

Sunrise Operations Bramhall II Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 19, 20, 21 December 2016 and the 9 January 2017 and was unannounced.

We last inspected the service 26 and 27 January 2015 when we rated the service as requires improvement. At that time we found the service was in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these related to the supervision and appraisal of staff, delivery of person centred care, meeting people's nutritional and hydration needs and records being stored confidentially. We found that the provider was now meeting some of the requirements of these regulations. However we identified other areas where the provider was not meeting the legal requirements. We identified breaches of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to the delivery of person centred care, safe management of medicines, doing all that is practicable to mitigate risk, the effectiveness of governance systems in place, maintaining accurate, complete and contemporaneous records, supervising and ensuring the competency of agency staff. You can see what action we have told the provider to take at the back of this report.

Sunrise Operations Bramhall II is registered with the Care Quality Commission (CQC) to provide personal and nursing care and accommodation for up to 99 older. 73 people receive care in the main part of the home, an 'assisted living' neighbourhood. The home also provides residential care and support to 26 older people living with dementia within a separate 'reminiscence' neighbourhood.

The purpose built home is owned and managed by Sunrise Operations Bramhall II Limited. The home is located in Bramhall Stockport. Accommodation is on two floors and is divided into 'community' areas. Assisted living accommodation provided some single studio suites that could be shared by up to two people such as a married couple. Reminiscence rooms had a similar layout to those in assisted living and were situated on the ground floor. All bedrooms were single and had en-suite facilities available. Car parking is at the front of the building. At the time of this inspection 97 people were living at the home.

A registered manager was not in place however a interim manager and 'pipeline' (temporary) general manager were in place at the time of the inspection. 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. The location has a condition of registration that it must have a registered manager. However steps were being taken by the provider to recruit one within a reasonable timescale.

Prior to our inspection we had received information of concern in relation to the management of medicines, a lack of sufficient numbers of staff, activities for people who use the reminiscence service, call buzzer response times and the general management of the home. The provider was addressing these issues prior to and during the inspection.

Medicines were not always managed safely and we did raise a number of safeguarding alerts with the local authority. These were progressed formally under safeguarding procedures and passed to the local authority's quality assurance team to follow –up. The registered provider had taken action prior to and during the inspection to address concerns identified.

We saw that people were supported by sufficient numbers of staff, although a high number of them were agency staff. Care staff and registered nurses we spoke with told us they had undergone a thorough recruitment process. They told us following their employee induction, training appropriate to the work they carried out was always available to them. Recruitment procedures were in place to help make sure staff had the appropriate skills to protect the safety of people who used the service.

Accurate and complete records in respect of the care and treatment provided to people were not always maintained. Care delivered did not always meet the needs of the person.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

Arrangements were in place to help protect people from the risk of abuse. The service had an up- to-date safeguarding policy and procedure in place and staff members spoken with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse.

We found that agency nurse and carers who were block booked to work at the home, did not receive regular formal supervision, training and work monitoring checks during the course of their employment to make sure they were competent to carry out their role.

People's nutritional and hydration needs were being met. People had choice about what they wanted to eat and where required they were supported to eat their meals with prompts from staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service helped to support this practice.

We saw positive and caring interactions between the permanent staff and people who used the service. These staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect.

There was a consistent level of staff in place to deliver care and support to people who used the service.

Staff members were aware of people's different cultural and religious backgrounds and were able to demonstrate a basic understanding people's diverse needs.

People were supported to take part in hobbies and interests and individual or group daily leisure activities were provided for people who used the service.

A complaints policy was in place and copies of the policy were displayed in communal areas in the home. We examined the services complaints log and found where complaints or comments had been made records were kept of the actions taken to resolve the issue to the satisfaction of the complainant. We recommend the provider reviews the complaints procedure to include the contact details of the local government ombudsman.

A registered manager was not in place however a district support general manager and 'pipeline' (temporary) general manager were in place at the time of the inspection. 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. The location has a condition of registration that it must have a registered manager. However steps were being taken by the provider to recruit one within a reasonable timescale.

Systems in place to ensure the quality of services provided were not always robust and effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Medicines were not being managed safely and this presented a risk to people who used the service. The provider had begun to address these concerns prior to and during the inspection.

Where risks were identified some care records did not include information to clearly identify the factors which might increase the likelihood of the risk occurring, how the risk should be managed and the impact should a risk occur.

The service had an up- to-date safeguarding policy and procedure in place to help protect people from the risk of abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Agency worker nurses and care workers at the home did not receive formal supervision, training and work monitoring checks during the course of their employment at the home to make sure they were competent to carry out their role.

