Sunbury Nursing Homes Limited

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Inspection report

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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

Sunbury Nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Sunbury Nursing Home is registered to provide accommodation with nursing care for up to 57 people. At the time of our visit, there were 52 older people living at the home. Some of the people who live at the home are living with dementia, whilst others have complex needs from living with Parkinson's disease, stroke or epilepsy. The home also provided end of life care.

The inspection took place on 29 June 2018 and was unannounced.

There was a registered manager in post. 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.

At our previous inspection on 27 July, 2 and 3 August 2017, we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to risk assessments for people, care plans and assessing and monitoring the service. The provider sent us an action plan on 20 March 2018 and provided timescales by which time the regulations would be met.

At this inspection we found improvements had been made. However, we noted inconsistencies about the information recorded in people's care records. The impact to people was lessened due to the knowledge and experience of the consistent staff team. We have made a recommendation to the registered provider in relation to this.

People were safe at Sunbury Nursing Home. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm. There were sufficient numbers of suitably trained staff to support people's needs safely. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed safely. Any changes to people's medicines were prescribed by the person's GP and medicines administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The home had a business contingency plan which identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Although we found some concerns around infection control such as dirty commodes and mattresses these were quickly remedied during the inspection. We reviewed the systems in place to prevent and control infection. After the inspection, the provider sent us an amended infection control auditing system to help ensure safe standards of cleanliness were maintained.

Staff worked within best practice guidelines to ensure people's care and support promoted well-being and independence. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. The registered manager ensured that clinical staff abided by the requirements set out by the Nursing and Midwifery Council (NMC). The NMC is the nursing and midwifery regulator.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. Staff worked effectively with healthcare professionals and were pro-active in referring people for assessment or treatment. People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs.

People's needs were met by the adaptation, design and decoration of the premises. The home was decorated and presented to a good standard.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff understood and knew how to apply legislation that supported people to consent to care and support. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of DoLS and the MCA as well as their responsibilities in respect of this.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voice to be heard.Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. There were a range of activities available within the home and community.

People received comfortable and dignified end of life care. The home obtained guidance and best practice techniques from professional bodies to assist them in providing good quality end of life care.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home. People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager.

During this inspection, we made one recommendation to the registered provider in relation to care records.

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.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

There were effective recruitment procedures in place.

People were cared for and supported by a sufficient number of staff.

People's risks were assessed and monitored according to their individual care and support needs.

Medicines were managed well and administered to people safely.

There were systems in place to prevent and control infection. The home was clean and was not cluttered.

Is the service effective?

Good

The service was effective.

People's care and support needs promoted a good quality of life based on good practice guidance.

People's care was provided in line with the Mental Capacity Act 2005 (MCA). Where restrictions were in place these were in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy was respected and promoted.

People were able to make choices about their day to day lives so they could maintain their independence.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's care and supports needs were recorded.

People's needs were assessed when they entered the home and on a continuous basis. People received dignified end of life care.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home.

Is the service well-led?

Good

The service was well-led.

Some care records were lacking detail – we have made a recommendation to the registered provider in this respect.

Quality assurance systems were in place.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager.

Sunbury Nursing Homes

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.

We carried out this unannounced inspection on 29 June 2018. The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used information the provider sent us in the Provider Information Return. 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. This enabled us to ensure we were addressing potential areas of concern at our inspection.

Prior to the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also contacted two healthcare and two social care professionals who were involved with the home. We reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

During the inspection we spoke with 15 people living, eight relatives, 11 staff including nurses, care and housekeeping staff, the registered manager and the registered provider. We observed care and support in communal areas; looked at three bedrooms with the agreement of the relevant person. We looked at eight care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, complaints records, policies and procedures and external and internal audits.

Good

Is the service safe?

Our findings

People felt safe at Sunbury Nursing Home. People told us they felt safe and secure at the home and with the staff who provided care and support. Comments included, "I feel safe because people come in my room and chat with me and help me whenever I need it," "I do feel very safe and being here I don't need to worry about anything" and, "I feel safe and my things are well looked after." Relatives told us they felt their family members were safe at the home. A relative told us, "She is safe here and well looked after, I couldn't ask for better care." We observed that people were safe and were provided with guidance about what to do if they suspected abuse was taking place.

At our inspection on 27 July and 2 and 3 August 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person was not doing all that was possible to mitigate risks to people.

We asked the registered provider to take action to make improvements to their systems to ensure risks to people were managed and monitored properly. They sent us an action plan stating they would make the improvements by 30 April 2018.

At this inspection we found improvements had been made in identifying risks to people. One person was at risk of falls due to their cognitive ability and pain threshold. Their care plan stated they required the use of a full body hoist, medium size sling and two carers to support with all transfers. A relative told us, "They use the wheelchair and the hoist every day and I've got no concerns there." Any healthcare issues that arose from risks were discussed with the relative and social or health care professional such as the GP or a speech and language therapist. Risk assessments detailed the support needs, level of concern and how to manage the risk.

