Care Quality Commission

Sunrise Operations Fleet 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?	**Outstanding**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected Sunrise Operations Fleet Limited on the 25 and 26 October 2016. Sunrise Fleet provides accommodation and personal care to older people. The home also has a specific care unit for people living with dementia. The home offers a service for up to 78 people. At the time of our visit 76 people were using the service; however three people were independent with their care needs. This was an unannounced inspection.

We last inspected the home in January 2014 and found the provider was meeting the relevant regulations.

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.

People enjoyed living in Sunrise Fleet. People told us they felt safe at the service and enjoyed active and social lives. People had access to a range of activities and events which was tailored to their individual needs and preferences. People felt cared for and happy. Relatives spoke positively about the service and felt they had peace of mind that their loved ones were safe.

People were supported with their ongoing healthcare needs. The home employed wellbeing team leaders who helped co-ordinate and arrange people's healthcare appointments and needs. The wellbeing team linked with people's GP to ensure people had access to the healthcare they needed. People received their medicines as prescribed. Where people were able to staff supported them to self-administer and manage their medicines.

People had access to plenty of food and drink. People told us they enjoyed the food they received within the home, and spoke positively about the home's bistro and access to all the food and fluid they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills.

Staff benefitted from strong leadership from a committed management team. There were enough staff with appropriate skills deployed to meet the needs of people living at the service. Staff spoke positively about the support they received from the manager and the provider.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager and provider had systems to assess, monitor and improve the quality of service people received at Sunrise Operations Fleet Limited.

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 felt safe living at the home. Staff understood their responsibilities to protect people from harm and report any concerns.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care. People received their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people.

Is the service effective?

Good

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Managers ensured care staff had the information they needed to meet people's needs.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their day. Where people could become anxious, staff were given support to recognise their anxieties and meet their needs.

People received the nutritional support they needed. People were supported and often escorted to attend healthcare appointments. Healthcare professionals felt there was strong communication links with the service.

Is the service caring?

Good

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept clean and comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people.

Is the service responsive?

The service was very responsive. People were supported to enjoy a busy and active social life at the service. There was a range of activities which were tailored to people's individual needs and interests.

People's needs were assessed and a current and accurate record of their care needs was maintained. Staff identified when people's needs were changing. Management supported staff to have the information they needed to support people in the best possible way.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

The service was well led. The registered manager and provider had ensured there were systems in place, which could be regularly accessed in order to, monitor and continually improve the quality of service people received.

People and their relatives' views regarding the service were sought and acted upon.

Relatives, healthcare professionals and staff spoke positively about the service. Staff were supported to develop and take on additional responsibilities within the service.

Care Quality Commission

Sunrise Operations Fleet 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 was 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 25 and 26 October 2016 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were 76 people being supported by the service. Three of these people did not receive support with their personal care needs. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals regarding the service.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. 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 took this into account when we inspected the service.

We spoke with 18 people who were using the service. We also spoke with six people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 14 staff which included five care staff, the activity co-ordinator, catering co-ordinator, two unit care co-ordinators, two wellbeing team leaders, the business office co-ordinator and the registered manager. We reviewed 12 people's care files, five care staff records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the service. Comments included: "I'm safe and I feel comfortable"; "I feel very safe and looked after very well"; "I think we all feel very safe" and "I'm happy and safe. Why wouldn't I be safe living here?" One relative told us, "I am assured she is safe and comfortable. It's definitely one of the better places."

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I will let my line manager now immediately. If someone told me a concern I would say I couldn't keep it confidential and I would have to tell a manager". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I would definitely do something, we have phone numbers where we can raise concerns in the staff room and the offices. I know we can contact (local authority) safeguarding". Care staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC.

People could be assured the premises were safe and secure. A maintenance worker carried out safety checks on the premises. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Regular fire evacuation drills were carried out to ensure staff understood the actions they needed to take in the event of a fire. Equipment used for assisting people with their mobility needs; including bath chairs were serviced to ensure they were fit for purpose and safe for use.

