

Sunrise Senior Living Limited

Sunrise of Sonning

Inspection report

Old Bath Road
Sonning
Reading
Berkshire
RG4 6TQ

Tel: 01189444300
Website: www.sunrise-care.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 19 and 20 March 2018 and was unannounced. This was the first inspection since recent registration changes. This service is run by two companies, Sunrise Senior Living Limited and Sunrise UK Operations Limited. These two companies have a dual registration and are jointly responsible for the services at Sunrise of Sonning.

Sunrise of Sonning is a care home with nursing. The service provides nursing and personal care for up to 103 older people, some of whom are living with dementia. At the time of our inspection the service was providing care and support to 87 people. The accommodation is arranged over three floors. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC 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 registered manager and the deputy manager supported us during our inspection. They worked closely together and were involved in the running of the service along with senior staff. Therefore, we will refer to them as 'the management team' further in the report.

The service had clear and effective governance, management and accountability arrangements. Staff understood their roles and responsibilities, were motivated, and had confidence in their management and senior staff team. Moreover, they were supportive of each other to ensure people received excellent care. The management team placed a great importance on ensuring everybody was treated as an individual and giving them person-centred care. They have worked hard and had established a strong and visible person centred culture. The service built and took a key role in the local community being actively involved in finding and building further links. They encouraged and sustained contacts with other resources and support groups. These links reflected changing needs and preferences of the people who use the service.

The staff and management teams showed a genuine and in-depth understanding and compassion for people they supported. They had a number of schemes and initiatives in place driving improvement and continuously encouraging innovation to benefit people in the service. The staff team always tried to enable people to express their own views ensuring people received the care they needed and wanted. People were encouraged to be as independent as possible. The management and staff team monitored people's health and wellbeing and took appropriate action when required to address concerns. The service had dedicated champions called 'link nurses' for different areas of speciality such as tissue viability, Parkinson's and falls to effectively support people's health and wellbeing. They were constantly researching for creative and innovative ways to ensure people lived their lives to the full. The whole staff team were very responsive to the needs of the people and enabled them to improve and enjoy their life.

People were able to engage in a wide range of meaningful activities and maintain regular links with the

community. This helped them avoid becoming isolated. People really enjoyed getting involved in activities and outings because it made them feel busy and useful. People could also spend time with their visitors or occupying themselves if they wished to. Their choices were always respected by attentive and understanding staff. We observed staff were positive, respectful and considerate of people and their relatives. It was paramount to the service to ensure people's wellbeing was respected and protected. People and relatives confirmed staff always respected their privacy and dignity. People benefitted greatly from living at a service that had a very open and welcoming culture.

The management team spoke with great passion about the care and support they provided to people and their families. They worked hard to ensure this was also shared well to the staff team. There was a great atmosphere in the service filled with lots of enthusiasm, laughter and friendliness. The management team encouraged staff to go the 'extra mile' when supporting people. Staff were motivated to provide care with kindness and consideration. People and their families felt they mattered to the whole staff team.

People felt safe while supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The management and staff team recognised, reviewed and explored better ways of working when things went wrong.

Staff training records indicated which training was considered mandatory. The management team had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had ongoing support via regular supervisions and daily communications. They felt supported by the registered manager and senior staff, which helped maintain great team work.

The registered manager ensured there were enough qualified, skilled and knowledgeable staff to meet people's needs at all times. Staff were knowledgeable and focused on following best practice at the service making sure people received high quality care and support. The service had an appropriate recruitment procedure to follow before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

The service assessed risks to people's personal safety, as well as those to staff and visitors, and actions were taken to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required. There were contingency plans in place to respond to emergencies.

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and promptly amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights were promoted.

The management team had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. They were able to identify issues and any improvements necessary, and took actions promptly to address them. They praised the staff team for their dedication and hard work and appreciated their contribution in ensuring people received the best care and support.

Further information is in the detailed findings below.

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. Staff had a good understanding of how to keep people safe and of their responsibilities for reporting accidents, incidents or concerns.

The staff assessed risks to people's personal safety and plans were in place to minimise those risks.

The provider had recruitment processes in place to ensure people were supported by suitable and appropriate staff.

There were sufficient numbers of staff to support people appropriately.

Medicines were stored, recorded and handled correctly.

Is the service effective?

Outstanding ☆

The service was extremely effective. There were various schemes in place and staff took swift actions to ensure people's health and social care needs were met effectively.

The management team used various ways of ensuring staff received the training and support they needed to deliver a high standard of care to people. There were designated staff champions for providing knowledge and expertise for other staff.

People were supported to eat and drink according to their needs, wishes and choices.

The registered manager and staff promoted people's rights to consent to care and rights to make their own decisions. They were aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required.

The staff team ensured the premises and adaptations were arranged to promote people's wellbeing. The service implemented creative ways to support people's independence.

Is the service caring?

Good ●

The staff were caring. People, relatives and staff built good

relationships with each other.

