

Sunrise Operations Hale Barns Limited

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Inspection report

Sunrise of Hale Barns
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8th and 10th December 2014 and was unannounced which meant the registered provider and staff did not know we were visiting on the first day. Sunrise Operations Hale Barns Limited was last inspected in November 2013. We found the home met the required standard in the regulations we inspected.

Sunrise Operations Hale Barns Limited is a residential care home. The home has two neighbourhoods which provide care and support for a maximum of 98 persons. The assisted living neighbourhood provides care for people who need support with day to day activities and the reminiscence neighbourhood provides care for people who are living with dementia. There were 83

Summary of findings

people resident at the home on the day of our inspection. The home is situated on the outskirts of the village of Hale Barns. It is close to local facilities, bus routes and motorways and there is parking available at the home.

The home had a registered manager. 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.

During the inspection we were told and observed that staff were attentive to people's needs and a range of activities were provided for people to attend and enjoy. People were seen to be enjoying organised activities and relatives told us their family members were asked to attend these to encourage social interaction.

We saw documentation that showed us people were enabled and encouraged to give feedback on the service Sunrise of Hale Barns Limited provided and action was taken to improve the service provided.

There were robust audit systems and monitoring checks in place to identify shortfalls in the care provided at the home and the learning was shared across the registered provider's other homes to improve the service provided.

People were supported to eat and drink sufficient to meet their needs and health professionals' advice was followed to ensure people received safe and effective individualised care.

The care staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

We found that recruitment was arranged to ensure appropriate checks were carried out before staff started to work at the home and staffing rotas were planned in advance and monitored. In addition we were told, and saw documentation that showed us, staff received training to maintain their knowledge and skills. This helped ensure adequate numbers of suitably qualified staff were deployed effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. During the inspection at Sunrise Operations Hale Barns we saw processes were in place to ensure people's rights were protected.

We saw documentation that showed us people's care needs were assessed and referrals were made to other health professionals as required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Staffing was arranged to ensure people's needs and wishes were met promptly and recruitment was carried out in safe way. This helped ensure suitable staff were employed at the home.

There were arrangements in place to ensure people received medication safely.

Good



Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development and supervision and support from senior staff. This helped to ensure people were cared for by knowledgeable and competent staff.

We found the location to be meeting the requirements of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



Is the service caring?

The service was caring.

We saw staff were compassionate when people were provided with support. Staff were patient when interacting with people who lived at the home and people's care and support was provided at a pace appropriate to them.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff were respectful and people's dignity was upheld.

Good



Is the service responsive?

The service was responsive.

Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

The home encouraged people to give feedback on the service provided and took action to improve if actions were required.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Quality assurance systems were in place to ensure the quality of care was maintained and learning was shared to improve the service provided.

Relatives and staff we spoke with told us the management of the home were approachable and listened to their views.

People who lived at the home could be confident that the home was well led and staff worked as a team to meet people's needs.

Good



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

We inspected this home on the 8 and 10 December 2014. This inspection was unannounced, we did not give prior notice of the first day of our inspection. On the 8 of December two adult social care inspectors spent the day at the home; on the 10 of December one adult social care inspector spent the afternoon at the home.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications that we had received. In addition we

contacted health professionals who visited the service. The health professionals we contacted included a dietician, district nurse and a social worker. We also contacted a member of Trafford Council who was responsible for monitoring the service. We received positive feedback.

During the inspection we spoke with seven people who lived at the home and five staff. We spoke with the registered manager, the deputy manager of the home and one visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we contacted three relatives by phone to gain their views of the service provided. We looked at all areas of the home, for example we viewed lounges, and communal bathrooms. With consent, we also viewed people's bedrooms. We spent time on the reminiscence neighbourhood and on the assisted living neighbourhood.

We viewed a range of documentation which included three care records, three staff files, and a range of quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe. In response to questions such as, “Do you feel safe?” and “Do staff care for you in a safe way?” we were told; “Yes I’m safe here”, “No-one’s ever given me any reason not to feel safe so I reckon so”, “In every way – the girls make sure of that” and “It’s a very safe and loving place to live.” Relatives we spoke with also told us they considered their family member to be safe. One relative told us; “Yes it’s safe but not to the point where people are over protected. (My family member) is still able to do the things she wants. Like making a cup of tea or going for a walk and these are important to (my family member). Another relative commented; “I’ve no doubt (my family member) is safe and I can say that with confidence. I spend a lot of time in that home and I’ve never seen anything but a caring attitude and a quick response from staff if they’re needed for any reason.”