Arrangements were in place to monitor and review people who had pressure ulcers. Information was detailed and provided guidelines for staff to follow. Information was recorded about how often people should be repositioned to alleviate pressure and minimise the risk of a pressure ulcer. People were also provided with specialist equipment such as a pressure mattress or pressure cushion. We noted communal areas, stairs and hallways were free from obstacles which may present an environmental risk to people.

Where people were at risk of choking, staff had received the appropriate training in how to mix thickener to add to food or drink to ensure people received the right consistency for their individualised need. Staff also knew what to do in the event of someone choking.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised emergency evacuation plan that was regularly reviewed. Regular fire drills were carried out so people and staff knew what to do in the event of a fire. There was a business contingency plan in place and the provider had identified
alternative locations which would be used if the home was unable to be used.

People were cared for by staff who knew what to do if they suspected any abuse. A member of staff told us, "We know people, so if there was anything wrong we would report it straight away." The home held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. Staff confirmed that they were asked to complete an application form which recorded their employment and training history. Records included a recent photograph, written references and a Disclosure and Barring (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained. The registered manager also verified staff's
qualifications and membership to professional bodies.

The provider had a system to manage and report incidents and safeguarding. Members of staff told us they would report concerns to the registered manager. We read incidents and safeguarding had been raised and dealt with and notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents.

People were care for by a sufficient number of suitable staff. One person told us, "I have two regular carers usually. The staff are busy but there are usually enough. I recognise many of them and they are nice, kind and the bells get answer quickly, day or night." Another person told us, "I do have a carer but she is very busy so most of the time it is whoever is free who comes to help me. It's busy at night but I cannot fault the actual care I get and you do not have to wait too long." The consistent staff team were able to build up a rapport with people this enabled staff to acquire an understanding of people's care and support needs. The staffing rotas were based on the individual needs of people and included, supporting people to attend appointments and activities in the local community. The registered manager and registered provider told us, "We never use agency staff. We will cover sickness and annual leave so people are not disrupted." We noted on the day of our visit, that people's needs were met promptly.

Medicines were administered, recorded and stored safely. A person told us, "They bring me my medication and watch me take it. Then they write it down and I do get it at the same time each day." A medicines profile (MAR) had been completed for each person and any allergies to medicines recorded. MARs held people's photograph to ensure that staff were giving the medicine to the correct person. All medicines coming into the home were recorded and medicines returned for disposal were recorded in a register. People received medicines from competent staff authorised to administer medicines. Staff attended regular refresher training in this area and after completing this training, the registered manager observed staff administering medicines to assess their competency before they were authorised to do this without supervision.

There were written individual PRN [medicines to be taken as required] protocols for each medicine that people took. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine. This is particularly important for people who are living with dementia as they may not be able to express when they are in pain.

People were protected against the spread of infection within the service. A person told us, "I think it is fine and it is very clean here." A relative told us, "It's okay here, very clean, they look after the place." There were procedures in place for staff to follow cleaning schedules and record cleaning tasks performed. Staff followed good practice in infection control and used personal protective equipment, such as gloves and

aprons, when providing personal care. The home also had an infection control champion who ensured that staff adhered to best practice guidelines and challenged bad practices. However, despite the systems in place we raised concerns about the conditions of four commodes which were dirty, two of which needed to be repaired and two mattresses. During the inspection, two commodes were replaced and the other commodes and mattresses were cleaned. After the inspection the registered manager sent us information on their new infection control arrangements to help ensure safe standards of cleanliness were consistently maintained.

Good

Is the service effective?

Our findings

People and relatives spoke highly of the staff working at the home. They felt that staff were well trained and had sufficient knowledge to keep people safe. A person told us, "I think they are very good and well trained and they work very hard." Another person told us, "They do know what they are doing and they help me and do their best." A relative told us, "Yes definitely I have confidence in their ability to look after him."

Staff had received training appropriate to their roles. The registered manager ensured staff had the skills and experience through regular training and supervision. New staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Training was provided in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had received mandatory training in areas as moving and handling;
management of medicines, basic life support and food safety, catheter care, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate support to promote their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, "We all work together as a team. There are various meetings held so we discuss everything from what is happening with residents' care, incidents, how we are getting on and what we need to improve on." The registered manager confirmed that regular supervision and annual appraisals took place. The registered provider's records reflected what we had been told.

People's needs and choices were assessed and care, treatment and support was delivered in line with their pre-admission assessment. Pre-admission assessments were used as a basis for a person's care plan. The assessment included information on a person's medical history, medicines, allergies, physical and mental health, needs and any potential risks.