Where people were being deprived of their liberty the registered provider had taken the necessary action to make sure people's rights were considered and protected.

People had access to external healthcare professionals, such as hospital consultants, specialist nurses, physiotherapists and General Practitioner's, who contributed to care records.

Is the service caring?

Good ●

The service was not always caring.

We saw caring interactions between permanent staff and people using the service. Permanent staff had developed a good rapport and understanding of the people who used the service and treated them with respect.

People were encouraged to remain as independent as possible.

Staff members were aware of peoples different cultural and religious backgrounds and were able to demonstrate a basic understanding people's diverse needs.

Is the service responsive?

The service was not always responsive.

People did not always receive care that met their personal preferences.

Monthly nurse led wellness checks were carried out to assist in early detecting any health issues. Any health issues found in people were referred to the local GP.

People were supported to take part in hobbies and interests and individual or group daily leisure activities were provided for people who used the service.

A complaints policy was in place and copies of the policy were displayed in communal areas in the home.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

A registered manager was not in place to manage Sunrise Bramhall II. Whilst staff and relatives made positive comments about the management of the home they raised concerns about the high use of agency staff.

Systems in place to help monitor the quality and safety of the service had not been fully utilised and implemented effectively.

People were given an opportunity to say what they liked about the service but also what, if any, improvements could be made.

Requires Improvement ●

Sunrise Operations Bramhall II 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 the 19, 20, 21 December 2016 and 9 January 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector and CQC specialist advisor in older people dementia care (SPA). A SPA is a clinical or professional specialist with current practice knowledge and expertise which are used during the CQC inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Before the inspection we spoke with a person from the local authority adult social care team who confirmed they had current concerns about the provider and the services that were being provided, these were in relation to medicines and staffing levels.

During our inspection we spoke with four people who used the service, three relatives of people who used the service, the pipeline (temporary) general manager, the reminiscence neighbourhood coordinator, four care workers, the area coordinator, four registered nurses, the community maintenance support assistant, the assisted living coordinator, the activity coordinator manager, the operational director, the district support general manager (interim home manager), a med technician, the head chef, the maintenance manager, and the regional head of care and nursing.

We reviewed six employee personnel files, records of staff training and supervision, care records that

belonged to six people who used the assisted living service and two people who lived in the reminiscence neighbourhood. We also reviewed the medicine records of nine people who lived in the reminiscence neighbourhood, records relating to how the service was being managed such as records for servicing and maintenance, safety audits and a sample of the services operational policies and procedures.

Is the service safe?

Our findings

Prior to this inspection the CQC received information of concern from the local authority adult social care quality team and the NHS Clinical Commissioning Group (CCG) medicines management team, about the management of medicines on the assisted living neighbourhood at Sunrise Bramhall.

During our inspection we reviewed the medication policy and procedure, reviewed medication administration records and observed staff administer medicines. We found medicines were stored in locked medicine trolleys within a designated locked room.

A check of the controlled drugs (CD) in place showed the provider had followed the procedure for administering CD's. Controlled drugs are prescribed medicines frequently used to treat conditions such as severe pain. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. These controls require services to make entries of any controlled drugs stored and administered in a separate register as well as on the MAR sheets. When we checked the CD register and counted a sample of remaining drugs, we found there were no errors and two designated staff had signed the register to confirm they had been administered.

Only registered nurses and medicine technicians (Med Techs) were able to administer medicines at the home. A medicine technician is a person who is trained in the administration of medicines and the documentation of medicines administration. We spoke with three registered nurses to ascertain their knowledge about the process for checking the correct medicine dose according to the General Practitioner (GP) instruction and administering medicines. We found they had good knowledge of why people required their medicines, the dosage, the desired effect and the action they should take in the presentation of possible side effects.

During days one, two and three of our inspection we examined the medication administration records (MAR) for nine people in the reminiscence neighbourhood and saw that some people had not been given their medicines as prescribed. During the medicines round the staff member told us they were not going to administer a particular medicine due to a change in the person's condition that the medicine treated. The staff member did not record any further information on the reverse side of the MAR to explain why the medicine had not been given.

Care records are known within Sunrise Operations as individual service plans (ISP). We saw two ISP records contained incomplete information in relation to the 'special considerations' for medication form. For example, the form asked, "Can resident request PRN (to be taken when needed) medication?" Staff had written "No". However the plan did not identify or explain how staff would recognise if the person required PRN medicine.