People's dignity and privacy were respected. Staff always encouraged people to have a positive lifestyle, maintaining their independence where they could.

People and their families were supported to express their views and be involved as far as possible in making decisions about their care, treatment and support.

Is the service responsive?

Outstanding 

The service was remarkably responsive. The service used creative and innovative ways to ensure people were able to enjoy a wide range of activities based on their likes and preferences. This made a great impact on their lives and wellbeing.

The management team established strong links with the wider community so the service could be a vital resource of support and best practice.

The management team and staff team continuously sought to improve and develop the service so they could respond to people and improve their wellbeing and health.

The management team dealt with complaints and concerns appropriately and resolutions were recorded along with actions taken.

Is the service well-led?

Outstanding 

The service was exceptionally well led. The management team established a strong, open and visible culture within the service. They led by example and staff responded by providing high quality care to the people.

People were relaxed and happy. There was an open, happy and inclusive atmosphere at the service. Strong relationships with outside organisations supported innovative and creative practice in the service.

The management and staff teams continuously sought to improve and develop the service. They had effective quality assurance systems in place to review and assess the quality of service and monitor how it was run.

Staff were happy working at the service and we saw there was a great team spirit. Staff felt supported by the management team which helped them to do their job well.

Sunrise of Sonning

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 March 2018 and was unannounced. Over the two days, the inspection team consisted of the lead inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted nine community professionals for feedback. We received feedback from three professionals.

During the inspection we spoke with 10 people who use the service and four visitors. We spoke with the registered manager, the deputy manager and received feedback from 16 staff. We looked at records relating to the management of the service including 11 people's care plans and associated records. We reviewed eight recruitment records, staff training records, the compliments/complaints log and accident/incident records. We also checked medicines administration, storage and handling. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, fire risk assessment, fire safety checks, legionella risk assessment and quality assurance records.

Is the service safe?

Our findings

People felt safe and liked the staff who supported them. People could speak with staff if they were worried. Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. They had a good understanding of when to report concerns, accidents and/or incidents to the registered manager or other senior staff. The provider had a whistleblowing policy to ensure staff knew how to raise concerns and staff confirmed they were aware of it. The management team understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals and other organisations.

People were protected from risks associated with their health and the care they received. The staff team assessed the risks to people's personal safety and put plans in place to minimise those risks. All care records viewed had detailed and relevant risk assessments and risk management plans in place which were updated monthly. Risk assessments included a Waterlow score assessment, which is a tool for assessing the risk of developing pressure ulcers. It also included Malnutrition Universal Screening Tool (MUST), which is a tool used to assess the risk of malnutrition. Care and support records had other risk assessments such as bedrails, moving and handling, falls, medicines, and continence. People's records were regularly reviewed to meet their current care and support needs, and promote independence where possible. All care records were accessed through a computerised system that allowed only designated staff to have access. The system ensured confidential information was securely stored.

The service used equipment to ensure people stayed as safe as possible. For example, one person was at high risk of falls. They were monitored via a falls diary and referred to the physiotherapist and community psychiatric team. They also had a wrist alarm indicator which alerted staff when they stood up so the person could be supported and mobilise safely. Where people's risk assessment identified any risks these were managed accordingly. For example, four people who use the service were identified to be at high risk of developing pressure ulcers. Each person was on a preventive management plan such as using pressure air mattresses, sitting pressure relieving cushions and turning charts. It was evident the staff followed these guidelines to maintain people's health and wellbeing.

There were arrangements in place to keep people safe in an emergency such as the need to evacuate the premises or respond to fire. There was information for staff about who to contact should they needed help and advice and staff confirmed this. Maintenance staff compiled a "Problem folder" with contacts and instructions to help staff deal with maintenance problems or other issues, ensuring people were safe at all times. People had call bells in place and in reach should they need to call staff for assistance. We observed calls were answered in good time. People confirmed staff were always quick to come when they needed them. They said, "They always come quickly bearing in mind I'm not the only pebble on the beach", "It all depends who is on, it varies" and "They can be a bit rushed in the mornings but it is always explained to you".

The staff team assessed personal and environmental risks for the safety of people, staff and visitors and took action to minimise those risks. They carried out safety checks of the premises and equipment regularly. For

example, hoists, slings, walking frames, regular hot water temperature checks, fire safety checks and fire equipment checks were part of their daily work. The service completed other maintenance and health and safety such as up to date portable electrical equipment checks, fire risk assessment, water safety and legionella risk assessment review. Staff carried out regular fire drills to help people and staff become familiar with procedures to follow in case of fire. Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection. They ensured the service was kept clean, tidy and odour free.

The provider determined the number of staff required according to the needs of the people using the service. They used a system to calculate hours of direct care and then used it to generate the rota. The registered manager said bank or permanent staff would pick up shifts to cover the absences. Also, the whole staff team was fully trained to enable them to support different departments in the service, as necessary. The staff confirmed they had time to support people and helped each other to cover absences. The management team felt the staff worked well together as a team which had a positive impact on people's care and support.