People were supported to ensure they had enough to eat and drink to keep them healthy. There was a choice of nutritious food and drink available throughout the day and people gave us positive feedback about the food. One person told us, "Food is okay and you get to choose from a couple of things." A relative told us, "The food looks quite nice and there are choices. There are a lot of options like a potato and omelette." People were involved in the consultation about menu choices.

Lunchtime was observed as a social occasion. People were able to choose who they sat with and people enjoyed their lunch together outside in the garden, communal lounges or in their room. Information about people's food likes, dislikes and preferences in line with their religious or cultural needs were available. Where people needed support at meal times detailed information was provided for staff to follow. A person told us, "They help you if you need it and offer to help you or cut things up." Food and fluid intake and weight charts were completed to monitor people's intake of food and to review their weight. A relative told us, "They are always checking to make sure that she's eating well." Staff told us where people's weight had declined they would refer them to the dietician or the GP.

People had access to healthcare professionals such as a GP, district nurse, dietician, speech and language therapist or social care professionals to review their well-being. A person told us, "I tell them and the nurse visits me. She will offer painkillers and then tell you have to wait for the doctor to come in. I have hospital appointments and the optician has checked my eyes and glasses." We saw from care records that if people's needs changed staff obtained guidance or advice from the person's doctor or other healthcare professionals. Outcomes of people's visits to healthcare professionals was recorded in their care records.

People lived in an environment that was adapted to meet their needs. It was easy for people living with dementia to find their rooms or their way around the home and staff used visual aids to help people orientate around the home. Each wing of the home had a different colour scheme and toilet seats were different colours to the hand basin which helped people living with dementia or a sensory impairment identify them. Bedrooms had specialist profile beds and there were four wet rooms with improved wheelchair access. This confirmed the information recorded in the Provider Information Return (PIR).

People's rights under the Mental Capacity Act 2005 (MCA) were respected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who
may lack the mental capacity to do so for themselves. 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met and we found they were. We found decision specific mental capacity assessments, best interests decisions and DoLS applications for people.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and that they were happy and enjoyed being in the company of staff. A person told us, "They are lovely here and kind and encourage me to get better and stronger." A relative told us, "They are lovely and I can't fault them the care is very good and just what she needs." Another relative told us, "They're all really lovely, we've had no problems at all."

People were able to make choices about their day to day lives so they could maintain their independence. A person told us, "I do have quite a lot of independence here to go about my business." People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. We saw rooms were personalised with pictures, photographs and items of religious sentiment and personal interest.

People were supported by staff who knew them. A person told us, "They know me and my needs well and record it in my care plan. Most of them use the care plan to find out about me if they haven't cared for me before." A relative told us, "They know what she [family member] needs and how to look after her and her main carer is excellent and tells people how she likes things done." Staff talked about people, their likes, dislikes and interests and the care and support they needed.

People were cared for by staff who approached them with kindness. A person told us, "They do talk to you and have a chat about how you are what is it is you've had and things like that." A relative told us, "They seem very nice, calm and patient." We saw that staff treated people with dignity and respect and heard staff speak to people in a respectful and friendly manner. Personal care was provided in private. Staff called people by their preferred names and interacted with people throughout the day. For example, when attending activities in the garden and helping people eat and drink at each stage they checked that the person was happy with what was being done. A relative told us, "They're all really lovely, we've had no problems at
all."

People were involved in making decisions about their care. A person told us, "I get to tell them how I like things and they make a note of it in my care plan. I know what's in my plan and if there is someone new I suggest to them that they read it because I am a little bit particular about certain things." They went on to say, "They do ask if they can assist with personal things like toileting and as I do need this I notice if they ask each time." We observed that when staff asked people questions, they were given time to respond. Relatives, health and social care professionals were involved in individual's care planning. A relative told us, "I know who to speak to about her care as they can't speak and I know her better, I am involved in her care plan."

People were encouraged to maintain relationships that meant something to them as relatives and friends visited regularly. A relative told us, "They go the extra mile for things like her birthday. They always have an internal party anyway but if we want to celebrate they provide tea, nibbles and sandwiches." Another relative said, "They do know her well and they know us as a family because we are always coming. Each day I say hello to everyone on the unit, I knock on the doors to see how they are and staff too."

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "They know me quite well because they read my care plan and have a chat with me. I know the ones that like to chat and I have ones that I feel confident with."

At our inspection on 27 July and 2 and 3 August 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not always reflect how they liked to receive their care and treatment. We asked the registered provider to take action and they sent us an action plan stating they would make the improvements by 30 April 2018.

People's care plans recorded their care and support needs in relation to communication, mental health and activities. People's interests, religious needs, sleeping, tissue viability, personal care, eating and drinking, and medical conditions were also recorded. Where people were living with diabetes, records provided staff with guidelines on how to support the person when their blood sugar levels were high or low. Detailed information was recorded about how people wanted their personal hygiene carried out and included if people wanted to wear lipstick.