We saw staff responded to risks promptly. During the inspection we saw one person was finding it difficult to mobilise and said they felt tired. Staff responded by supporting the person to a chair and sitting with them. This minimised the risk of the person falling and ensured their wellbeing was maintained.

Within the three care records we viewed we saw a variety of risk assessments were completed. These included nutritional assessments, skin integrity assessments and mobility assessments. Where risk was identified, instruction was provided to enable staff to deliver safe care. For example, we saw if equipment was required to help people mobilise, this was documented and the number of staff required to support the person safely was included. This ensured staff had access to up to date information to enable them to deliver care in a safe way that met people’s needs.

We checked to see if staff were knowledgeable of the procedures in place if they were concerned that someone was at risk of harm and abuse. All the staff we spoke with told us they would contact a member of the management team if they had concerns, and if this was not addressed they would not hesitate to contact the local authority safeguarding team in order to ensure their concerns were investigated. We saw there was a policy in place, which was accessible to staff and the contact numbers for the safeguarding team were displayed on notice boards within the offices. All the staff we spoke with were able to describe

signs and symptoms, which may mean that abuse had occurred and we were told; “I would report anything that worried me. We’ve all had training in safeguarding and it’s drummed into us that we are expected to report straight away. That’s the way we work here – together to keep people safe.”, “All the managers here stress to us we must report if we’re worried and yes, I would.” and “When it comes to protecting people I wouldn’t have any worries about reporting to management or safeguarding. Part of our job is to keep people safe and well.”

We asked staff to describe the recruitment process they had followed on joining Sunrise of Hale Barns Limited. All the staff we spoke with told us they had completed an application form, attended an interview and had to provide references and apply for a Disclosure and Barring check prior to starting work. We also viewed three staff files, which contained evidence to show us this process had been followed. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

We asked the deputy manager to explain how they ensured sufficient staff were available to meet people’s needs. We were told there was a dependency assessment tool in place, which helped ensure the correct number of staff were provided to support people on each neighbourhood. We were told each person’s needs were assessed and the dependency tool calculated the level and amount of support a person required. This was then used as a baseline to inform staffing levels. We were told, and staff confirmed that if a person’s needs changed quickly, additional staff were provided.

During the inspection we saw people were supported in a calm and patient manner by staff. We observed people being given time to respond to staff, and staff did not rush or hurry people in any way. People we spoke with told us they did not have to wait. We were told; “I’ve just this minute asked for a cup of tea and look, it’s on the table already.”, “I can always rely on staff to help me and no I don’t recall having to wait.”, “Enough staff? Yes I think there are enough here.” In addition we asked the staff and relatives if they were happy with the number of staff provided. No one expressed any concerns.

We asked the registered manager if there were any staffing vacancies at the home. We were told staff vacancies were covered by existing staff, or if required agency staff were used to ensure sufficient staff were available. The

Is the service safe?

registered manager told us agency staff were booked in advance and whenever possible, the same staff were requested as this enabled a consistency of care. The staff we spoke with confirmed this was the case.

We were told that medicines were checked by two members of staff when it came into the home and it was then stored securely. We saw the medicines room was locked and staff told us only staff with designated responsibility for the administration of medicines could access this room. We saw the home held controlled drugs. Controlled drugs are prescription medicines, which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 drugs. We saw they were stored securely and accurate records were kept. We checked the record and actual medicines on site and saw that these matched. This showed us there were systems in place to ensure medicines were managed safely.

We observed staff administering medicines and saw staff checked the Medication and Administration Record (MAR) and then checked the medicines before giving it to the person. We saw the MAR was signed on administration. This helped ensure accurate records were maintained and minimised the risk of medicine errors occurring. We looked at two people's MAR and saw these were completed in full with no gaps. We saw the home recorded medicine that was returned to the pharmacy and the staff we spoke with were able to describe the arrangements in place for ordering and disposal of medicines. Our conversations and observations showed us there were arrangements in place for the safe use of medicines.