People were protected from risks in their environment. For example, rooms which contained equipment and chemicals which could harm people were kept secured. When domestic staff used cleaning products they ensured these were never left unsupervised. Domestic staff informed us they had the equipment they needed to carry out their roles. They explained how they ensured the home was kept clean and tidy. One relative told us, "I think it's very clean and it's always nice looking." Another relative said, "There is never any odours or smells like you find in some homes, it's always kept clean."

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores, their care plan had information on how they should be assisted with their mobility and the pressure reducing equipment they needed. Where people had pressure relieving equipment, such as pressure reducing mattresses, these had been set in accordance with their weight. A picture was taken of the equipment settings to show staff how the equipment should be set to ensure the person was protected.

Where people needed assistance with repositioning, a clear record of how often people required support and when they received this support was maintained. For example, one person needed to be assisted to change position between their left and right side. Care staff kept a clear record of the support they provided this person. This ensured they were protected from the risk of damage to their skin.

People told us there were enough staff to meet their needs. Comments included: "The staff are wonderful, they definitely come when I expect them to, you never go without"; "The staff answer the bell quickly"; "The staff always have time for me" and "There are enough staff around here to make everyone happy". One relative told us, "definitely enough staff, nothing is too much trouble for them."

Care staff felt there were enough staff to meet people's day to day needs, and stated when sickness happened managers (including the registered manager) helped on the floor. Comments included: "There is a fantastic team here and we ensure people's needs are met"; "One could always do with more staff, however we've got enough staff to meet people's needs, people never go without"; "There are enough staff. We have a lot of staff. Sometimes if someone is sick we may struggle, however the managers always step in" and "We have enough staff. Mornings are busy, however we get time to provide people's care and spend time with them.'' The registered manager told us the staffing for people in the two separate areas of the home was based on the needs of people living there at the time. The registered manager and care staff spoke positively that the service has not had to rely on agency staff to ensure people's needs were met.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day and were never rushed. People enjoyed sitting with staff in communal areas of the home. As well as care staff, there were concierge staff deployed to assist people with their food and drink.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

The registered manager monitored how long staff took to respond to people's call bells. They carried out daily audits of call bells to ensure when people requested support; these were responded to in a timely manner. Where call bells had taken over 10 minutes to answer the registered manager spoke with people and staff to identify why this had happened. Care staff were made aware of the audit and initial results through "Town Hall" (staff meetings). The registered manager used one of these meetings on the second day of our inspection to feedback to care staff how the audit was going and some of the actions that had been taken.

People received their medicines as prescribed. Care staff assisted people to take their medicines and gave people time to take their medicines, and ensured they were taken. Where people were prescribed medicines which were administered 'as required' such as pain relief medicine, there was a clear record of when and how people should take these medicines. The home also had a homely remedies policy (medicines which could be procured over the counter). Care staff kept a record of when they had assisted people with 'as required' and homely remedy medicines.

People's prescribed medicines were kept secure. Care staff kept a running stock of people's prescribed medicines. This enabled them to ensure people's medicines were not inappropriately used. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were secured as per manufacturer guidelines.

People were supported to self-administer their medicines. For example, care co-ordinator told us about two people who were supported to self-manage their medicines. They carried out monthly medicine stock checks with both people to ensure they were happy managing their medicines. When concerns had been identified in relation to one person taking their medicine, care staff discussed this with the person. They implemented a day checklist the person could follow, instead of care staff administering their medicines. This had enabled the person to continue self-administering their own medicine. We spoke to one person who was managing their own medicine. They told us how it was important for them to remain independent and they were "grateful for the support" they received.

Good

Is the service effective?

Our findings

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, where people had required the support of speech and language therapists due to the risk of choking. A GP who is assigned to people living at the service spoke positively about the home. They told us, "In general the services provided by Sunrise are very good, they look after the residents well and act on any concerns both medical or non-medical promptly." Another healthcare professional told us, "They manage patient medication requests and GP appointments well with the resources they have."

