had been assessed as able to manage their own medicines to choose where they would like their lockable cabinet as some had a preference for it being in their bedroom, others in their bathroom. Records showed us the risk assessment was reviewed regularly.

Good

Is the service effective?

Our findings

The approach protecting people's legal rights was varied across the home. Despite training, some staff did not understand the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The exit from the Reminiscence Unit was secured by way of a key code. We read that DoLS referrals had recently been made in respect of each person who lived on this unit. Not all staff spoken with understood the significance of this, nor were they able to demonstrate how care was otherwise being provided in the least restrictive way. We read that care records for each person on this unit said 'I live in a secure environment which I am only able to leave with escort of a carer as I am at risk of walking out and not being able to come back.' This generic statement did not reflect people's individual circumstances.

Care records did not always reflect how best interests decisions should or had been made. For example, one person's care plan indicated that they had a court appointed attorney, but there was no record of who had been appointed or what they were legally able to make decisions about. This meant the right people may not be involved in making decisions about people's care and welfare. For another person, the registered person was unable to locate the mental capacity assessment for a person's medicines which were agreed by the GP could be given covertly.

Other staff had a better understanding about people's capacity and care records were more appropriate. For example, another person's care plan went on to state 'I live in a secure environment that I can only leave with an escort as I'm at high risk of going out and being unable to remember where to go back or how to communicate my needs. Due to that fact a DoLS application has been made in January 2015 and I'm still waiting for response. I lack capacity to make decisions around safety and in my best interest need constant supervision and I cannot leave community alone. This restriction has been considered carefully and an escort is considered the least restrictive option I wish to go out'. Similarly, we saw that a series of best interests meetings had been held in respect of another person who had left the home and become lost. As a result, this person had been supplied with a Wanderguard bracelet and their whereabouts was also being checked hourly. Wanderguard is a system by which a person's location can be tracked. A DoLS was completed for this person due their fluctuating capacity and understanding of the Wanderguard system.

We saw that people were routinely asked for their consent before support was given and care plans contained a range of consent forms. Staff were able to explain about people's rights to consent and the MCA. One said, "Before you do something you must ask permission. They tend to forget because of dementia so we have to keep asking. Even with dementia they still can make some decisions for themselves. We give information, they might not fully understand but it helps stop confusion. Good communication is important".

In the reminiscence unit people's rights to consent to care were assessed and planned for. One persons individualised service plan stated that they had Lewy body Dementia. With regard to capacity it stated, 'I have capacity to understand day to day care decisions. Please ensure that you offer me choices and explain all actions and activities so I can support my own care as much as possible'.

On the Assisted Living Unit staff recognised that people had either full of fluctuating capacity. Staff were knowledgeable about people's preferences and when was the best time to ask them decisions about their care.

Most people were very positive about the food provided and also acknowledged that there had been recent improvements in this area. People described the meals now as being "Excellent" with "Lots of choice." We saw that there was a wide variety of food listed on the menu and people told us, "If you don't like something you can ask for alternatives…..Kitchen will cook as per request." We saw that drinks and snacks were available for people to help themselves throughout the day. People could choose where to have their meals and kitchen staff went round to offer those people in their rooms a choice.

On the Assisted Living Unit we saw that meal times were flexible over an extended period of time. When we arrived at 9:45am, we saw that some people were still enjoying breakfast. A kitchen assistant told us that breakfast was typically served from 7am-11am. We saw that people could choose from a variety of foods including, cereal, toast, fruit

Good

Is the service effective?

or a full cooked breakfast. One person in their room told us that they usually went to the dining room for breakfast, but hadn't felt well that morning and so had appreciated a lighter breakfast being served later in their room.

Serving of lunch on the Assisted Living Unit started at about 12:20pm. Individual tables were laid and people were free to take lunch when and with whom they chose. We saw that the mealtime was a social occasion with people chatting and laughing with each other and staff. We noticed that a private dining table had been set up so that a relative visiting their family member could eat together. Another relative told us that the home had a private dining room which could be booked for family gatherings and that their family had frequently used this facility to dine together.