Is the service effective?

Our findings

People told us they were happy with the food and menus at Sunrise of Hale Barns Limited. We were told; “It’s all fresh and home baked stuff here and the quality is very high”, “You can’t please everyone all the time but they try to and I think the service here is excellent.”, “Its good food in a good place.”

We saw documentation that showed us people’s nutritional needs were assessed. As a result of this we saw one person had been referred to a dietitian and to a speech and language therapist and specific instruction had been given in relation to their dietary needs. We checked to see the care delivered was in accordance with their assessed needs. We saw that it was. We observed the person was offered a meal that had been prepared to the health professional’s specification. We saw they were supported with dignity and at a pace that was suitable to them. We observed all the health professionals’ instructions were followed to ensure the person received effective care.

We asked the chef how they ensured people’s dietary needs were met. We were shown a folder which contained accurate and up to date information regarding people’s weight monitoring. The chef told us they liaised with staff and people who lived at the home if a change in weight was noted. They described how one person had lost weight and on meeting with them, the chef had changed their individual menu to their request. In addition to this we saw a noticeboard, which contained information about individual’s specific needs. We were told this was to ensure food was prepared and provided that met people’s wishes and ensured their wellbeing. The board contained information such as if people needed a soft diet, low potassium diet or if they had any allergies. In addition we saw personal preferences were recorded such as if the person was a vegetarian, or preferred small portions. This showed us the service identified changes in people’s needs and took action to ensure their needs could be met.

We observed the lunchtime meal and saw it was a positive experience for people at Sunrise of Hale Barns Limited. The atmosphere was relaxed with music playing quietly in the background of the dining room. The tables were laid with tablecloths, salt and pepper and hot and cold drinks. We observed people being encouraged to eat and staff discreetly observed people to ensure they ate sufficient to

meet their needs. If a meal was declined staff offered alternatives. Meals were attractively presented and there was a sociable atmosphere, people were seen to be chatting and appeared relaxed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. A Deprivation of liberty safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests, or their own safety.

At the time of this inspection we were informed there were thirteen DoLS authorisations in place. The registered manager explained the circumstances that would indicate a DoLS application should be made and the processes for this to be carried out. We viewed an authorised DoLS application and saw the correct process had been followed and the person’s individual service plan had been updated to reflect the person’s legal status and the support they required to live in the least restrictive way.

We also spoke with a visiting best interest assessor who was carrying out a best interest meeting. The role of a best interest assessor is to determine whether a less restrictive form of care was possible and whether a deprivation of liberty is necessary to prevent harm. They told us the staff at the home were proactive and identified if a DoLS authorisation was required quickly and made referrals appropriately when required.

We saw information was available within the reception of the home to inform people of the role of advocacy and how this could be obtained. In addition the registered manager told us they would discuss this with people if appropriate. This demonstrated people could access further information and advice if they required this support.

We looked at another person’s care records and saw a mental capacity assessment and best interest meeting had been completed and outcomes documented to ensure the person’s rights were promoted and upheld. We considered the correct processes were being followed.

We observed staff working with confidence and competence when they supported people. We saw staff offering reassurance to one person who was looking for a personal item. We saw they spent time with them and allowed the person time to express their views and

Is the service effective?

supported them to look for their item. As a result of this we saw the person became happier and accepted the support. We noted the staff were confident in their responses to the person and this had a positive effect on them.

We asked staff to describe the training and development activities they received at Sunrise of Hale Barns Limited. They told us; “We do a lot of training here, moving and handling, medication, safeguarding and dementia care. We have to update it every year as well and we get reminders so we don’t forget.”, “The training here is really good and I look forward to it to be honest. Things do change so quickly and I need to keep my skills up to date.”, “We do a mixture of practical and e learning and some assessment tests as well. The training in dementia included mental capacity and DoLS and we had to do a booklet and get that assessed before we passed.”

We viewed the training matrix provided and saw staff received training to enable them to care for people effectively. In addition, we looked at five supervision records and saw staff received supervision to enable them to discuss their performance, training needs and any

concerns. All the staff we spoke with confirmed they had regular supervision and they found this helpful if they needed to discuss their practice and any training needs. This showed us the home had processes in place to ensure staff were supported to review their practice and complete training and development activities that enabled them to deliver effective care.