The provider had recruitment procedures in place to ensure suitable staff were employed. They included a health and character checks and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We identified some discrepancies with employment histories and references. The management team rectified them and provided sufficient evidence after the inspection.

Staff adhered to medicine policies and procedures in order to manage and administer people's medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people take it according to the care plan. We observed good practice while staff were supporting people to take their medicine. People's medicines were administered correctly. Staff were polite, asked if they were ready for their medicine and ensured people took it. Staff carried out specific checks of people's pulse or blood when certain medicine required it and it was recorded appropriately. The medicine administration record (MAR) sheets were signed afterwards. We reviewed a sample of 27 MAR sheets for people who use the service and did not find any gaps. The medicine trolleys were always locked and we saw the medicine areas were kept at the right temperature, tidy and clean. If people were able to self-medicate, this was supported and encouraged. Staff's input was minimal such as help the person monitor the stock of their medicine.

We reviewed the specialised drugs cabinet with one of the senior staff. It was tidy and the records corresponded with the medicine that was in the cabinet. We also reviewed the storage of homely remedies and the records tallied with the stock. The senior staff explained GP reviewed the medicine recently. People had guidelines for medicine to be administered as and when needed. The provider also continued to work closely with the pharmacy to help maintain appropriate medicine management.

When medicine errors occurred, the management and staff team reviewed those and took action promptly to address them. We reviewed a sample of medicine error forms and these were completed appropriately. We saw staff were invited to reflect on the error and what could have been done differently. When necessary, the registered manager or senior staff would carry out supervision, competency checks or observations to ensure staff were capable to administer medicine.

When people had accidents, incidents or near misses these were recorded on specific forms. We saw the information was detailed explaining all the actions staff took to ensure people were supported appropriately. These were discussed with staff to ensure people were provided with correct and timely

support, and to look at ways to prevent recurrence. The deputy manager explained that one of the link nurses carried out regular training for the staff team regarding completing incident and accident forms in detail. It was particularly focused on falls incidents to ensure the recording was accurate and supported analysis of the incident. The deputy manager said they developed an additional form to record the details accurately. As part of the analysis staff recorded the time of the fall on a big clock and the place of the fall on the floor plan. This enabled the service to analyse the incident and understand the causes better.

Is the service effective?

Our findings

When people had complex or continued health needs, the staff team sought to improve their care, treatment and support by identifying and implementing the best practice. For example, one person was admitted to the service with complex medical conditions and bilateral leg ulcers. The ulcers were dressed regularly by the district nurses. However, due to dementia the person would often remove it just after the nurses would leave. The person found cooperating and communicating difficult which was hindering the treatment of their ulcers. With advice from external tissue viability nurses, the staff nurse took responsibility for the care of the ulcers and changed the dressing regime to make it more often. With a lot of care and support from people they knew and trusted, the person became more positive and accepting of the support. Their health and wellbeing improved and they began making friends and attending activities which they enjoyed. At the end of last year, the dressings were no longer necessary. The staff could see how happy the person was being able to wear socks rather than dressings. The effective care and treatment meant the person was pain free and able to enjoy their lifestyle again.

There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. For example, the service introduced a scheme called 'Link nurses'. The nurses chose a field of specialism to improve and ensure timely and appropriate referrals to outside professionals, and effective support and treatment to the people. The areas included continence, falls prevention, tissue viability, nutrition and hydration, dysphagia, Parkinson's, diabetes and palliative care. The management recognised some difficulties in the past such as long waiting times for specialists to see people, inappropriate or wrong referrals, and poor relationships between the service and outside agencies. The scheme has proved to be very successful not only with external agencies and professionals, but also professional development and knowledge for the nurses. The link nurse would assess the person and put interventions in place maximising their knowledge and skills they had learned from community specialist teams prior to referral. If further support or treatment was needed, only then community specialist team would be contacted to support the link nurses. The scheme has brought in a number of benefits to the service including reduction and prevention of unnecessary referrals and improved relationships and response time from the community teams. Moreover, the link nurses would train the staff team in their area of specialty and provide advice or help when needed. The nurses were empowered and felt responsible for the field they chose to cover including making sure supplies were available for the staff team. People and their relatives felt happier and more confident knowing there were nurses able to attend specific areas of health or wellbeing without delay; or while they waited for a specialist nurse to arrive. Professionals supporting link nurses agreed their collaborative work was very effective having positive impact on the way they all looked after the people.

The service looked for and encouraged the safe delivery of innovative approaches to care and support. They had a well-established process of clinical governance, which also drove improvement in several areas over the last few years. For example, the staff team was very successful in putting process in place for managing falls. The service identified an increase in the number of falls in the beginning of 2017 and as a result, in July 2017, implemented some measures to help reduce it. The team would look at falls data, reviewing and discuss any reasons for the falls. The process would be supported by the link nurse for falls who helped the

team look for various ways of falls prevention. The staff team would be always encouraged to engage in the discussion and all feedback would be welcomed. The falls link nurse worked closely with other team members within the service to provide people with a holistic approach to their health and wellbeing. The falls link nurse also spent time with specialist external agencies to receive continuous support in this area of their work. All staff, regardless of the department they worked in, were trained in the prevention of falls.