Due to the single seating of lunch on the Reminiscence Unit and the pressure put on staff at this time, the lunch on this unit was in contrast to that on the Assisted Living Unit. As a result people waited a long time between courses and did not receive the support they required.

Menus were displayed and the food in both units looked appetising and portion sizes were good. A range of drinks were on offer, including alcoholic refreshments for those who wanted them. Specialist diets, such as diabetes were catered for and people's individual likes and dislikes were known. We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss.

Staff received appropriate training and support to undertake their roles. People described staff as "Excellent" and relatives said they thought staff were well trained.

Staff told us that they had good access to a range of training , some of which was via e-learning, others such as manual handling & medication was also delivered practically too. Staff told us that the online training included competency tests which they had to pass; otherwise they had to re-do the module. They said that training was regularly refreshed and that they were reminded when it was due. Staff felt the training provided was sufficient to enable them to undertake their roles. Staff spoke positively about the dementia training provided. One said, "We get lots of dementia training, also moving and handling, safeguarding. It's a mixture of online and practical training. The dementia training gives a good perspective of dementia and how we communicate and how to give person centred care. It gives better understanding".

New staff told us that they had received a good induction. A member of staff who had been working at the home for three months said that their induction helped them. They said, "The deputy and general manager went through fire, staffing, rotas. I also did courses. It all helped. I had meetings at four and eight weeks to see how I was getting on. I have my 12 week meeting Friday."

Staff said that they felt well supported and equipped to do their roles. Staff said they were kept up to date with daily handovers and regular staff meetings. Staff said that they had regular supervision with their direct report. One staff member said of supervision, "It's nice for us, we can talk and be told about things we could do better, and it makes us improve by being told".

Staff demonstrated a good understanding of the equipment used in the home and why it was used for people. For example, staff were able to show us how pressure mattresses and sensor mats worked and why they were in place for people.

People were supported to maintain good health and access external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and people had choice about the health care support that they received. Referrals were made to doctors, dentists, opticians and dieticians. We saw in care records that the home worked collaboratively with the local falls team. Records showed us staff enabled people using the service to maintain support and input from community health services and the effectiveness of this liaison and communication ensured people received appropriate community health support. For example the District Nurses attended the service at least twice a week.

The environment was well maintained and suitable for older people and those living with dementia. we noted wide corridors that were fitted with handrails and frequent rest stations so that people could navigate around the home safely and at their own pace. Bathroom and toilet facilities were adapted to promote people's safety and independence.

Good

Is the service caring?

Our findings

People who used the service were consistently positive about the caring attitude of the staff. One person told us, "Staff have been very good, very careful and considerate without being told". Another person said, "Staff we've got here, very fortunate, they are very patient. Always make time".

We saw lots of really positive engagement between people and staff throughout the inspection. For example as people passed staff in corridors or communal areas, they were greeted by name and spoken with for as long as the person wished. We noticed that staff always took the time to stop and speak to people, rather than a fleeting conversation as they continued with their jobs. Similarly, when talking with people who were sat down, staff were seen to make the effort to get a chair or kneel down so that they were talking at the same height as the person and not standing over them.

Staff were seen spending time with people that was not just task focused. Staff were observed sitting with people, holding their hands, giving people hugs and talking to them about their day. People appeared to really enjoy the efforts made by staff and were seen smiling and hugging staff in response.

On one occasion, we were interviewing a staff member when they noticed that a person behind us was showing signs of distress. The staff member immediately stopped talking with us and went to support the person who thought they had misplaced an item.

For a person who fell, we observed that staff checked if the person was in pain and at the same time offered reassurance to them. We overheard one of the staff speaking very kindly whilst holding the person in an attempt to give reassurance. When the hoist was used a member of staff explained each step of the process to the person concerned and checked that they were happy with the support that was being given. When the person appeared to become upset the staff started to sing and then the person them self also joined in and they appeared to smile whilst being supported to move. The team leader said that staff often sang to people as a means of reassurance, particularly when using the hoist as this can make people anxious. This showed consideration for the person who was living with dementia.

People told us that staff were respectful towards them and always took steps to promote their privacy and dignity. On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. People were appropriately dressed for the weather and attention to detail was apparent such as colour coordinated outfits. Men were freshly shaven and many ladies wore items of jewellery that complimented their outfits.