The well-being lead managers dealt with any health or medical concerns and worked with care and catering staff to ensure people's needs were met. They ensured people were protected from the risk of malnutrition. One well-being lead said, "We weigh people monthly. However if we are concerned people are weighed weekly or fortnightly." They told us the actions they would take if people were at risk of malnutrition which included the use of fortified milkshakes and liaising with people's GP to make referrals to dieticians and speech and language therapists.

Where people were at risk of choking or malnutrition they had a diet which protected them from these risks. For example, people who were at risk of choking had access to a diet which met their needs and included soft meals and thickened fluids. Care and nursing staff knew which people needed this support. Care staff were aware of people's needs and promoted appropriate choice.

People told us there was plenty of food available to them and that they enjoyed the food they received. Comments included: "There is wall to wall food"; "They provide plenty of food, the portions are good. You never go without; they will always give a little more if you ask"; "The food is good. The staff will give you more if you ask for it"; "The food is good, I can enjoy a glass of wine at lunch time. I can't complain" and "There is plenty to eat and drink, I can always help myself too."

People had access to a variety of food and drink. Each day there were two choices of main meals at lunch and during supper. People were able to see a sample of the food before they made a choice, as a small portion of each meal was plated and on display for people to view and smell. If people did not like either option they could request an additional choice such as an omelette or a jacket potato. Throughout the day people had access to fresh fruit, biscuits and hot and cold drinks. In the assisted living unit there was a bistro where people could make themselves hot and cold drinks as they wished.

People's special dietary needs were catered for. Catering staff informed of people's preferences and dietary needs on arrival or when their needs changed. The chef was also informed if people lost weight or required a change in diet to meet their needs; this information enabled them to ensure people's dietary needs were maintained. In the home's kitchen there was a noticeboard which clearly noted the nutritional support people received, including people who needed a specific diet such as a diabetic or coeliac diet. Catering and care staff were aware of people's individual needs.

People were supported by care staff who had received effective training to meet their needs. People and their relatives felt staff were skilled and trained. Comments included: "The staff are very good. Trained and respectful"; "The staff are very good"; "The staff are excellent, they know what to do, I think they are skilled"; "The girls are brilliant, I wouldn't want their job" and "The staff try really hard and genuinely do care."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "All staff have mandatory training, we all chip in and help because we're all training"; "I have all the training I need"; "The training here is essential"; "I've had lots of training and support. I feel I have the training I need to support people living here" and "I definitely feel I have the training and support I need to work effectively."

Staff told us they could request additional training including qualifications. All staff told us they were able to access additional training and some staff had or were completing a six week course in dementia care. One member of staff told us how this training had changed how they provided care and supported people to make decisions regarding their care. They said, "I've been able to bring my knowledge into my work. It's changed how I've done personal care. I give people more choices and more independence. I encourage them to do more." Another member of staff said they were looking forward to completing this dementia course.

New staff were required to complete an induction programme which included shadowing a colleague as well as reading policies and documents relating to the service. New staff were also expected to complete a series of eLearning courses before they started to work at the home or within 12 weeks of employment. One member of staff spoke positively about their induction into the service. They said, "My induction has been absolutely fantastic. I had all the support I needed and time to build a rapport with the people I'm caring for."

Care staff had access to supervisions (one to one meeting) and appraisals with their line manager or the registered manager. Staff told us they had received appraisals which enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with their line manager, care co-ordinators and the registered manager to discuss concerns when necessary.

The majority of care staff had undertaken training on the Mental Capacity Act (MCA) 2005. The registered manager had a clear action in place as part of the service development plan to ensure all staff had completed this training. 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. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to tell us specific points about it. One member of staff told us, "We have to give people the opportunity to make decisions, if they're fully informed they can make a choice. We can never assume they don't have the capacity." Another staff member said, "One people can't make larger specific decisions, however they can make day to day ones, they can pick what they'll wear. They'll certainly refuse." One member of staff told us how they supported one person living with dementia to make day to day chooses. They said, "If you offered them choice, they always repeated the last thing you say. I started to use visual cues, show them the food, drink or clothes and they'll happily make a choice. It promotes their independence." One relative told us, "The carers always offer choice."