The service shared with us some of the creative and innovative approaches they took to prevent falls that were successfully implemented. For example, the staff added LED dawn dusk lights so people could see at night in their rooms should they need to get up. Luminous tape was put on a few walking frames so people could see at night where their aid was and this reduced some falls, with one person in particular having no falls. Additional exercise classes were introduced focussing on the strength and balance of the people who use the service. Staff team attended this training and also training on eyeball exercises to support people and improve their balance. This exercise involves concentrating and following an object being moved, and then moving the head from side to side while the object is being held still. From August 2017 the service was successful in steadily reducing the number of falls on a month to month basis, achieving the lowest level of falls in February 2018 (from 11 a month to one a month). Staff applying their learning effectively and in line with best practice led to good outcomes for people's care and support and promoted a better quality of life.

The service looked for innovative and effective ways to address various health issues. For example, the service identified an upward trend in terms of the prevalence of chest infections through their clinical governance indicators. As part of infection control equipment the service used a misting product which is normally used to support the control of infected areas. It was used in conjunction with cleaning to reduce bioburden in rooms. Using a clinical audit called Plan-Do-Study-Act, the service decided to test this product with six people who use the service as a control sample, on a monthly basis, in their rooms. The results were very encouraging as all six people did not have another chest infection. The results have been shared with the provider and mist supplier, as well. As the sample was small, the service was planning to test it at other services within the organisation to establish the impact on a broader level, supported by their director of care and quality. Following up on the success of the evaluation, the supplier also has planned a full clinical evaluation starting in September 2018 across four services geographically spread so they could write up a full clinical paper. Following the success of the trial, further five people who were at a higher risk of getting chest infections were involved in this trial in January 2018. All of them remained free from chest infection. This reduced the usage of antibiotics and the risk of spread of the chest infections to other people living in the service.

The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. People could share their views on refurbishments in the residents meeting, and these were taken on board and actioned. For example, provide more lighting, activities balcony, install spa baths and refurbish the surroundings to improve the general look. The service was spacious and people with various walking aids were able to move around freely. The top floor was dedicated to the care of people with dementia and their condition was taken into account. For example, people had access to an outside secure terrace with flat double patio door access allowing people to use it independently. It was visible from the lounge, offices and kitchen/dining room. It contained comfortable seating and lots of colourful plants and objects that people liked to take care of. The communal lounge was central to both corridors on the unit. For people who liked walking, it was easy to find their way back to the communal areas and maintain their independence. Communal toilets and people's rooms had different coloured doors to assist people finding their way around. The service used bright lighting to improve mood and distressed behaviour in people living with dementia. People had personalised memory boxes outside each room completed with input from the people and their families. It provided a landmark in order to help them orientate to their own room. The bright colour of the tableware promoted alertness whilst the contrasting colour of crockery supported those with visual impairments. Recently, the service started trialling night staff wearing pyjamas or other

sleep wear to encourage people to go to bed during the night.

The deputy manager told us about 'protected lunch time' introduced as a trial in the dementia unit. They recognised when people had any visitors during their meal times, it would make people want to leave the table, without finishing their meal. This also started affecting their weight. Families and professionals were informed about the trial and asked to respect the time for meals. Staff at reception screened the calls to the unit to ensure staff could give full attention to people while they were eating. All staff in the unit were engaged and helping people eat. They were sitting together chatting to people which also had a positive effect on how well the lunch time went. The staff noticed improvements very soon such as people became more settled, ate better and their weights improved. Staff promoted engagement with people during meal times. Therefore, they were able to have a better conversation with people and find out more things about them such as likes, dislikes, habits and interests. Staff having full focus and their attention to the people improved the dining experience overall which also has positively affected their health.

People were supported to have a meal of their choice by organised and attentive staff during lunchtime. People told us they liked the food most of the time and were able to make choices about what they had to eat. People's dietary needs and preferences were documented and known by the kitchen and care staff team. People were asked for their choices from the menu. Staff helped people read the menu if they could not see. On the dementia unit, staff went a step further to ensure people were able to make their choices as they recognised their condition could hinder it. The meals on the menu were plated up so people could see and choose what they wanted. People confirmed they always had a choice and were offered an alternative if they did not like the meal. Some people needed help with eating and staff supported them in an attentive manner. People ate their meals at their own pace. Some people chose to have the meals in their rooms and staff supported this. People were offered drinks throughout the day to stay well hydrated and it was part of the hydration campaign within the service particularly in warm weather. The staff team also identified people who had difficulties swallowing. The kitchen staff were able to use piping methods to recreate meals looking like an actual plate of food. The chef told us the best approval of their work was when the person with swallowing difficulties returned the plate thinking it was just a normal meal. This way the staff ensured people were able to enjoy the meals they were able to eat and not worry about swallowing difficulties. People received care and support from staff who knew them well. Health and social care professionals felt the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and their relatives spoke positively about staff and felt they were skilled to meet their needs. Where people raised minor issues in regards to some staff, we discussed them with the registered manager and the deputy manager. They took appropriate action promptly to ensure people were happy and looked after.

Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet. Staff monitored the weight of such people weekly to note any progress. When people were at risk of malnutrition, they were given a fortified diet, food supplements and were referred to the dietician and the GP where appropriate. People had access to health and social care professionals. Each person had detailed and comprehensive care plans to meet their health and care needs. These were regularly reviewed and kept securely on the computer system. Specialist healthcare support such as community psychiatrist nurses, continence advisors, dietitians, speech and language therapists, tissue viability nurses, physiotherapists and podiatric services were sought as required through the service's internal link nurse. A GP visited the service and reviewed people's health regularly. People's GP would also review their medicine to ensure the information and treatment was effective and up to date.

The management team regularly monitored training attendance to ensure all staff were up to date. Staff felt they received enough training to help them carry out their roles effectively. They felt the service was well organised with good support offered by senior staff and managers. When new staff started they had an

induction that included training and a period of shadowing experienced staff before working without supervision. Staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff were able and encouraged to gain further qualifications to enhance their skills and knowledge, for example, training in the memory care pathway and Foundation Leadership Development Programme. People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff felt they could contact the management any time to discuss various topics or ask for advice. The management and staff maintained good communication with each other which helped them work well as a team. The management team praised the staff team and felt their dedication and communication ensured people received excellent care and support at all times.

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. People and relatives agreed staff respected people's wishes. They said, "My choices are respected", "The staff are very responsive and listen to me" and "I have good relationship with staff". Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The registered manager and the deputy manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. People can only be deprived of their liberty in order 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 are called the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The management reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty and submitted applications accordingly.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. The management team promptly provided us with a response and action taken to address any issues raised. People and their relatives told us they were happy with the care they received and felt it was good. One relative said, "The staff are very responsive and listen to me". People said, "I can't fault it" and "The staff are kind, they do try". We saw staff interacted with people in a positive way for example, coming to speak with them at their eye level. People responded with a smile. People were well dressed, with clean clothes and appropriate footwear. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person. People had memory boxes near their room doors with objects, pictures and items from their life and experiences.

Staff showed great concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person came to live at the service requiring end of life care. They had a cat as a companion for a long time and their wish was to have it with them especially as the health deteriorated. The service has put a lot of efforts to ensure the person was able to spend time with their beloved pet. The staff, family and the person were very pleased their final wishes were granted as the service understood how distressing it was for the person if they couldn't have contact with their pet. The service demonstrated to the person that they mattered and showed sensitivity to their wishes and needs when they needed compassionate support. One relative praised the staff and their efforts to support their family member with their condition. They said, "The care was delivered with compassion and kindness, so gentle to everyone. They delivered care to [family member] and support to me. All questions were answered". Another relative praised the staff team helping the family and the person living in the service as it was not always easy for the person. They said, "They are very good and they have been excellent to [family member], helping us. They are really caring". The relatives felt the staff provided effective support and managed to maintain people's active life as much as possible even though their conditions were deteriorating.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents meetings, daily support and annual surveys. The staff team asked and checked people throughout the day and encouraged people to raise any issues or concerns. The service sought feedback from people who use the service at the residents meetings about any aspects of the running of the service. For example, people felt it would be good if staff wore uniforms so they could identify them easier. This was actioned and the uniforms would be introduced soon using different colours for different departments. People and staff discussed food and menus, activities, garden access and maintenance and any other ideas or suggestions. Staff shared any information about people with each other and the management team on a regular basis, which supported continuity of care to individuals.

People received individualised care and support from staff who knew them well. Staff knew, understood and responded to each person's diverse needs in a caring and polite way. Staff supported people, "...by treating them as an equal and help when I can". They said, "Listen and understand them, treat them how I want to be treated" and "Treat each person as an individual and only do what they ask". Staff were positive and

courteous about the people and explained how they supported people in a respectful and dignified way. For example, preserving dignity during personal care, speaking to people respectfully, using preferred names, knocking on doors before entering, using appropriate language and smiling. People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public areas of the service. The service had also introduced an electronic system to record care and support provided. Staff could access it on each floor and it was password protected to ensure confidentiality. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

People and relatives agreed staff treated them with respect, and people's dignity and privacy was always protected. People and relatives felt the staff showed kindness and compassion while supporting and caring for the people. The registered manager said they tried to employ staff with the right values and attitudes. Furthermore, they, as the management team, were also responsible for showing the best practice and do things the right way. They said, "We also must display how it should be done and build a good team. We encourage them to go an extra mile. We listen to staff and reward them." Staff were able to give examples of how they treated people with respect and consideration. They understood the importance of treating people respectfully. They said, "Speak with respect, make people feel safe and don't talk over them", "Respect their choice and involve in decisions relating to their care" and "Treat people with courtesy, politeness and respect personal space".