People who received nursing had their records and care reviewed by our specialist advisor and there were examples of good practices. For example, where people had PEG feeding tubes and catheters best practice techniques and national guidelines were being followed. A PEG feed is a medical procedure used when people can no longer take in food orally. Where people required additional care, records were in place to monitor their wellbeing such as fluid, food, weight and bowel charts and body maps. Information contained in these records were up to date. This demonstrated that staff were responsive to people's needs and provided safe and individualised care.

Staff told us they completed a handover sheet after each shift which outlined changes to people's needs. We looked at these sheets and saw that the information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken.

People confirmed that they took part in the activities in the home and in the local community. A person told us, "I like the entertainment and singing. I like movies." Another person told us, "I do get quite bored but they do find things for me to do and I do go on trips to the river with them which I really like." Activities included going for walks with staff, film afternoons, sensory activities, coffee mornings, crosswords and board games. During our visit we observed activities taking place in the garden, music was playing and people were seated for sensory activities. Staff offered people different textured items such as scarves and feathers to hold, touch and discuss. People were also able to celebrate their birthdays and other festive occasions at the home and participate in activities in the local community. There was an activities programme which was displayed throughout the home and given to each person. Those who were cared for in bed were offered one to one time with the activities co-ordinator or staff.

People were made aware of the complaints system. A person told us, "I can go to the manager and sit with her in the office and she is very accommodating and approachable. She does feedback to you and try and help and quite quickly too." Another person told us, "I would definitely go to the manager as she makes time for you. I did make a small complaint and
she dealt with it very quickly for me. (One of the directors) came to see me too to see if I was happy afterwards." There were various ways that someone could voice their opinion about the home. For example completing a form, discussing the issue with staff, the registered manager or
at the relatives and resident's meetings. Staff knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The home maintained a complaints log and we read two complaints had been made in the last twelve months. We noted that responses to the complaints contained action to be taken and offers of apology. We also saw lots of compliments received by the home. Comments included, 'My thanks for the excellent care that was extended to my mother', 'We were blessed to have [name] so well looked after in her final days' and, 'Your loving care is much appreciated'.

People received comfortable and dignified end of life care. A person told us, "They have recorded my wishes for things like my end of life and where I would like to spend time if I get really ill." A relative told us, "I know about his care plan and we have discussed it all together. He makes his decisions and they all recorded including his views and requests for his care and end of life." The home obtained guidance and best practice techniques from professional bodies to assist them in providing good quality end of life care.

Good

Is the service well-led?

Our findings

At our inspection on 27 July and 2 and 3 August 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person did not have an effective system to assess, monitor and improve the quality of people's care records. During this inspection we found some improvement but further work was required. The impact to people was lessened because staff knew people and their needs well. However up to date and accurate information is important as in the event that new staff are caring for people they will be reliant on the person's care plan.

For example, where people were living with a mental health issue there was no information or guidelines provided to staff on how to support the person if their mood was low. Some end of life plans did not always contain relevant information on people's end of life care arrangements. One person had a contagious condition but there was a lack of specific care plan in place relating to this. Staff we spoke to knew about people's risks and the action needed to be taken to keep them safe from harm. Care plan audits had been carried out and identified issues such as spelling and grammar but had not identified the lack of information recorded on care plans.

We recommend the registered provider ensures care plans and information relating to people's care is contemporaneous.

There were a number of systems in place to make sure the service assessed and monitored its delivery of care. We saw there were various audits carried out such as medicines, health and safety, room maintenance and housekeeping. Accident records were kept which contained a description of the accident, time it occurred and if people required hospital treatment. The registered manager conducted an analysis to help identify trends and patterns for example the number of time people used the call bell and the reasons why. Fire, electrical and safety equipment were inspected on a regular basis to ensure they were safe to use.

People told us they felt the registered manager was approachable and the home was well managed. A person told us, "She (the registered manager) is very approachable and proactive, she checks in on me now and again and if you ask her for things she does feedback to you on the progress." A second person said, "They look after me and keep me healthy and safe; professional and friendly." A relative commented, "I find them very good and appreciate they are very busy and sometimes have a lot on their plate with residents needs or short staff but they always make time."

There was an open door policy as we saw people, including their relatives, go into the office throughout our inspection. A person told us, "I do know who the manager is and I find her approachable." A relative told us, "The manager told us when we started here that their door is always open and I find that very reassuring."

People and their relatives had opportunities to feedback their views about the home. We noted that there were residents meetings. During the June 2018 meeting people discussed activities, personalised door names, privacy laws and a 'life at Sunbury' survey. The registered provider had conducted a resident's survey in 2018 and people's feedback was positive.

Staff told us that managers were open and approachable and they could discuss any issues they had with them. Staff told us that team meetings were held regularly and that they could raise any concerns they had at these meetings. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.