People were treated and respected as individuals. Staff took the time to get to know people and what was important to them. Special occasions were documented and each person's birthday was celebrated. Staff told us how each month, a birthday celebration would be held in the private dining area for all the people who shared a birthday that month.

Staff appeared to be kind and caring on the reminiscence unit and people appeared very relaxed in their company. One member of staff was observed going around asking people if they would like to join in a sing along in the afternoon. When talking to people the member of staff was very polite but at the same time friendly. People were seen smiling and chatting in response to the member of staff's gentle approach. People appeared to be very relaxed in the company of the member of staff. One member of staff said, "It's important to build relationships and trust. It's important for people and for me".

Staff were aware of communication with people who were living with dementia. One said, "They don't like people talking behind them. We have to talk and move at a time and space that's comfortable with them". Another said, "You get to know likes and dislikes. For example where they like to sit, who gets on with who. It's a case of watching and assessing".

Relatives and visitors were encouraged in the home at all times. Those family members spoken with said that they were able to call in at any time and always made to feel welcome. We observed that people were enabled to invite their visitors to join them at mealtimes.

Good

Is the service responsive?

Our findings

People told us that the routines of the home were flexible and that they could spend their time as they chose. People said that there were always activities going on in the home and that they were free to participate in as many or as few as they wished. People spoke positively of a recent outing that had taken place and said that they enjoyed the trips to different places of interest. Through our observations, we saw that those people who required more support experienced good levels of staff interaction and engagement.

The service provided a wide range of activities for people to engage in. Throughout the inspection we observed a range of activities taking place in the home. During the afternoon we saw that an external singer was particularly popular with people living in the Assisted Living Unit. In the Reminiscence Unit, people were seen participating in a sing along session with staff. The atmosphere was very lively and lots of people were heard joining in with the songs, laughing and talking to one another. Staff delivered activities with great enthusiasm and offered the right amount of support and motivation. One person was keen to help staff run an activity and this was welcomed by staff members.

People were encouraged to maintain their independence and follow their interests and hobbies. An activities co-ordinator was employed on a full-time basis to work across the home and worked with a team of dedicated activities staff to provide entrainment, activities and classes throughout the day, seven days per week. We read that people had been encouraged to take part in a life mapping exercise so that activities could be tailored to their individual needs and interests. Monthly meetings with people to discuss what activities they would like took place. As a result of the feedback, a walking club had been set up, and a trip to Sandown races had been organised and French lessons were being introduced. In the Reminiscence Unit, an iPod had been introduced with people's individual music choices which had been uploaded to their own playlist.

The service was proactive and made sure people maintained relationships which were important to them such as family, community and other social links. One person told us how much they valued that staff had also accommodated and made sure their pet which they had brought with them was also safe and comfortable. Records showed us people and those who mattered to them were actively involved in developing their care, support and treatment plans and these were regularly reviewed.

The home had a dedicated salon which the manicurist and the hairdresser told us they attended twice a week. One person told us: "I come here as often as I can, it makes me very happy". We observed there was a good level of interaction between staff and people in the salon. People were relaxed and enjoying their time.

We observed the daily running of the home to be flexible to people's needs and choices. We saw and people told us that they could get up, go to bed and structure their day as they wished. Adhoc activities were also seen to be offered. One person was asked if he wished to do some painting and another staff member encouraged people to play ball games as a form of exercise in their chair. People's visitors were free to drop in and welcomed throughout the day. Several people, including those living on the Reminiscence Unit were seen accessing the bistro area on the ground floor.

People's needs were assessed and regularly reviewed to ensure they received appropriate support. The head of care told us and records confirmed that prior to moving to the home, an application for residency was completed by the person or their representative. The first 30 days following admission were then considered an assessment period, at the end of which a detailed assessment of needs was completed. Using the information gathered through the assessment, a range of care plans were devised relevant to people's needs. Each month a wellness report was completed in which the full risk assessment was reviewed on a six monthly basis and each month a wellness report was completed.