The service recognised how important it was to preserve people's dignity and maintain independence. For example, one person moved to the service with a condition that made it difficult to engage in activities and even simple things like eating meals with others. As the condition deteriorated, the person found it very difficult to eat with others as it made them feel uncomfortable and even embarrassed. The service sought out some assistive technology that helped the person have their meals with very little assistance. As the person got better with these aids and with staff's support, not only did they put the weight back on, but they were able to join in others for meals in a dignified manner. This also supported person's social interaction and sustained friendships with other people living in the service. The service was able to anticipate people's needs and recognised distress and discomfort at the earliest stage. They offered sensitive and respectful support and care that had a positive impact on people.

People's records included information about their personal circumstances and how they wished to be supported. People's abilities were regularly reviewed and any changes investigated. Adjustments were made to the care plan if necessary and the staff team were informed. Staff understood involving and supporting people to stay independent as much as possible was an important aspect of their lives. They said, "Encourage residents to do as much as they can for themselves", "Lead with positivity, allow choices and encourage interactions with others" and "Be patient, allow choice and have regard to people's feelings, wishes and rights". People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance. For example, we observed how staff supported a person to walk. The staff member was assisting them by having a wheelchair ready if they wanted to sit down as the person was using a walking aid. The person was not rushed at all and staff continually checked if they were happy to continue. The staff spoke in a friendly and caring way to the person.

Staff used a range of ways to communicate and ensure people were able to say how they felt about the caring approach of the service. Staff understood it was important to communicate with people so they were able to understand each other and express their wishes. For example, looking at the person while speaking, not rushing, observing body language, using signs or writing it down. Staff felt they were making a difference to people's life in the way they provided such a caring and kind service. They felt proud of their work and

understood their role was so important to the people they supported. This helped to ensure people felt respected at all times. On the dedicated service website a number of really positive reviews were left by the relatives and appointed representatives of people using the service.

Is the service responsive?

Our findings

The service placed a great emphasis on enabling people to live as full a life as possible. They found out people's likes and dislikes so they could be incorporated meaningfully into an activity for each person. We observed a few activities during our inspection and it was well attended, lively and cheerful. We observed people were encouraged to get involved and their efforts were always praised. The staff team arranged various but important activities helping people live life as normal as possible without feeling isolated. One person moved into the service with some mental health issues that effected their motivation to do things. The staff team introduced a cognitive behaviour therapy regime with some tasks to do such as improve sleep, read the bible, write daily reflection and visit their loved one. The staff nurse who supported and regularly talked to the person shared the same educational and professional background as the person. Since then, the person's wellbeing and health began improving and they slept and ate better. The staff helped the person prepare a speech about one of the topics they were interested in. Standing in front of other people, was a very positive step to the person and from then they started to engage with others. They would regularly engage in activity related to their subject of interest and other discussions. They also joined Bingo, and started leading it which they really enjoyed. The person's mood and wellbeing improved greatly and gave them sense of achievement and enjoyment of life.

In 2017 the activities team introduced a programme called "Wish upon a star" that supported people's wishes whenever possible. So far the service has managed to achieve certain significant wishes. For example, some people were interested in politics. They were delighted to meet the current prime minister at a local function. They had a cup of tea and chat together. People were pleased and grateful that staff team managed to make their wish come true. Another person, with staff's help, was able to meet a very famous actor who specifically came to see this person. The person felt like a real star, for a day. They received a blue plaque next to their door to commemorate this visit. The staff showed great interest and made an effort to ensure people's wishes were made to come true. For example, one person used to be a pilot during the war. They were able to visit the airfield where they used operate from and the aerodrome manager gave them a guided tour. The person was not aware but the staff also arranged for them to actually fly the plane they used to operate. The person was so thrilled because it felt, "Just like the old days" and it exceeded their expectation. They continued to talk about this experience which was very important to them and had enhanced their feeling of well-being.

The service was taking a key role in the local community by getting people and outside communities actively involved in building further links. They worked together with various organisations and community resources to develop a strong support network, good relationships, as well as, implement innovations and best practice. The service supported a local charity and any monies gathered from various events went towards research. The service also initiated several clubs that would give a chance for local people come and meet the staff and people living in the service. The aim was to give people in the outside community a purpose to get up each day and meet new people. For example, the service recently launched a dementia friendly supper club that invited families and carers within the community caring for someone with dementia. This would give them a chance to meet people in the service and enjoy a restaurant style meal. They also had an opportunity to speak to the skilled memory care team asking for any advice or discuss

their concerns. The service also introduced so called mini summer break respite service. This would allow family members to go on vacations for a short period of time to have a break. The service would look after their family member maintaining high standards of care so the relatives would not need to worry about it. There were also Pilates classes for everyone willing to get involved, keep fit and relax. The service started a teapot club where people living in the service and visitors were invited to join this gathering to get together for companionship and enjoy tea and cake. There was a group of people living in the service supporting good causes by knitting blankets for people around the world. It gave them a sense of achievement by doing something good and helping others. This work had expanded to local hospitals postnatal wards supporting staff and families. The group had been opened up to the public recently as the demand became very high. This included a mix of people of different ages. This simple activity had developed and strengthened links between the local community and the service.

