

Sunrise Senior Living Limited

Sunrise of Southbourne

Inspection report

42 Belle Vue Road
Southbourne
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Dorset
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Tel: 01202437600

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10 July 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunrise at Southbourne is a residential care home providing personal care to 79 older adults at the time of our inspection. The service can support up to 103 people. Accommodation is provided over three floors one of which specialises in providing care to people living with dementia.

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

People and their families described the care as safe. Staff had been trained to recognise signs of abuse and understood their role in reporting concerns. Risks to people had been assessed and actions had been taken to minimise the risk of avoidable harm whilst respecting people's freedoms and choices. People had been protected from preventable infections.

Staff had been recruited safely including checks that they were suitable to work with vulnerable adults. People were supported by enough staff to meet their care needs effectively. Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.

People had person centred care plans that reflected both their care needs and lifestyle choices. When people had been involved in end of life planning their spiritual and cultural wishes were understood and respected. Staff knew people well and understood their communication needs enabling them to be involved in decisions about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had their eating and drinking needs met and were provided with meal choice and well-balanced meals.

Medicines were administered safely by trained staff who had their competencies checked regularly. People were supported to live healthy lives and had access to healthcare services for both planned and emergency events.

People and their families consistently spoke positively about the care they received and felt their privacy, dignity and independence was respected by the staff team. People felt able to express their views about their care and the service. People were aware of how to make a complaint and felt they would be listened to and any actions needed taken.

The culture was positive, open and honest and lessons had been learnt and improvements made when things went wrong. Staff felt appreciated in their roles and spoke positively about their own roles and teamwork. Quality monitoring processes were effective at capturing the voice of people, their families and staff and driving improvements when needed.

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

Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published 11 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. Prior to the inspection we received a notification of a specific incident following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of choking. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the 'Safe' and 'Effective' sections of this full report.

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunrise of Southbourne

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection began on the 9 July 2019 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection continued on the 10 July 2019 with two inspectors and was announced.

Service and service type

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

What we did before the inspection

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

During our inspection we spoke with 19 people who used the service and five relatives. We spoke with the operations manager, registered manager, deputy manager, eleven care staff, activities co-ordinator and the

chef. We also spoke with a visiting GP who had experience of the service. We reviewed eight people's care files and checked their accuracy. We checked three staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observed staff practice. 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.

After the inspection

We received from the provider evidence of maintenance works completed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

At our last inspection the provider did not ensure staff had a clear understanding of how to identify potential abuse or take appropriate action to safeguard a person. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were cared for by staff that had been trained to recognise signs of potential abuse and the actions needed if abuse was suspected. A care worker told us, "Even a bruise we would take a photo of it and tell the family. The manager would always look into it".
- Records showed us that safeguarding concerns had been reported appropriately to appropriate agencies.
- People told us they felt safe. One person said, "I love this place, the staff are lovely and very caring; they are generous with their time and I like that. It shows they care. I feel safe here". A relative told us, "(Relative) is safe in here and that gives me comfort".

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured people always received their medicines safely. People were at risk of not receiving safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their medicines ordered, stored, administered and disposed of safely. Protocols were in place for medicines prescribed for 'as and when' use ensuring they were administered safely.
- Staff understood the protocol for reporting medicine errors and records showed us these had been followed. We spoke with a visiting GP who told us, "Medicine errors have reduced over the last 12 months and they (staff) admit when things go wrong".;
- People had their risks assessed and were involved in regular reviews. Assessments included falls, malnutrition, dehydration and skin damage. Staff understood the actions they needed to take to minimise the risks of avoidable harm whilst respecting people's freedoms and choices. These included the use of specialist pressure relieving equipment, providing special textured diets and seeking guidance from specialist health and social care professionals when appropriate.