We asked the deputy manager and the registered manager how they ensured best practice guidance was used to improve the service and meet people’s needs effectively. They explained that they reviewed published information such as the Care Quality Commissions thematic review ‘Cracks in the pathway.’ As result of this review they were introducing ‘All about me documentation’ to ensure meaningful and comprehensive information accompanied people if a hospital admission was required. We were also told they contacted the hospital to ensure the information provided was sufficient. It is important that information is shared effectively so people can be supported in a way that meets their needs and minimises unnecessary anxiety.

Is the service caring?

Our findings

People told us they felt cared for. We were told; “I have all the love, care and support I need here.”, “The staff are professional and that’s fine, but they’re caring as well. When they (help me with personal care) it’s done so well that I never feel like an inconvenience or embarrassed.”, “I can give you an example of caring, it’s when they see from the other side of the room that I’m a bit upset. I can’t count the number of times they come and sit with me and just listen.”, “I like the fact they come and say goodbye before they go home, it means I matter to them.” Without exception all the relatives we spoke with also told us they considered the staff to be caring. Comments we received included; “What impresses me is how well they know (my family member). “There’s a level of care and attention to detail with (my family member) that is above and beyond the norm.” and “(My family member) tells me they’re cared for and I see it when I visit. Staff are genuinely interested in (my family member) and I thank them for all the care and love they give.”

The care records we saw were comprehensive and well organised. Each care record contained a detailed assessment that was completed prior to admission. We saw individual support plans were developed and these contained good information to enable staff to meet people’s needs. The individual support plans and risk assessments were reviewed regularly and any changes were recorded appropriately. This ensured staff had access to up to date information to support people safely.

The relatives we spoke with told us they were involved in planning the care and support their family member received and we saw documentation in the care records we viewed that showed us this took place. This helps ensure that important information is communicated effectively and care planned to meet people’s needs and preferences. We also asked three people who lived at the home if they were involved in the planning of their care. They told us they were. Our observations and the feedback we received showed us whenever possible, relatives and people who lived at the home were involved in their care.

We observed staff upholding people’s privacy and dignity by knocking on people’s doors before entering, and if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. We observed a staff handover being carried out and saw that staff communicated essential information such as: how people were; what people had done or planned to do; any concerns were highlighted; and actions planned. We saw staff were respectful when they were passing confidential information to other staff at Sunrise of Hale Barns Limited.

Staff we spoke with were clear that they supported people to live their lives the way they chose. One staff member told us; “Our job is to enable people to live their lives.” Another staff member described how care was arranged to meet individual needs and wishes. They told us; “Nothing should change because you come into a home. You’re still a person with feelings and hopes and we try to make every moment matter. It’s not my life it’s theirs.” All the staff we spoke with were knowledgeable of people’s needs and wishes.

We observed people being treated with empathy and respect during the inspection. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind, patient and continually communicated with people and offered advice and support respectfully. We observed care was delivered at a pace appropriate to the person and people were given time to respond and make decisions. We saw one person was having difficulty making a hot drink. We saw staff observe this and offer help in a way that promoted the person’s independence and self-esteem. We saw the help was accepted by the person and they were happy with this. We also observed one person became anxious. This was observed by a staff member who sat with the person and held their hand until they became less worried. We saw the staff member then encourage the person to sit with them and have a cup of tea and watch a film. Our observations showed us staff were caring and understood the diversity of people’s needs.

Is the service responsive?

Our findings

During the inspection we observed staff were responsive to people's needs. For example we observed a staff handover taking place and concerns were discussed and actioned to ensure people's health needs were met.

The registered manager told us and we saw documentation that showed us people's care needs were reviewed monthly. The care records we viewed provided evidence to show staff monitored people's health and responded appropriately. We saw documentation that showed us people were referred to other health professionals promptly and all the staff we spoke with were able to describe recent changes in people's needs. Two relatives also told us they considered the home was responsive to any changes in their family member's health. For example one relative described how the home had responded quickly to a change and had discussed their family members care with them. Another relative told us; "They seem to monitor (My family member's) health and they contact me if they notice anything they think I should know, or I've asked to be told." One relative told us they had discussed a change in their relative's health with the registered manager as they were concerned this was not being responded to proactively, however changes had been made and this was no longer a concern to them.