Some people were prescribed Paracetamol either as required (PRN) or to be given at particular times during the day with four hours in between each dose. We saw the MAR sheets for these people did not show the

time each PRN dose had been given. Therefore it was not clear if each dose had been given at four hour intervals as prescribed. In addition to this on checking a person's MAR we saw the person had been given Paracetamol four times a day over two days despite this medicine being prescribed to be taken three times a day. Another MAR showed a person prescribed PRN Ibuprofen gel three times a day. We saw this had been recorded as having been applied four times a day on three consecutive days.

We saw that following a medicines round the running balance of medicines recorded did not correspond with the amount of medicines in stock and on some MAR no total had been recorded.

When we spoke with the interim general manager she told us a designated person who was solely responsible to monitor the management of medicines, 'gap monitoring', was already in place on the assisted living neighbourhood but was not fully embedded. She told us that following the introduction of this system they had noted a reduction in medicine errors on that neighbourhood. However the system was yet to be implemented in the reminiscence neighbourhood.

On the fourth day of inspection we reviewed the administration of medicines on the assisted living and reminiscence neighbourhoods. We examined five MAR sheets and checked a sample of medicines in stock on the assisted living neighbourhood and found no errors. From the three MAR examined on the reminiscence neighbourhood we found the medicines running balance on two MAR to be inaccurate because the stock balance had not been included in the total running balance.

We asked the assisted living coordinator and asked them to tell us the process followed should a medication error occur. They told us that following a medicines error such as missed medication, the administering nurse would always complete a medicines error report form which included the error details and the interim manager would be informed of the error immediately. The completed form would be faxed through to the person's general practitioner (GP) or the out of hours GP or NHS 111. Following this the assisted living coordinator, responsible for addressing the error, would hold a supervision meeting with the staff member who made the error. During the supervision meeting a record would be made of the discussion held and the actions taken to reduce the risk of the nurse repeating such errors. Actions might involve the nurse undertaking further training and assessment to make sure they were competent to administer medication. NHS 111 is the NHS non-emergency telephone number where people can speak to a highly trained adviser; supported by healthcare professionals should they require any health or medical advice.

We examined a copy of a medicine error report that had been completed following seven medicine errors that had occurred on 19/12/2016. The medicine errors had been made by the same nurse. We found the error report to be partially complete, advising the GP of the service user's details and the name of the error medicines. We asked the assisted living coordinator if they had followed the procedure to escalate each of the medicines errors to the interim manager and they told us that this had not been done. This meant people were at risk of potential harm associated with the unsafe management of medicines because medicines risk monitoring was not fully carried out and actioned.

The above examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Management of Medicines.

The management team advised us during the inspection that they had reviewed the medicine management practices and had implemented a medication action plan. We examined the medication action plan which addressed the concerns identified by the local authority adult social care quality team and the Stockport Clinical Commissioning Group (CCG) and issues identified during this inspection. The action plan addressed what was required to address the concerns by who and when the action was to be completed by.

At the last inspection in January 2015 we found that the provider had not protected people against the risk of inappropriate care in relation to pressure sores. We found records kept did not measure changes to identified pressure areas and specialist advice had not always been sought. This meant that person centred care, treatment and interventions were not in place to promote and maintain people's skin integrity.

At this inspection we reviewed a person's wound assessment check list and found that it had not been completed even though the person had a moisture lesion to the skin. Instructions for staff to follow on the wound assessment plan clearly stated that all wounds must be photographed without exception. However a photograph of the wound was not in place. Instructions for staff to record when the wound dressing was changed were blank, indicating they had not been completed. A short term care plan for the wound was not in place.

We spoke with the assisted living coordinator (ALC) and a nurse about this and requested that they follow the provider's procedure and to ensure the correct care and treatment were provided.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Doing all that is practicable to mitigating risk.