The registered manager and unit care co-ordinators ensured people's capacity to consent to their care had been recorded. Where staff were concerned a person did not have the capacity to make a specific decision,

they completed a mental capacity assessment. These assessments clearly documented if the person had the capacity to make the decision. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for this person. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included: "They're (staff) always nice, and not just because you're here"; "Very nice staff and very friendly. I've known some of them for years, the way they act are not put on. They're very helpful"; "I'm very lucky to be here, they are caring" and "It is a lovely home."

Care staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one person was assisted with their meal by a member of staff. The staff member promoted the person's independence, assisting them with their cutlery, the person then started to eat their meal independently, while the care staff encouraged them. The person smiled when asked if they enjoyed their meal.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one member of staff, the registered manager and unit co-ordinator talked about one person and their life history. They explained how the person liked a picture of a boat and asked if this could be in their room. The care co-ordinator arranged for a boat mural to be put in the person's room. The staff member said, "They're very proud of their mural. They can name all the different parts of it." The person told us, "I'm proud of my boat. I spent my life in the Ministry of Defence."

People were cared for by care staff who were often attentive to their needs and reassured them when they were anxious. For example, one person told us about the support they received when they felt unwell or anxious. They said, "If you're miserable, they reassure you. Give you a good cuddle. It makes me feel better that they're around and so supportive. They are genuinely caring people."

People were positive about the caring support they received from staff. One person's independence had increased at the service and they spoke positively about the support they had received and the positive impact on their life. They said, "When I came here I was very unwell. The staff were very supportive of me; they (staff) helped me while I recovered. I have my own car, I need less now and I have my independence."

One person was living with advanced dementia. They were unable to communicate verbally with staff. Staff used different objects to communicate with the person. For example, if the person became upset and tearful, care staff provided emotional support which included hand holding and hugging. One member of staff bought the person an empathy doll to cuddle which comforts them when they are anxious. Staff are aware of the person's body language and the support they require to make them comfortable.

Another person had been staying at Sunrise Fleet for respite while their relative also settled into the home. They spoke positively about the support they and their relative had received. They told us how the management and staff enabled them and their relative to share a room in the home and when this was having a negative impact of their wellbeing, how they were able to stay in another room. They said, ""I

wouldn't leave my wife here if I wasn't impressed. The care impresses me, and my wife is happy. If this place was to close I don't know what I'd do. They bend over backwards for me" and "I couldn't have more understanding and more help. I know I can come in whenever I like." During the 'Town Hall' staff meeting, the registered manager and staff talked about providing continuing support to the person when they visited the home, to support them with the significant change in their life.

One person was admitted to the service without any personal belongings. Care staff drove to the person's home to collect their personal belongings and had worked to improve their health and well-being. Staff were aware the person previously worked in the military and invited military service men to the home to talk with the person and share their experiences of life in the Military today.

People were able to personalise their individual rooms. Some people had items in their bedroom which were important to them, such as pictures of people important to them. One person talked proudly about their room and how it had been set up so they could see staff walk past their door. People were able to take visitors to their rooms and were supported to maintain personal relationships. The home had numerous rooms where people could meet with their relatives and friends. Everyone could access the home's bistro and we observed relatives spend time with people who were living on the 'reminiscence' unit enjoying the bistro environment. The home also had a private dining room, which could be used for special occasions and family meals. One person was moving into the home, and as part of this process the family had asked to book the private dining room for a family meal.

People were treated with dignity and respect. We observed care staff assisting people throughout the day. People told us they were always treated with dignity and respect. One person told us, "Dignity, it's a good word, and I am treated with dignity." Care staff told us how they respected people's dignity during personal care. One member of staff told us, "I always ensure they are cared for in private. Make sure doors, curtains are closed. Give people towels to cover themselves; we don't want people to be exposed."