We saw the care records were person centred and contained information that was important to the person, for example preferred name, preferred routine and activities. In addition all the staff we spoke with were knowledgeable regarding the individual needs and wishes of people who lived at the home. This information is important as it enables care to be delivered in accordance with people's wishes and preferences.

In addition our observations during the inspection showed us people's needs and wishes were responded to. For example we saw one person who expressed a wish to spend time tidying a communal drawer. We saw they were supported to do so and they enjoyed this activity.

The staff we spoke with told us people who lived at the home were asked if they wanted to be involved in organised activities and we saw this took place. We saw people were asked if they wanted to participate in an

organised event. On the afternoon of the inspection we saw a speaker had been arranged to talk about Christmas in Victorian times. We saw this was well attended and enjoyed by people who lived at the home.

We discussed the activities with the activities co-ordinator and asked them to explain the range of activities provided. We were told the home provided activities that supported in people's wellbeing and these were categorised into three areas to enrich the 'Mind, Body and Spirit'. We were told activities were provided in each of these categories for example, quizzes, chair yoga and classical music. The activities co-ordinator showed us a pre-planned group activities programme and we also saw individual activities programmes were in place for people who lived at the home. Relatives we spoke with confirmed their family member was encouraged to engage in group and individual activities. This showed us the home responded to individual's personal preferences and wishes.

We also saw the home had a 'residents' council' in place, which was attended by people who lived at the home. We viewed minutes of the meetings and saw that when comments had been made to improve the home, these were actioned. For example, we saw comments had been made regarding the dining provision. As a result of this we saw the chef had attended meetings with people at Sunrise of Hale Barns Limited and had responded to specific requests. This showed us the home sought to engage people to improve the service offered.

The relatives we spoke with told us they found the management team approachable and would discuss any concerns with them. We were told; "Seeing a manager is never an issue, it's always been arranged quickly." Another relative told us; "They're always keen to talk with us."

We saw the home had a complaints procedure in place to enable people to have their complaints formally recognised and investigated. We viewed the home's complaints file and saw documentation that showed us the home responded to and investigated complaints appropriately. We saw that if a complaint required significant time to investigate, a letter was sent to the complainant explaining this. We saw there was a process in place to enable people to make complaints if they wished to do so.

Is the service well-led?

Our findings

Sunrise of Hale Barns Limited had a robust management system in place to ensure the service was well led. The home has a registered manager who has been registered with the Care Quality Commission (CQC) since December 2013. There was also a deputy manager in place. In addition each neighbourhood had a manager to ensure the household was monitored and managed well.

During the inspection we were informed by the registered manager and the deputy that changes were being made to the management of the home. From our conversations we learnt the deputy manager was applying to the CQC to become the registered manager as the current registered manager was moving to another home within the company. We discussed this with the registered manager and deputy manager who explained the deputy manager would be supported by an assisted living co-ordinator until a new deputy manager could be recruited. This showed us there were plans in place to manage change in a proactive manner.

We discussed the management structure with the registered manager and the deputy manager. We were told each neighbourhood had a manager in place and they reported to the deputy manager and the registered manager. We asked how information was effectively communicated and were told daily 'huddle' meetings were in place and these were attended by managers to ensure any changes were discussed, actions agreed and cascaded to staff who delivered care. In addition we were told heads of department meetings took place and these were documented to ensure actions were recorded and cascaded. We spoke with staff who agreed these meetings took place and saw documentation that demonstrated actions were documented and resolved. For example, we saw minutes of a heads of department meeting, which showed us a change to European legislation relating to food allergens was discussed. We spoke with the dining services co-ordinator who was knowledgeable about the changes and described how Sunrise of Hale Barns Limited met these requirements. This showed us the management at the home ensured changes were communicated and implemented.

We saw the service was proactive. The deputy manager showed us files, which contained the Care Quality Commission's five key questions. Is the service safe, caring,

responsive, effective and well-led. Within the files we saw the registered manager had cross referenced information and practices where they felt they provided evidence to demonstrate a key question was being met. The deputy manager told us this was to enable them to identify what the service did well, what the service could do better and to support improvements within the home.