We examined the risk records that belonged to six people who lived in the assisted living neighbourhood and two people who lived in the reminiscence neighbourhood. Where risks to people's health and well-being had been identified we saw a variety of basic physical and environmental risk assessments had been completed for areas such as falls, skin integrity, dietary and behaviour. However two of the ISP's we examined showed both people were at risk of falls but instructions to inform staff how the risk would be managed, what staff should do to mitigate the risk and what the impact to the person would be if the risk was not managed, were not in place. Although these people had not fallen, we found that the ISP document format did not support staff to fully record and detail peoples identified risks further and some hand written records were illegible. For example, additional notes were not made to include information that clearly identified the factors which might increase the likelihood of the risk occurring, how the risk should be managed and the impact of the risk should it occur. When we asked the interim manager and the pipeline general manager to review the information recorded on three separate care records, they were unable to decipher the hand written notes and therefore unable to fully understand the care instructions recorded. This meant that the provider was not always maintaining accurate and complete records in respect of the care and treatment provided to people.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Maintaining accurate complete and contemporaneous records.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection. Bathroom and toilet facilities were adequately stocked with hand de-sanitizers, and paper towels. Disposable aprons and gloves were available for staff to use which helped to protect them and people using the service from the risk of cross infection whilst delivering care. Staff were aware of the need to make sure they used the PPE available and told us there was always enough equipment in place. Pedal bins with appropriate colour coded bin liners further reduced the risk of cross contamination. Appropriate policies and procedures such as control of substances hazardous to health (COSHH) including the uses and storage of cleaning materials, were in place.

An accident and incident policy and procedure was in place. We examined records of accidents and incidents and saw these had been reported to the Care Quality Commission within the appropriate timescales. The interim manager told us that other appropriate authorities, such as the local authority adult

safeguarding team, had been notified immediately of the incidents when or soon after they had occurred.

We saw there were arrangements in place to help protect people from the risk of abuse. The service had an up-to-date safeguarding policy and procedure in place which provided guidance on identifying and responding to the signs and allegations of abuse. We looked at records that showed the registered provider had effective procedures to help make sure any concerns about people's safety were appropriately reported.

Staff members we spoke with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse whilst demonstrating their understanding of the need to be vigilant about the possibility of poor practice. They confirmed they had received safeguarding and whistleblowing training and staff learning and development records showed they had received such training. They shared with us their understanding of the service's whistleblowing policy (the reporting of unsafe and or poor practice by staff) and told us they would contact the interim manager or the neighbourhood coordinator to inform them about any risk concerns.

A recruitment and selection procedure was in place. We looked at six staff recruitment files and found that all of the staff members had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references from previous employers. Such checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. All staff members were issued with an employee handbook which contained information about Sunrise policies and procedures.

We spoke with four staff members who told us about their recruitment to Sunrise Bramhall. They confirmed after completing an employee application form, they were invited to attend a face to face interview to assess their suitability for the job. Following a successful interview the registered provider carried out the necessary pre-employment checks which included proof of the employee's identity.

Agency nurses and agency care workers were employed using two nursing agencies. Both agencies carried out their own pre-employment checks prior to any nurse starting work at the home. Some agency nurses had been 'block booked' (using the same nurse) to cover shifts. The interim manager told us this was done so the care provided to people would be consistent.

Two people who used the service told us they had noticed a lot of different nurses on duty although generally they felt safe. People using the service and their relatives told us they felt permanent staff members knew the service users well. However, they noticed there had been a high turnover of staff, which impacted on how well staff knew the service user. A person who used the service showed us a list he had compiled which contained the names of 55 different staff who had worked at the home following his move into Sunrise of Bramhall in July 2016. He said, "We are unfortunately inundated by a lot of agency staff who are not always the same people." This meant some people did not benefit from being supported by staff who knew them well. The interim manager told us the registered provider was aware of the number of short term and agency staff used. However this was being addressed as far as possible through the on going staff recruitment drive to help make sure the service was more geared to meet people's needs.

Staff spoken with told us they were often short staffed at the weekends and a lot of the staff working at the home were agency staff. One staff member said, "This is why agency is block booked, because they know about our residents and they're familiar" and "The agency nurses mostly do the medicines". The interim manager told us the staff duty roster was compiled using a staffing dependency tool which calculated the

staff numbers required at each duty shift according to people's support needs, dependency levels and the specific skills of the staff. When we examined the staff duty rosters and walked around the home we saw there was a consistent level of staff in place to deliver care and support to people who used the service.

A relative of a person who used the service said about the staffing levels, "There always seems to be enough staff although there are often a lot of new faces here and there."

When we walked around the home we found the building, including communal toilets and bathrooms, were clean, well maintained and secured. The community maintenance support assistant was responsible for making sure health and safety audits were carried out on a regular basis, this included regular safety checks on furniture, windows, doors, lighting and heating. Records indicated that fire equipment was checked weekly and fire drills were carried out monthly. We saw records to show water, gas and electrical appliances and portable appliance testing had been undertaken at regular intervals. Environmental risk assessments had been undertaken and a clear system for documenting any required maintenance work and evidence that the work had been undertaken and completed was in place.

Records to show people had a Personal Emergency Evacuation Plan (PEEP) were in place. These plans detailed the level of support a person would require in an emergency evacuation situation such as fire evacuation. We saw that all staff had undertaken fire safety training at regular intervals.