People's independence was promoted. For example, one member of care staff talked about the importance of encouraging and supporting people to do things for themselves. They said, "I encourage people to do as much for themselves as possible. It works and it promotes people's independence. We're not taking things away from them." Additionally, one unit co-ordinator talked about the support they were providing one person to access the community independently. The person was aware of the risks of going out into the environment such as falling. The unit co-ordinator was looking at providing an address card for the person, which the person could use if they needed support in the community. The unit co-ordinator also communicated with local shops to discuss the person and make them aware so they could be supported.

People were being supported to discuss and make advanced decisions around their care and treatment at the end of their life. People were being asked for their views on where they would wish to be treated in the event of their health deteriorating. For example, one person, with support from their family, had decided they wished to be cared for at Sunrise Fleet and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A 'Do Not Attempt Cardio Pulmonary Resuscitation' form was in place which stated they did not want to receive active treatment in the event of heart failure.

One healthcare professional spoke positively about end of life care people received at the service. They told us: "End of life care at Sunrise is carried out really well, very patient focused and relatives always feel very well supported. I am happy to bring even complex patients back to Sunrise for end of life care as I know it will be done well and the staff do not hesitate to call if they have a question or a problem. Relatives also feel very well supported by the staff."

Outstanding ☆

Is the service responsive?

Our findings

People loved their social lives and the amount of activities available for them. Comments included: "I'm happy here, I feel there is enough for me to do"; "The facilities and activities are really good and I can go out whenever I want to"; "The home has a fantastic atmosphere and there is always plenty to do" and "There is a lot for people to do here. It's a very sociable place."

People were provided with a large variety of activities and events to enhance their lifestyle. People benefitted from a range of activities and excursions which were based on their likes and interests. The registered manager informed us they operated a 'Live with Purpose' activities programme which contained eight key programmes people enjoyed. These programmes focused on living with action (supporting people to stay active), anticipation (supporting and encouraging people to pursue new goals), artistry, generosity (opportunity for people to participate in community service projects), learning, legacy (supporting people to share their knowledge), melody and reflection (activities around spiritual and religious beliefs and values). We observed activities being provided which were incorporated in the home's activity programme including reminiscence sessions, singing, arm chair exercises, Oomph (music and movement), cream tea afternoons and talks from external visitors. As well as this people could access tai chi, Pilates, cooking club and art discussion groups. People enjoyed the activities they were able to access, one person told us following singing, "I like singing." Another person following a 'reminisce' activity told us they liked the activity co-ordinator because they "spoke loudly and included everyone".

The activity co-ordinator told us how they had used their knowledge of caring for people to create a detailed and varied activity calendar for everyone living in the home. They said, "I worked four years caring for people, I got to know everyone. This helped me with person centred activity plan. We want to promote a social feeling every day. Carers also do activities with people." One person had previously managed their own company. They were supported to participate in interviews for potential new staff members. The person was encouraged to ask their own questions and was involved in discussions following interviews. One unit co-ordinator discussed how they would always discuss the interview with the person and seek their views before coming to a decision. They said, "They ask questions which are important to them in the home. Some are things we don't think about."

The activity co-ordinator told us they sought people's views on the activities they enjoyed and the things they would like to do. They explained that people were talking about holidays to Italy and Italian food. Due to this the home were staging a 'pizza piazza lunch' for people.

People enjoyed trips and events outside of the home. The home had their own minibus and arranged for daily trips to support people to access the community. Comments included: "There are trips out of the home; we went to the garden centre today. It was really good"; "I really enjoy going out on the minibus" and "I've been out on the minibus lots of times."

As well as structured activities, people had access to other means of stimulation. For example, people had stated they liked having crosswords available to them. The activity co-ordinators had acted on this request

and there were a selection of crosswords and word searches available for people at the bistro. People had access to books, daily newspapers, a computer and jigsaws. The home also had two open kitchens were staff could bake cakes with people, so they could benefit from the smells of the cakes baking in the home. People living on the 'reminiscence unit' had items which they could play with. This included wall murals made from different coloured materials with different textures. In corridors there was an old dressing table set up with a wedding dress, a writing desk with an old fashioned type writer as well as items such as baby cots and instruments. We observed people living with dementia engaging with their environment, with one person using the type writer.