Staff completed daily records retrospectively at the end of each shift, but used a notebook to contemporaneously document information such as how much people ate, drank, or when they were supported to change position. Daily records showed that where people were taken ill, appropriate action was taken, including various health checks and contacting a GP where necessary.

We found that changes in people's wellbeing were responded to in a timely way. One person told us that their needs had changed recently causing them to spend more time in bed. They told us that staff had arranged specialist

Good

Is the service responsive?

equipment to protect their skin during this time and regularly checked on them throughout the day. Where people had lost weight, we saw that fluid and food charts had been introduced and appropriate referrals to other healthcare professionals were made where necessary.

Wound charts were found to be well documented with monitoring trackers and photographs of the wound at different stages. Feedback from district nurses had been recorded in the wound management plan. We saw that where people had wounds these were improving and some had healed. We read that as a result of staff discovering an injury to a person's ankle, the district nurse had been called and a short term care plan introduced to monitor and manage the wound.

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The home's complaints procedure was displayed in the reception area of the home. People and relatives told us that they had also received a copy in their welcome pack when people moved in. The people we spoke with said that they had not needed to complain, but would feel comfortable doing so if necessary. We saw that the registered manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a written response.

Good

Is the service well-led?

Our findings

People said they had confidence in the management of the home. One person told us the home was, “Now well run, things been brought up to a reasonable level”. A relative said they thought the management of the service was generally good and that they were, “Happy with how the service is run.” Relatives also said that they were kept informed of any changes or problems with their relative and thought that “Communication was good.”

Staff also reported that they felt that the home was managed well and that they felt confident to report any issues they had to either the registered manager or the deputy manager and they’d be listened to. One staff member told us the management was, “Really very good. Concerns are always dealt with. For example staffing. Before we were always short staffed. So they started recruiting to get enough staff in place. They are filling the gaps with agency. In the end they will not need agency as they are recruiting additional to cover when needed”. Another staff member said “I can go to my manager with any problem, she’s always saying this.”

The home had a positive and open culture where people were encouraged to express their ideas and thoughts. Staff said they had daily handovers and regular staff meetings. One said, “You can say what you think.” Staff said that they felt empowered to share their views and that they would be listened to and where possible actioned. The recent staff survey for 2015 identified that staff felt better listened to than they had in previous years. The staff survey reflected that staff felt valued and appreciated and were held to account for their actions.

Quality assurance audits were carried out to ensure the quality and safe running of the home and identified actions from these audits were routinely addressed.

The service defined quality from the perspective of the people using it and involved them and staff in a consistent way. People told us they were able to feedback their experiences and the registered manager arranged monthly resident meetings and catering meetings where they could express their views freely. As a result of the feedback from these meetings, new crockery for the dining room had been purchased and specific requests for activities and outings had been actioned.

In relation to feedback about delays in call bells being answered, the home introduced a system for call bell data logs to be produced daily for monitoring and a pager system was introduced so senior staff were alerted to call bells that ring in excess of 10 minutes. These steps have resulted in a reduction of call bell waiting times.

In addition to regular resident and relative meetings, the home also had an annual Resident and Family Satisfaction Survey. We saw that the results of the last survey in 2014 had been collated, analysed and an action plan developed. We saw that as a result of their feedback about the food, the menus had changed and people’s satisfaction with meals had greatly improved.

The registered manager had a good oversight of the home and ensured a variety of audits were completed to test the quality and safety of the home. We found that as a result of the nutrition audit, the Head Chef was included in the Clinical Governance Meeting to discuss weight loss. This has meant that food can be fortified to prevent a reliance on food supplements. The registered manager reported that they had seen a significant reduction in long term weight losses as a result of this early recognition. The home had been awarded five stars at their latest inspection by the local environmental health department and dining audits were found to up to date and well organised.

The registered manager maintained accurate records which were easy to read. Information was stored securely and in accordance with data protection. The registered manager was aware of her legal responsibilities in respect of documentation and the need to report significant events. Notifications have been submitted to the Commission in a timely and transparent way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had failed to appropriately identify and mitigate risks to people's health and safety.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had failed to employ sufficient numbers of care staff to support people effectively on the Reminiscence Unit at all times.**