Is the service effective?

Our findings

At our last inspection in January 2015 we found that a system for staff appraisal and supervision was not always followed. This meant that staff were not appropriately supported to carry out their role and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements in how the provider was ensuring they meet this requirement. Annual staff appraisal and on-going supervision 'tickler' was in place. Staff supervision at Sunrise Operations is known as 'Tickler.' The 'Tickler' system promoted discussion and evaluation of individual staff performance including best practice and where appropriate improvements in practice were also discussed. Records of these discussions were also maintained. Staff spoken with confirmed they received supervision at least every three months and an annual appraisal. A care staff member said, "During the supervision tickler, we talk about any problems we might have at work or what we might be struggling with. It's a two way thing". A senior carer had received staff supervisory training and who was responsible for providing supervision to three care workers said, "We discuss work issues, sometimes we discuss the residents, but mainly it's about the carer's strengths and what support they might need in their role". We examined a staff supervision timetable which set out future planned dates for individual staff supervision sessions.

Individual staff records examined showed new staff members were given a mandatory induction that covered topics such as, nutrition and hydration, fire evacuation, fire awareness, moving and handling, Mental Capacity Act (MCA) and control of substances hazardous to health (COSHH). This is the law that requires employers to control substances that are hazardous to health such as cleaning materials and chemicals.

The induction period was followed by a two week period of working under the supervision of an experienced staff member in the home. This gave the new staff member the opportunity to get to know the people who used the service. A probationary period of three months could be extended if required. For example a staff member told us their probationary period was extended a further three months because they did not feel completely confident to work unsupported with vulnerable people following completion of their probationary period. They told us that following this additional three months probationary they felt confident enough to work unsupervised with people.

Additional induction training was provided via the Care Certificate. This is a professional qualification that aims to equip health and social care staff with the knowledge and skills they need to provide safe and appropriate care. One of the staff members spoken with had completed this training and another staff member was undertaking the learning modules. Continuing staff training was available in topics such as, dementia awareness, safeguarding adults, first aid, medication awareness and food hygiene. Nurse training in clinical subjects for specific conditions such as tissue viability were addressed as part of each individual nurses learning and development. The registered provider told us that where it was identified staff required training in other areas to meet people's specific needs training would be arranged for all staff. A regional head of care and nursing was in place to assist and advise the management team on staff training, nurse

training, coaching and supervision.

New agency nurses and care workers were given a full employee induction prior to starting work at the home. The head of neighbourhood completed an agency staff community checklist with the new agency worker at their initial duty shift. On completion of the induction and community checklist the new agency worker would be provided with a 'resident information sheet'. This informed the new agency worker of the person's room number, DoLS status, mobility, diet, individual needs, observation charts in place and their personal care required. Any risks were highlighted in red ink. However agency workers rostered for additional shifts did not receive a full induction unless there had been a six month gap in their employment at the home.

We also found that agency nurse and carers who were block booked to work at the home, did not receive regular formal supervision, training and work monitoring checks during the course of their employment at the home to make sure they were competent to carry out their role. There was a high use of agency staff at the home at the time of this inspection and staff told us that agency nurses were mainly responsible for the administration of medicines and there had been a number of concerns raised regarding the safe administration of medicines this meant that the provider did not have full oversight and assurance that agency nurses and carers were competent and appropriately supported to carry out their role safely.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staffing.

At our last inspection in January 2015 we found that the provider had not protected people against the risk of inappropriate nutrition and was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider was now meeting the requirements of this regulation.

We saw people had choice about what they wanted to eat and where required they were supported to eat their meals with prompts from staff. We saw a three course menu was available at lunch and dinner and a varied range of dishes were available including vegetarian, meat, fish and salad options. In addition, omelettes, jacket potatoes and freshly prepared sandwiches, fresh fruit and a selection of snacks were available. People we spoke with said, "The standard of food is good, nourishing, healthy food that's done extremely well", and "The food here is very good, there's always a wide range of food served. We can have whatever we like."

We reviewed people's daily care records and observation charts which had been completed regularly to show the type and amount of food people had eaten and what they had drank.

The dining service coordinator was knowledgeable about the dietary needs of each individual person who used the service and this was assisted with named photographs of each service in place on a kitchen notice board so that individual people could be identified. Information about individual food allergies, special requirements such as gluten free, diabetic or vegetarian diets were in place. In order to ensure people received the correct meal type, the dining service coordinator followed a meal tracker checklist. This was based around a traffic light system of red amber and green which alerted them to individuals who were at high medium or low nutritional risk. For example people requiring a pureed diet because they were at risk of choking would be identified as 'red'. This meant people could enjoy their food because any food and dietary risks were mitigated.