People enjoyed meaningful engagement from care staff and the management of the home. We observed care staff, unit co-ordinators and the registered manager taking time to engage people in ad hoc activities. For example, care staff engaged people in a sing-a-long on one afternoon of our inspection. Care staff sat and talked with people about their day, ensuring they had everything they needed. People were clearly comfortable with staff.

People were supported to maintain relationships with their loved ones from their relationships with support from activity co-ordinators. For example, one person was supported to maintain contact with their family who lived abroad. An activity co-ordinator assisted them to use Skype so they can continue to see and talk to their family as they are unable to travel. This has had a positive impact on the person and enabled them to meet a new addition to their family.

People were supported to enjoy romantic relationships. Care staff had been trained to provide discreet support and promote close friendships. For example, two people had become extremely fond of each other. Despite them both having a diagnosis of Dementia, care staff followed the requirements of the Mental Capacity Act fully. They liaised with both families and relevant professionals and supported the people to spend time together as often as they wished within a secure environment with discreet supervision from staff members. The families of both people were happy with the actions undertaken by the service and staff told us both families have enjoyed seeing the close bond they share.

People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and if appropriate. Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. One person told us, "I'm always involved." One relative said, "They keep me involved, definitely."

Senior staff fully assessed people's needs before they moved in to the service. People's care plans included detail on the support each individual needed which included support with their mobility, medicines, personal hygiene, communication and nutrition. People's care plans were detailed and updated when people's needs changed. For example one person's needs had changed regarding the emotional support they required, this was clearly documented to ensure staff had current advice to follow.

People's needs were identified and responded to quickly and efficiently by a knowledgeable staff team who were always alert to people's needs. For example, staff had identified that one person was experiencing more incidents of anxiety. A care co-ordinator had looked into the reasons these incidents were occurring and the triggers which caused the person to become agitated. This had led to changes in the person's care plan. The care co-ordinator explained to care, housekeeping and activity staff the work they had been doing and discussed dementia care and the support the person required. They explained that staff needed to apply a "calm, reassuring and consistent approach" and to think about the person and how things impact them. They explained the environment the person chose; why it was important to them and how staff should sit there to understand the importance to the person. The care co-ordinator had also access

dementia specialists employed by the provider and from the local community. Staff clearly benefitted from understanding this information and felt this supported them to give people the best possible and Up-to-date care.

People were supported to be as independent as possible as their needs changed. For example, one person was living with the early onset of dementia. They were supported to live with the assisted living unit of the home to enable them to be close to their friends and to live the life they wished to lead. To support the person to do this, and to be protected from risk, the service had procured technology which staff could use to ensure staff could act quickly and maintain the person's safety. This included alerting staff if the person was leaving the premises, as they were unaware of the risks to themselves if they left the service unsupervised.

People were supported with their healthcare needs by a committed and dedicated team of staff. Sunrise Fleet employed two wellbeing lead care managers. The wellbeing team leaders were responsible for ensuring people's ongoing wellbeing needs were met. This included organising and arranging support for people's healthcare appointments, the ordering and management of people's medicines and liaising with people's GPs. People spoke positively about the co-ordinators. Comments included: "They're very good. You can book to see the doctor, they co-ordinate it all"; "The medical side is very good" and "They are very quick to deal with problems."

People benefitted from care and support which was reflective of their needs and choices. For example, one person was receiving end of life care and had a poor appetite, which placed them at risk of malnutrition. The home sought the advice of the person's family to discuss foods which they enjoyed. Care staff implemented a dining scheme for the person to support them to eat where they wanted and to have the support they needed and enjoyed. Staff ensured the person had strawberry milkshakes on a daily basis, and care staff supported the person to have a takeaway when they wanted. Due to this dining scheme the person was at reduced risk of malnutrition.