We also saw the home referenced best practice. The meeting minutes we viewed informed staff that if a new person moved into the home, skin integrity checks were to be carried out within a specified timeframe. The minutes advised this was in accordance with the National Institute of Clinical Excellence (NICE) guidelines. We discussed this with the registered manager who told us the registered provider employed a dementia specialist who provided support and information to the deputy manager, who was also the clinical lead at Sunrise of Hale Barns Limited to ensure the home recognised and implemented best practice guidelines when appropriate. This showed us the home implemented best practice to help ensure people received positive outcomes.

We asked how the home identified if improvements were required in the quality of the service provided. We were told and we saw, an audit schedule was in place. We viewed a range of quality assurance audits. We saw accidents and incidents were analysed to inform actions that may be required to prevent reoccurrence and the deputy manager showed us how incidents were analysed. We saw a 'monthly analysis trend tracker' was in place and if actions were required to prevent reoccurrence, this was documented. For example we viewed a record, which showed us the registered manager had implemented human resource procedures following a medicines error. In addition the registered manager told us that all quality assurance checks were sent to head office and further analysis was carried out to compare the findings against other homes owned by the registered provider. The registered manager said this was so any actions implemented at other homes could be shared with Sunrise of Hale Barns Limited to improve the quality of care provided. They told us as a result of analysis carried out at another home, Sunrise of Hale Barns Limited received advice regarding specific equipment designed to support peoples' skin integrity. We saw meeting minutes which

Is the service well-led?

showed us this had been discussed with staff. We concluded the home shared and implemented learning from other homes to improve the service it provided to people who lived at Sunrise of Hale Barns.

We saw care records and medication were also audited to ensure any shortfalls could be identified. All the staff we spoke with told us audits were carried out and they learnt of the findings through individual and staff meetings and we saw documentation that showed us this was the case. In addition we were told by the registered manager and we saw documentation that showed us quality assurance checks by an external clinical manager and actions were planned to ensure improvements made. This showed us Sunrise of Hale Barns Limited carried out monitoring checks to ensure shortfalls were identified and action taken to seek improvements.

The registered manager told us staff were asked to complete surveys so the home could identify any areas staff felt required improvement. We saw minutes of a meeting, which was held after the last survey results had been analysed. The meeting was held in May 2014 and described the changes that had been made as a result of the last survey. This included the introduction of 'huddle meetings', the development of a new management team and an improvement in the number of staff who had completed required training. The registered manager told us staff were currently completing a further survey which they hoped would identify what the home did well and where improvements may be made. This showed us the registered manager sought different ways to gain feedback regarding the quality of the service provided.

On the day of the inspection we saw the two neighbourhoods were well organised and staff worked together to ensure people's needs were met. For example, we saw staff arranged their tasks around the needs and wishes of people who lived at the home. We observed one staff member was in the kitchen area tidying up. A person

who lived at the home asked for support to sit in another area of the home. We saw the staff member left the task they were completing and assisted the person as requested. We observed a staff handover and saw this was person centred. All communication related to people's wishes and needs and it was clear from our observations that time was arranged to suit people who lived at the home and not to complete task based actions. We asked the staff we spoke with to describe the management structure at Sunrise of Hale Barns Limited. All the staff we spoke with could explain the management structure in place and were complimentary of the registered manager and other members of the team who supported them. We were told; "I'm proud to say I work here, I've never had a problem with anyone here because the one thing we all have in common is to make peoples' lives as comfortable and relevant to them as we can.", "Yes the managers are all very good and I could speak to any of them.", "It's extremely organised and that's no bad thing. We find out what we need to do, what we need to change and I think we work well as a team."

We were told by the registered manager surveys were carried out to identify if people who lived at Sunrise of Hale Barns Limited and their relatives were satisfied with the standards at the home. We viewed the results of the survey and saw these were positive. The registered manager told us; "We want to know what we do well and what we can do better."

We also spoke with three relatives who told us they were confident in the registered manager and the team in place at Sunrise of Hale Barns Limited. Comments we received included; "If I ask any questions I get a quick response and everyone is very friendly and open.", "I can discuss anything with the manager.", "I've attended meetings with the manager on reminiscence and she's lovely."

Our observations and the feedback we received showed us the service was well led.