This meant people's nutrition and hydration was monitored to ensure their dietary and nutritional needs were being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to make decisions 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When asked, the interim manager, management team and staff members were knowledgeable about the MCA capacity assessments in place for people who required them. 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 were being met. We saw mental capacity assessments had been completed particularly for people living on the reminiscence neighbourhood. Best interest decisions were recorded including any consultation undertaken and a rationale for reaching the decision made. A check list to remind the registered provider to seek DoLS renewals in advance of the expiry date was in place.

Wherever possible, people who used the service were involved in making decisions about their care and support and their consent was sought and documented. Staff members we spoke with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. Two staff spoken with said, "It's always important to ask the resident before we deliver care like, am I alright to pull the covers back or ask when they need to use the toilet." and "Not everybody can tell you what they want but we always ask them."

Care records showed people had access to external healthcare professionals, such as hospital consultants, specialist nurses and GPs. Notes made following any external appointments were included in people's care records. Where general physical and mental well-being checks had been carried out, including people's weight, dental and optical checks these notes were also included in the care records.

A person spoken with made positive comments about the home and his accommodation and said, "The accommodation is sensational. The facilities are incredibly good. It's far more like a hotel than a care home."

When we walked around the home we saw the design and layout were suitable to accommodate the number of people using the service. There was sufficient and suitable equipment in place, such as hoists and wheelchairs to support people to maintain their independence. Communal toilets and bathrooms were sufficient in numbers and appropriately located to meet the anticipated needs of people who used the service. Communal lounge areas were furnished with appropriate seating and a visitors waiting area was available in the homes reception area. Corridors and staircases were clutter free, fitted with handrails to support people's mobility and wide enough for trolleys, hoists and wheelchairs to manoeuvre appropriately. Two spacious passenger lifts were available to enable people to access the assisted living neighbourhood. The service maintained a homely environment to enable people's activities and routines to be supported effectively by staff members.

Is the service caring?

Our findings

At our last inspection in January 2015 we found that the provider was carrying out random night checks on people who used the service without obtaining their consent. This meant people's privacy was not supported and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider was now meeting this element of the requirement of this regulation. We asked people if they had been consulted about receiving night checks and they confirmed they had been. ISP records examined showed that people only received night checks on their request or if the person has a specific condition that required regular observation and monitoring through the night.

We saw positive and caring interactions between the permanent staff and people who used the service. These staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect. For example, we saw some staff sitting with people, caringly holding the person's hand whilst using non-verbal communication, such as direct eye contact and smiles, giving reassurance. Staff spoken with said, "It's really important to give people companionship." Through our observations it was apparent those people enjoyed the time spent with them. However, some concerns were raised by people who use the service, relatives and staff in relation to agency staff as reported in the Safe, Effective and Responsive domains of this report.

ISP records showed and we saw people were encouraged to remain as independent as possible, and staff supported people to manage tasks such as maintaining personal hygiene within their capabilities.

Whilst nobody was using an advocate at the time of the inspection a discussion with the interim manager and staff members showed they were aware of how to access advocates for people when necessary. A staff member said, "If we thought people needed an advocate we'd pass this information to one of the nurses. It would be in the person's best interest and we would get an outside advocate to represent the resident." An advocate is a person who represents people independently. They are able to assist people in ways such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

Staff members were aware of people's different cultural and religious backgrounds and were able to demonstrate a basic understanding of people's diverse needs. The staff learning and development plan showed equality and diversity training had been completed by most of the staff team and further training in this topic was on-going.

An end of life policy was in place and included procedures which were person centred and supported the person to have as much control as possible about decisions relating to their future care and end of life needs. The interim manager told us that nobody using the service required end of life care at the time of the inspection, however if a person was nearing end of life the relevant palliative care professionals would be involved such as the District Nurses and the person's GP. In addition an appropriate care and support plan would be implemented.

Is the service responsive?

Our findings

Prior to this inspection we were advised by the local authority (LA) adult social care (ASC) team that people had raised complaints about the length of time it took for staff to respond to the nurse call buzzer. For example a friend of a person who uses the service reported that during their visit they found staff had taken over two hours to respond to the buzzer. The operational director told us this particular incident was being investigated with other concerns about the buzzer response times. The local authority ASC team confirmed these concerns were being addressed and monitored by the provider.