People were offered support to attend healthcare appointments. One well-being lead told us, "We deal with doctor's rounds, wellbeing checks and people's hospital appointments. We organise appointments, book taxis, arrange a care worker to escort them and contact the families. The positive impact for people is that it keeps people calm because they have support and they know what is happening. We pair them up with a carer that knows them." Another well-being lead said, "The appointments are arranged at people's convenience. We liaise with them. I had to change one appointment as it was too early for the person." One person's relative told us, "It made (relative) calm, and we received feedback on the appointment."

The well-being lead care managers worked alongside the respective unit co-ordinators. They and the unit co-ordinators felt this benefitted people as they were able to respond to changing needs because of improved communication. For example, the well-being lead on the homes 'reminiscence unit' (unit primarily for dementia care) was able to observe people who care staff had identified as having a poor appetite and being at risk of malnutrition. The well-being leads also assisted people during meals. Care staff spoke highly about the support they received from the well-being leads. One member of staff told us, "They're incredibly supportive and helpful."

People were allowed to bring their pets into the home. One person who recently moved into the home had brought their dog with them. Staff had brought the dog a new bed as it was sleeping on the floor. People, their relatives and visitors enjoyed the dog being around. Another person had a cat which lived in their room. The 'reminiscence unit' also had a house cat and the registered manager and staff brought in their dogs. People clearly enjoyed seeing the dogs within the home. One person said, "It's really lovely." Staff felt it

had a positive impact on people as many people had pets throughout their life.

People and their relatives knew how to make a complaint. Comments included: "I know I can go to the manager if I have any concerns"; "I would tell the (unit co-ordinator) if there was anything I was unhappy with" and "The manager is always happy to listen to us." All families are also provided with the General Managers email address and are encouraged to email should they require additional support or guidance at any time. The General Manager also operates an 'open door policy' for all residents and their families.

The registered manager kept a log of compliments, concerns and complaints. The registered manager treated any informal concerns as a complaint and always responded to people's concerns. For example, one complaint was regarding staff shortage on one day. The registered manager identified a member of agency staff had not turned up, an apology was provided to the concerned party that this would not reoccur and had implemented guidance for staff to follow if this occurred. The registered manager also made a complaint to the agency.

People and their relative's views were sought and they were encouraged to make decisions about the home. The provider of the service had recently carried out a survey of people and their relatives. At the time of our inspection feedback from this service was not available. The registered manager and the management team however sought people and their relatives views through a range of meetings which included 'resident council meetings', 'resident dining meetings' and individual care review meetings. Where people raised suggestions or concerns these were listened to. The registered manager treated any negative comments as a complaint and ensured action had been taken. For example, one person suggested new pillows for the home's communal areas, these pillows were purchased. People's views on the menu options were also discussed and passed to the catering team for their action. People felt their views were respected and listened to. One person said, "I have no complaints, however I know I can speak to (the registered manager) and discuss my views."

Sunrise of Fleet acts as an active advocate for people living with dementia in the local community as well as within the service. The Home acts as a role model in the local community by supporting a local Alzheimer's cafe - the 'dementia-friendly initiative'. This initiative has been carried out in conjunction with a local dementia specialist. Meetings are held on a monthly basis off site and staff attend this every month. People from the home and their families were also invited to these meetings to raise awareness and offer support to people and their families who were living with Dementia.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and their management team. Comments included: "The management support has been total. They do everything they can"; "It's a well-run home"; "I get on very well with (co-ordinator)" and "We all get along with (the registered manager), they're a model of quiet efficiency and a very nice person." One healthcare professional told us, "I understand it to be a well ran service." Another healthcare professional said, "I have to say I enjoy going there. The registered manager knows everything that is going on and knows everyone who comes in to the building. I have no concerns about Sunrise – I know they will ring, they have a good working relationship with the district nurses and the GP, they attend most of the training that is put on in the area."

The registered manager and provider had effective systems in place to enable them to monitor and improve the quality of care people received. These included audits around pressure area care, management of medicine and weight loss. Additionally quality audits were carried out regarding the two individual units. The provider had a quality support team who carried out a full audit of the service. Where any actions had been identified following an audit these were added to a community development plan.