The service recognised the importance of ensuring people could enjoy their life as much as possible without health issues getting in the way. The service worked hard to reduce hospital admissions by consistently monitoring and responding to people's changing health and wellbeing. They worked together with the Rapid Response Action Team (RRAT) providing medical support to people and helping them remain at the service. The staff nurses utilised their knowledge and skills through Link Nurses programme, and continuously liaised with RRAT to ensure people's wishes were respected with regard to not going into hospital. The service reported reduction of admissions to hospital from 6% of the people living in the service in 2017 to 1% in January 2018.

The service continuously sought to improve and develop to ensure people were provided with personalised care of a high standard to improve their wellbeing. The management team was confident in their staff's ability to support and care for people in an excellent way taking their interests, personal histories and choices into account. For example, one person used to get quite distressed and wanting to go home. The staff team decorated their room with themed wall paper with pictures of the person's home town. They added objects related to the home town to the person's memory box. These changes helped the person feel more settled. The staff also tried supporting the person looking after the cat as they used to have one but this was not very successful. However, the staff did not give up and got the person an artificial toy cat that would make sounds and movements. This was very successful and the staff noticed the person became calmer and had lesser periods of distress. Since having this toy cat, the person felt they had something to look after and subsequently started to engage more with others. The staff noted the person interacted with others better and seemed happier and more content.

The service understood the needs of different people and groups of people very well, and delivered care and support in a way that met these needs and promoted equality. People and their relatives were involved in developing their care, support and treatment plans to ensure the best outcome for them. For example, staff recognised one person was struggling to live their life due to a deteriorating condition including getting lost and feeling disorientated. The staff team suggested the person would benefit from the transition to the dementia unit. After close monitoring and contact with the person's family, they started spending some time on this unit getting to know their environment. After the move, everyone started seeing improvements in the person's behaviour and wellbeing. The person started socialising with others, joining in activities, having meals with others and building friendships with other people living there. The person began to express themselves better and started to look after their condition that required certain aids. The staff also ensured the person kept regular contact with people they had built a relationship with on the ground floor of the service.

People were able to maintain relationships with those who mattered to them and avoid social isolation. We observed a number of relatives visiting people throughout our inspection. People could stay and spend as

much time as they wanted with their relatives. Encouraging people to get involved in various activities, staff ensured people's stay in the service was always memorable and enjoyable. They always strove to successfully respond to people's needs and increase the quality of life for each person living in the service. The service ensured these events and occasions were remembered by producing a monthly newsletter. People, families and local village received the newsletter regularly to find out what was going on in the service. The service also subscribed to a small publication called "Daily sparkle". This included various pieces of information and events from the past helping people reminisce about times they enjoyed in the past.

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People and their relatives if needed were involved in the care planning process and ensure they felt consulted, empowered, listened to and valued. People received care and support that was responsive to their needs because staff had an in-depth knowledge of the people. The staff were responsive to requests and suggestions, and people's needs and wishes. The management team and the staff regularly reviewed and updated care plans and risk assessments.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was guidance in communicating with people in a manner they could understand. It was available in care plans, for example, when they speak to the person to speak slowly and clearly. The management team was aware of the Accessible Information Standard and its requirements. There was no specific policy however they took immediate action with the senior director of care and quality to ensure one was put in place. They were reviewing people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive it and understand it.

Complaints and concerns were taken seriously, used as an opportunity to improve the service and were discussed in great detail. These had been investigated thoroughly and people and their relatives were satisfied with the responses. People and relatives were encouraged to raise any issues or concerns so they could be responded to immediately. The management team communicated with people and their relatives regularly on an individual basis. Staff knew it was important to encourage people to raise any concerns with them. They knew how to report concerns or issues to the registered manager or the senior staff to be addressed.

Is the service well-led?

Our findings

The service's aims and objectives were to provide people with high quality care and support. People and what was important to them were the focus of the staff's work. They encouraged open and transparent communication amongst all team members. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The management team continually strived to improve the service and their own practice finding new and creative ways to do that. The professionals agreed the service provided was of high quality and they did not have any concerns. They said, "This home has really improved over the past two years. They have an excellent lead nurse and their deputy manager offers strong leadership...and will keep pushing to ensure that [people's] needs are met by other external professionals. We are always treated well when we attend the home." People's needs were accurately reflected in detailed care plans and risk assessments. Records were complete, accurate and stored appropriately.