- Records showed us that equipment was serviced regularly including the boiler, fire equipment, and hoists.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

At our last inspection we found that staff had not always been deployed in a way that met people's identified needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by enough staff to meet their care needs. One person told us, "The carers are always around if I should need any support". We observed staff spending time with people and responding quickly to any needs for physical, social or emotional support.
- People were supported by staff that had been recruited safely including criminal record checks to ensure they were suitable to work with vulnerable adults.

Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols. A relative told us, "The home is kept really clean; everything is tidy and dust free".

Learning lessons when things go wrong

- Incidents, accidents and safeguarding's were a way to improve practice and action was taken in a timely way when improvements had been identified. Learning was shared with the staff team through daily multi departmental meetings, shift handovers and staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

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

At our last inspection we found that people were at risk of not having their rights upheld as the principles of the MCA were not being met. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- When people had been assessed as not having the capacity to make specific decisions these had been made in their best interest within the framework of the MCA. Best interest decisions included input from families and health professionals and examples included covert administration of medicines and the use of alarm mats that monitored a person's movement.
- Records were up to date for applied and authorised DoLS and demonstrated that any conditions were being met.

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

- People and their families had been involved in pre-admission assessments to gather information about their care needs and lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. We spoke with a care worker who had completed a dementia training course. They explained, "It gave me a view point of somebody with dementia. Made me more aware to give people more time".
- Staff had opportunities for professional development including diplomas in health and social care.

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

- People had their eating and drinking needs understood and regularly reviewed including referrals to the speech and language therapy team when people needed specialist swallowing assessments.
- We observed one person who spent most of their time walking and staff ensured they had finger foods throughout the day to support their calorie intake. Another person required visual prompts to help them make meal choices. We observed staff showing them plated meal selections to help them choose their meal.
- Mealtimes were flexible, food was home cooked, well balanced and appetising with menu choices clearly displayed around the home. Drinks and both savoury and sweet snacks were available for people to help themselves to at any time of the day.

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

- Records showed us that people had received support from other agencies when needed. These had included specialist Parkinson's nurses, community mental health nurses and GP's.
- When people were transferred to another agency such as hospital key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
- People had access to a range of healthcare services including chiropodists, dentists, opticians and audiologists for both planned and emergency situations.

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

- People had access to public and private spaces which had been designed sympathetically to reflect the needs of people living at the home. Signage was clear which enabled people to navigate independently to facilities such as toilets and personalised visual clues such as photographs were outside people's rooms. Lifestyle stations had been created such as a children's nursery and a potting shed which provided opportunities for people to reminisce whilst also having a meaningful occupation.
- Outdoor space provided areas where people could be involved in planting vegetables and herbs or caring for the pond fish. A safe play area had also been created in the garden for when people had children visit.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found that care practices had not always promoted dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People and their families consistently told us staff were thoughtful and respected their privacy and dignity. We observed staff addressing people by their preferred name, providing support at the person's pace and respecting choices people made. We spoke with one person who preferred only female care staff to provide personal care and this had been respected.
- Interactions with people were discreet ensuring confidentiality. We observed staff providing comfort and emotional support to a person who had become upset. The person was guided to a quiet area away from other people and a carer sat and comforted them until they were calm.
- Staff positively promoted people's independence and recognised their skills. A care worker explained, "You have to remember people have lived lives". People's skills had been used to support charitable events, organise activities and give talks on their life histories.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

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

- People spoke positively about the care they received. One person said, "The staff have made me feel very welcome and it's the best place for me". Another said, "The carers are all lovely; they can't do too much for me". A relative told us, "(Name) seems very happy here, the carers all seem to like (name) and he is always doing something; he's in the tai-chi class at the moment".
- Staff references to people were consistently positive, kind and caring. We observed interactions with people that demonstrated an understanding of people's lifestyle choices, friendships and individuality.
- People had their individual communication needs understood. A care worker explained how they helped a person with limited communication, "If I offer juice I offer a couple of options as a visual prompt or I can point to objects".