The community development plan was used to track actions which had been identified through audits. The registered manager and care co-ordinators had a record of the ongoing actions. Each action had a clear timeframe in which it was to be completed and had been allocated to specific individual. Ongoing actions were in place in relation to call bell monitoring, medicine and MCA staff training and ensuring each person had a documented list of their belongings.

The registered manager had already commenced actions in relation to a number of actions, and was carrying out daily call bell analysis. Where actions had been completed, this was clearly documented. For example, one action was to ensure the safeguarding vulnerable adult's policy was available for staff in staff rooms. This action had been completed, staff told us and we saw this policy was in place.

The management team operated a range of clinical and care performance measures, which included full analysis of accidents and incidents, complaints, infections and pressure damage. This analysis was discussed in team meetings to identify improvements, for example detailed falls audit analysis were used to proactively reduce the amount of preventable falls within the service. The registered manager had an overview of falls, when they occurred and where. The registered manager used 'Town Hall' staff meetings to discuss the reason this was being carried out. One care co-ordinator discussed the action they were taking around falls and how the wrong footwear, medicines and people's vision had on their mobility and the risk of falling. The registered manager informed staff that initial information identified when most falls were occurring and explained the actions they may take to increase or review the skill sets of staff. The registered manager also fed back that the amount of falls had decreased in the service and thanked and encouraged staff for their support.

The registered manager worked with healthcare professionals and had developed a positive relationship with a specialist nurse to benefit people. The work they completed enabled people to have the access to

community treatment without delay. The registered manager felt the support and cross working had enabled them to "reduce hospital admissions" and ensure people had the best care available as soon as they require it.

The registered manager and unit co-ordinators used meetings with people and their relatives to discuss changes in the home, and ensure people had the information they needed. For example the registered manager used meetings to discuss staff changes within the home as well as discuss actions they were doing in the home, such as dining experience audits. One unit co-ordinator had used a cheese and wine evening for relatives of people living on the reminiscence unit. They had used this evening to introduce themselves and seek relative's views. The co-ordinator emailed us following the inspection and told us, "One of my main goals is to involve all stakeholders in the care that we are offering for our residents and I believe it is imperative that we adopt an open communication policy. Cheese and wine evening with residents, families and staff gave me the opportunity to introduce myself and it was such a positive result that we have all agreed to carry on meeting at least quarterly."

The registered manager and unit co-ordinators had started to implement specific audits around their units. One unit co-ordinator had started to carry out detailed dining experience audits in the reminiscence unit. They had identified some improvements they were planning to make to ensure people living with dementia had a beneficial mealtime experience. They had identified areas of improvement such as lighting in the dining room and the use of music to create a soothing environment. Positives of each experience were also recorded. The unit co-ordinator told us about the changes they were planning to help improve the experience for people.

Care staff were kept informed of changes within the home and good practice was recognised and respected. Staff told us at regular 'Town Hall' meetings that takeaway pizza was provided for them. The home also operated heart and soul awards. This is an award scheme where staff can nominate each other for a monthly award, stating the support they received from other staff. A winner of the award was announced at 'Town Hall' meetings. Any comments made about good staff performance were also shared to promote good performance and reward this performance. Staff spoke positively about these awards and felt it enabled them to recognise where another staff member had done something especially good for people or other staff. Staff were also thanked and rewarded where they took on additional responsibilities or provided support in the case of an emergency. Staff and the registered manager talked about a local fire, which caused smoke to come into the home. Staff who were not working came in to help and ensure people's needs were maintained. Staff spoke highly of this support and positively about the recognition they received from the management and provider.

Care staff felt they were incredibly supported and benefitted from strong leadership and teamwork. One staff member said, "There is a lot of support, the team work is fantastic here, we're a very tight knit team, with a clear focus on people." Care staff spoke positively over the support they received from the registered manager and provider to attend group events outside of the home. The registered manager informed us that a Christmas party was booked for staff and each team in the home were funded to have a trip out which benefitted team building and communication.