Another professional was very complimentary of the work the service has been doing and the way the staff cared for the people living there. They said, "Having worked alongside supporting Sunrise of Sonning...I have seen a consistent passion to deliver the best possible care to their residents who present with complex needs. I admire their ability to recognise the importance of involving different external agencies to ensure their residents receive the best possible and bespoke care. In ensuring that the resident receives the personalised care, families are always involved whenever appropriate. Furthermore, I would like to add that the staff at the home have a very good, unique people's skills. They always make visitors feel welcome."

Another professional added, "I regularly work with the unit to assess and work with treatment plans for residents with deteriorating/challenging issues associated with mental health. [Community Services] have an excellent working relationship with Sunrise of Sonning as a consequence of the staff's conscientiousness in building their skill, understanding and clear communications with our team. The unit manager is relentless in striving for excellence and actively encourages the development of her staff with positive and person-centred approaches. I am particularly impressed with the high levels of professional pride and positivity on the unit which, in my opinion, radiates throughout the entire service. The manager, the deputy manager and senior carers have congruent information and are aware of the care plans, issues and risks. Our team have worked closely with the home on a number of occasions and have found the team proactive, responsive, flexible and very accommodating in a crisis. They are particularly skilled and committed to developing successful mental and physical outcomes for residents and as a consequence we have routinely achieved successful outcomes for the resident and family."

The service has a mission statement to champion the quality of life for all seniors. They have recently partnered with a neuro-rehabilitation centre for people to use their facilities. There were plans to get the physiotherapist from the centre to run sessions at the service keeping people mobile, fit and independent. The service's manual handling team were also being trained to suit the needs of the people using the service. The service was planning to enable staff to offer informed and educational information to the wider community. The service planned to launch their own rehabilitation unit later in the year. The service recognised more and more people were diagnosed with dementia. They provided training and support to

the local community, professionals and local businesses in how to help someone with dementia. A dementia champion at the service delivered seminars to inform people and families affected by this condition so they can support their family members and each other. This way the management team ensured the service was adapted from the perspective of the needs of the people using it.

The service successfully worked with other external organisations as part of their development and sharing of best practice. They were working with local organisations such as the police to establish the service as a "safe haven", a safe location, for people who may get lost or confused. The service was in discussion with ambulance service to be a dedicated location for automated external defibrillators. This was not only about working with other agencies to promote an open and transparent culture and learning from external expertise but also being, "Just a good neighbour". Good links to local community resources reflected the needs and preferences of the people who use the service well. The service continuously found ways of supporting the local community and were striving to become a vital resource that the local people could rely on when needed.

The service had a particularly strong emphasis on continuous improvement and finding new ways to help people live their life to the full. As part of the clinical governance process, the staff team were able to identify issues, address them and find more creative ways to support people's health and wellbeing. The service introduced various aids and systems to enhance and improve people's lives so they can enjoy their stay in the service as their home. The management team told us of their plans to continue to improve and find innovative ways to not only support people but be a strong part of the wider community. For example, they were considering the introduction of movement sensory equipment to identify where the person was so the staff could respond as soon as possible and prevent any injuries. They understood the equipment was for safety reasons, rather restricting person's independence and freedom to move around.

The management and staff teams demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life. The culture within the service had developed into an approach where everyone was responsible for ensuring people felt safe, important and supported well. The management team was committed to maintaining an excellent team working in the service. They encouraged strong relationships and support to each other among the staff team because they believed this would have a positive impact on the people and support they received. The service was committed to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them.

The views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements. There was evidence that learning from concerns and incidents were one of the contributors to continuous improvement. Any issues or questions were discussed within the team and they took action to address them. The management said, "We do not blame and we make time to air all the issues. We sit with staff to reflect on things that should have been done and make them think about it. We have an open door and staff come to us with anything." They valued how staff worked well together as a team. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to well by the senior staff when they approached them. They said, "I feel the management would do their best to address the problems" and "Yes, I've always felt the support from the managers". The staff team received a large number of compliments regarding the way they looked after the people and provided them with really kind and caring support. The management team always thanked the staff and appreciated their work. They regularly organised events to show all staff were valued and appreciated for their input in the service rewarding them appropriately.

Staff had regular team meetings. The records showed that the staff team discussed various topics such as

any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. We observed friendly interactions and respectful support provided to people. The management also promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive if they needed any help. People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team.

The management team had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. These included reviews, annual surveys, audits of various records, overall service audits, staff performance checks and supervisions. The management took appropriate disciplinary action if they needed to address poor performance. They also reviewed reported incidents and accidents related to falls, health and any errors made when providing care. They used the information to drive improvement within the service. All the information was recorded and actions taken to address any concerns.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. There was a change in the management roles. The current registered manager was moving onto a senior role within the company. The deputy manager was just promoted to the general manager's role and would start their registration process to become the registered manager. The provider was advertising for the deputy manager's role to ensure all levels of management were covered.