As reported in the Safe domain during the inspection we found a consistent level of staff in place to deliver care and support to people who used the service.

The regional head of care and nursing told us that a pre admission assessment check list was always undertaken by a registered nurse before a person began to use the service. This was done to determine if the service could meet the person's needs. Health observation checks such as blood pressure, weight, temperature, malnutrition screening tool (MUST) and a body map were completed within 24 hours of the person moving into the home. Risk assessments were included for falls, moving and handling, choking and swallowing, depression, continence, behaviour and nursing needs were completed and in place. This information was used to develop the person's ISP. The interim manager told us that any short term health concerns for example wound management, would be recorded and included in the person's ISP. Please refer to the Safe domain for further information in relation to managing risk and short term health concerns.

During the inspection we saw people's ISP's were being updated and reviewed and staff members spoken with understood the importance of the care review system. They told us that any changes to a person's care following a care review were always shared with the staff team to reduce the risk of improper care being provided. We saw information in people's ISP's had been completed following a standardised format. This format was clinical and not particularly person centred. For example whilst an advanced care plan was available for people to discuss their wishes and thoughts for the future, none of the six ISP's we examined on the assisted living neighbourhood had sought to identify where people might have desired goals for their future. These issues show that people's ISP's were not developed with a view to ensuring their needs were fully met.

Care reviews were held every six months or sooner if required and involved the person who used the service where they had the capacity to be involved, family members or advocates and nurses. Where issues were identified these were noted and any follow up action was recorded.

We looked at how information regarding the daily care needs of people were reported on each shift to ensure people received the care and support they needed. This included reviewing records such as the daily huddle notes (the staff handover record) and resident information sheets. Whilst these showed staff meetings were in place to discuss staff daily tasks and people's daily needs, information shared was not detailed and only gave a snapshot of people's care to be delivered. For example the personal care requirements for a person on the resident's information sheet only stated, "Requires stand support with

personal care, may display distressed behaviour, resident loves listening to Tom Jones." Additional comments and notes such as allergies and risks were highlighted in red ink. We found care instructions were not person centred, inconsistent and brief.

When we asked a person who used the service if they felt the care provided responded to their needs, they said, "Well, some of the staff have no motivation. Some are a liability, for example I asked an agency staff to wash my feet because I have cream applied to my feet and legs daily and I wear special socks. I can't do this myself because I can't reach that far. She [staff] struggled to kneel down to assist me and so this task was missed."

The above examples demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

A wellness service at the home operated an open door policy Monday to Friday 9am to 5pm for people who wished to seek advice about their wellbeing. Monthly nurse led wellness checks were carried out to assist in the early detection of any health issues. Where health issues were identified the person was referred to their GP.

Neighbourhoods were designed specifically to support older people living with dementia. Clear signage indicated where bathrooms, toilets, lounge areas and dining room were located within the neighbourhood. We saw individually named brass plates and bedroom numbers were located outside people's bedrooms. Memory boxes containing key items relevant to each person had been placed on the wall next to people's bedroom doors. This promoted people's independence and supported them to orientate around the neighbourhood and find their bedrooms.

People were supported to take part in hobbies and interests and individual or group daily leisure activities were provided for people who used the service. We saw there was a wide range of activities available to people living at Sunrise of Bramhall to choose from. These included planned trips to visit places of interest, a knitting circle, and live entertainment. Records of people's involvement were kept in their individual activities record.

At the time of our inspection many of the social activities for people who lived at the home were geared around Christmas. During our inspection we saw the home was visited by the Salvation Army brass band which played a selection of Christmas carols, and on different days pianists entertained people and encouraged them to sing along to familiar festive songs. Relatives and visitors were made welcome and encouraged to join in whilst being provided with mince pies and fresh coffee.

A concierge service was available in The Grand Foyer of the home seven days a week between the hours of 8am and 8pm. A bistro area which served hot and cold beverages/ snacks was open 24 hours a day also provided daily newspapers and a fortnightly shop for small personal items.

A complaints policy was in place and copies of the policy were displayed in communal areas in the home. When we looked at how the service managed complaints the operational director told us that complaints were addressed following the organisations complaints process. Complaints were logged monitored and responded to by the operational director. We examined the services complaints log and found where complaints or comments had been made records were kept of the actions taken to resolve the issue to the satisfaction of the complainant.

The operational director told us that all complaints were taken seriously and the policy in place allowed for

a full investigation giving initial feedback within five days. Action was taken from complaints to improve the quality of service delivery. However when we examined the home's statement of purpose and resident's handbook, the procedure did not show that complaints could be escalated to the local government ombudsman if the complainant remained dissatisfied.