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

- People felt involved in decisions about their day to day care. This included where they spent their time,

taking part in activities, and times they chose to get up and go to bed. One person spoke positively about the care they received saying, "We make a great team".

- We observed staff explaining their actions to people, giving people time and listening to what they had to say.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were met through good organisation and delivery.

At our last inspection we found that care records were not always accurate or complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- People had care plans which reflected their personal care needs and choices, were understood by staff and reviewed regularly with people and their families. We spoke with a visiting GP who told us, "(Staff) know patients well, recognise changes and have the right balance for referring people".
- Staff received a daily handover that kept them up to date with people's changing needs. A care worker told us, "It's also an opportunity to share ideas, perhaps how things can be done differently; share how we support residents".
- Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met.

Meeting people's communication needs

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

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses or hearing aids and how they needed to be maintained.
- People with sight impairment were provided with key information in large print, this included menu's, complaint process and minutes of resident meetings. Braille was available should it be needed. The registered manager explained how some residents had been unable to hear her speak at meetings and requested they use a microphone at meetings and this had been put in place.
- People had opportunities to be involved in activities tailored specifically to their interests. One person enjoyed tennis and staff ensured Wimbledon was on the TV. Another person enjoyed flower arranging and organised a group where people decided to display around the home.
- People had opportunities to join a range of group activities such as quizzes, arts and crafts, cookery and exercise classes. We observed a group of men enjoying spending time together at a 'Gents Club' and

residents sharing time with school children in a reading group. Trips into the community had included visiting a garden centre and other local attractions.

Improving care quality in response to complaints or concerns

- People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A complaints policy was in each room which included details of external agencies people could contact if they felt their complaint had not been dealt with appropriately.
- Records showed us that when concerns were raised they were dealt with in line with the complaints process and in a timely way.

End of life care and support

- People had an opportunity to develop personalised care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- Staff worked with other health professionals such as GP's and end of life specialist nurses to ensure care was responsive to a persons' changing needs and maintained their comfort.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that systems in place had not been effective in ensuring timely responses to people's changing needs and safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we found that the service had not complied with their legal requirements to report safeguarding incidents to CQC. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- The registered manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Staff had a clear understanding of their roles and responsibilities and understood the limits of their decision making. A care worker told us, "The beauty of the team is none of us can function without each other; we all have strengths we use". Another said, "Teamwork is excellent; it's like a family".
- Quality assurance processes had effectively captured service delivery, identified areas requiring improvement and provided opportunities for learning. This included daily multi department meetings that looked at data including new or changing risks to people, staff training and any accidents, incidents, safeguarding incidents and complaints.
- Where improvements or learning had been identified this was placed on an action plan, shared as appropriate with the staff team and monitored daily. Clinical data identified a trend following one person having frequent falls. The analysis had identified a pattern which led to an alert alarm mat being placed in their room and a reduction in recorded falls.
- People, their families and the staff team had opportunities to feedback comments about the service which had led to improvements. A focused resident survey on activities had led to an overhaul of the activity plan

to include more activities with drinks. A Thursday pub night had been introduced and the registered manager told us, "The men love it".

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

- People, their families and staff consistently spoke positively about the management of the home. A care worker told us, "Morale is a lot better, there's a safe space for people to speak up". Another said, "I feel the freedom to express myself and provide individual care to people".
- The culture of the home was open and transparent. The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.
- Staff felt supported and that their wellbeing was respected. A care worker told us, "I feel relaxed and happy and that rubs off on the residents".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings and social events. One person told us, "I go to the resident's meetings as I can speak up if anything is wrong; it's pretty good here and they do seem to listen". A care worker explained, "At meetings ideas can be shared, your listened to and they (management) will explain why it is or isn't a good idea".
- As part of a community initiative workers with the emergency services had started to call in for a rest, drinks and snacks in the bistro area.

Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice such as CQC and Skills for Care.
- Records showed us that information about people was shared appropriately with other organisations such as health and social care commissioners.