We recommend the provider reviews the complaints procedure to include the contact details of the local government ombudsman.

Is the service well-led?

Our findings

Prior to this inspection the registered provider notified us that the registered manager had left the service on 16 December 2016. The deputy manager had also left the service in October 2016, although a replacement deputy manager had commenced employment in October 2016 they too left the service in December 2016.

When we visited the service on 19 December 2016 a registered manager was not in place. The operational director told us that steps were being taken by the provider to recruit a suitable manager within a reasonable timescale. It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Sunrise of Bramhall is registered with the Care Quality Commission (CQC). The operations director told us in the absence of a registered manager, Sunrise Operations were committed to providing continuing management support at the home.

In the absence of a registered manager, management support for the home was in place. A pipeline (temporary) general manager, operational director and a district support general manager (interim home manager), were present on both days of the inspection. The regional head of care and nursing was present on the second day of the inspection. This was a relatively new management team to Sunrise of Bramhall. Discussions with staff members and people who used the service confirmed there was always management presence at the home despite there being no registered manager in place.

Most of the people we spoke with made positive comments about the management and staff at the home and told us they felt safe and thought their needs were being met by competent staff. Relatives spoken with commented on the number of non-permanent and agency staff and said, "It can get a bit confusing. There always seems to be different faces here and there, but we noticed the nurses upstairs in the nurse's office are usually the same people." However, one person who used the service said, "Management here need to be more disciplined with the people caring for us. Some [staff] are experts at avoiding, others work really hard. We are unfortunately inundated by a lot of agency staff. They're not always the same and some have no motivation."

At the last inspection in January 2015 we found that people's care records were not being held confidentially at all times. This meant that peoples records were not maintained securely and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that although the provider was meeting this element of the regulation and records were being stored securely other breaches of Regulation 17 were found.

We saw recent audits on reporting systems such as accident and incident reporting and environmental risk assessments were in place. These showed where improvements were needed and what action had been taken to address any identified issues. Accidents and incidents were regularly monitored by an internal auditing team to ensure any trends were identified and addressed. Safeguarding alerts were recorded and checked for any patterns which might emerge.

We checked our records before the inspection and saw that accidents and incidents that the Care Quality Commission needed to be informed about had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The managerial oversight of medicines management at the home had been poor. Although risk checks and audits were in place for medicines management, we found these had not always been consistently completed and had not been effective at ensuring timely action was taken to address concerns. The operational director told us they had already identified a number of concerns in relation to medicines management. They told us that a new system for medicine gap monitoring had been introduced on the assisted living neighbourhood and was being implemented across the home. On those neighbourhoods where the system had been introduced there had been a reduction in the number of errors found. During the inspection the provider had also developed a medication action plan as discussed in the safe section of this report to address the concerns identified.

A monthly care record (ISP) internal audit carried out by the regional head of care and nursing had not identified any of the concerns we found during our inspection. Regulation and compliance visits were undertaken by an internal compliance team to which the regional head of care escalated any action required to help reduce identified shortfalls in service provision. However management were unable to provide us with copies of the most recent compliance audit to examine their findings in relation shortfalls in good practice. Therefore management at the home were unable to identify where quality and/ or safety were being compromised and could not respond appropriately.

The above examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assess monitor and improve the quality and safety of the services provided.

Meetings were held with people who used the service and their representative or relatives. People were given an opportunity to say what they liked about the service but also what, if any, improvements could be made. Notes of the meetings were kept to ensure an accurate account of people's verbal contribution.

Management shared with us copies of the various organisational policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. Policies we looked at had been reviewed regularly and a future policy review date was planned.

A business contingency plan was in place which identified the provider actions when an exceptional risk though unlikely, would have impact of the service provided to people and staff.

Staff spoke positively about management and told us they enjoyed working at the home. They understood their role and responsibility to the people who used the service and felt management were supportive and responded well to the needs of staff and people who used the service.

The registered provider recognised staff caring attributes through observations of staff practices and behaviours and operated an employee reward scheme to acknowledge staff loyalty. This helped the staff team to feel valued and maintain a good standard of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured care delivered meet service users' needs. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. The provider had not taken all reasonably practicable steps to reduce risks to people using the service. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not taken reasonably practicable steps to assess, monitor and improve the quality and safety of the service. Accurate, complete records of care were not maintained. Regulation 17 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider had not ensured that agency staff received appropriate training and support.</p> <p>Regulation 18 (2)</p>