Sunrise Operations Bagshot II Limited

Sunrise of Bagshot

Inspection report

14-16 London Road
Bagshot
Surrey
GU19 5HN

Tel: 01276456000

Date of inspection visit:
16 January 2018

Date of publication:
28 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sunrise of Bagshot is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sunrise of Bagshot provides facilities and services for up to 99 older people who require personal or nursing care. The building consists of three floors. The ground and first floor of the building are called the Assisted Living Neighbourhood. The care provided in the Assisted Living Neighbourhood includes minimal support for people up to full nursing care. The second floor of the building is called the Reminiscence Neighbourhood. The Reminiscence Neighbourhood provides care and support to people who live with dementia as their primary care need.

At the last inspection on 19 April 2016 the service was rated 'Good.' At this inspection we found the service remained 'Good.'

People continued to be safe at Sunrise of Bagshot because staff were aware of their roles and responsibilities to keep people safe. Staff understood how to identify and respond to suspected abuse. People lived in an environment that was clean and the risk of infection spreading was appropriately managed. Safe recruitment practices were followed to ensure that only suitable staff were employed to safely attend to people's needs. There were sufficient staff deployed at the home. People's medicines were administered and managed safely. Risk assessments had been written that helped to support people to maintain their independence in a safe way.

People continued to receive effective care from staff who had received training that enabled them to carry out their roles. Staff were supported by the registered manager through regular supervision and appraisals of their work. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service to support this practice.

People were provided with sufficient food and drink. People were complimentary about the food and how it was cooked. People's healthcare needs continued to be met and they were able to access all healthcare professionals as and when required.

People's privacy and dignity was respected and they were involved in making decisions about their care and treatment. People were treated with kindness and compassion in their day-to-day care. People and their family members were involved in the writing and reviewing of their care plans. People had a range of activities they could choose to be involved in. A complaints system was in place that enabled people, relatives and visitors to raise any concerns.

The registered manager was visible at the home and all staff stated that they felt supported by the registered

manager. There was a system in place to monitor the quality of care and treatment provided at the home. Records of accidents and incidents were maintained and actions to help to prevent the re-occurrence of these had been implemented.

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 remains Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Sunrise of Bagshot

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 January 2018 and was unannounced.

The inspection was carried out by three inspectors, a specialist advisor in nursing care and two experts-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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with eight people, six relatives and nine staff members. We spoke with the registered manager, assisted living coordinator and the nurse in charge. We looked at the care plans for ten people, medicines records, accidents and incidents, complaints and safeguarding. We looked at mental capacity assessments and applications to deprive people of their liberty. We reviewed audits, surveys and looked at evidence of activities taking place at the home.

We looked at five staff recruitment files and records of staff training and supervision, appraisals, a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working.

Good

Is the service safe?

Our findings

People were safe living at Sunrise of Bagshot. People told us that they felt safe at the home. One person told us, "I feel safe living here with the staff who look after me." Relatives believed their family members were very safe and they had no concerns. One relative told us, "My [family member] always feels safe living here; he likes the female staff who look after him."

People continued to be protected from abuse because staff understood their roles in keeping people safe. The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to correctly identify categories of abuse. They understood the correct safeguarding procedures to follow should they suspect abuse and were aware that a referral to the local authority safeguarding team should be made, in line with the provider's policy. One member of staff told us, "I would always report something suspicious to the manager. I know they would deal with it quickly." Staff told us that their training had included whistle blowing and they would report all bad practice to the registered manager.

People were kept as safe as possible because potential risks had been identified and assessed. Each person had risk assessments in place to help them maintain their independence. The provider told us in their PIR that risk assessments were in place and reviewed regularly and we found this to be the case. Risk assessments included falls, skin integrity, nutrition, behaviours and moving and handling. For example, one person had a moving and handling risk assessment in place. This provided clear guidance to staff in that the person was to be supported by two staff who used a hoist for all transfers.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. The registered manager told us that there were 73 people living at the home; 27 on reminiscence and 46 on the assisted living floors. The assisted living floor had nine care staff and one nurse in the morning which dropped to eight care staff in the afternoon. At night they had three staff and one registered general nurse (RGN). On the reminiscence floor they had seven care staff and one RGN all day. At night there was one RGN and two care staff. These staffing levels were confirmed during our observations, discussions with staff and the viewing of the duty rotas. Staff told us that there were enough staff. One member of staff told us, "We have enough staff. It's calculated based on the needs of people. When we tell them (management) a resident has higher needs there is a review and they will adjust the staffing levels if required." People told us that there was always staff available to help them whenever they needed it.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation, including a full employment history, references and Disclosure and Barring Service (DBS) checks had been obtained for new staff. The DBS helps providers ensure only suitable people are employed in health and social care services.

The RGNs and staff followed guidance from the Royal Pharmaceutical Society that ensured medicines continued to be administered, recorded and stored safely. All medicines received into the service and those being returned to the pharmacy were clearly recorded. Staff had competency assessments where their knowledge and practice was checked. People told us that they received their medicines on time and they

knew what they were for. One person told us, "I know what my medicines are for; I take paracetamol for pain and tablets for my blood pressure." People who required PRN (as needed) medicines had protocols in place to guide staff on why it may be needed and these included the dosage and frequency.

Actions were taken and lessons were learnt when things went wrong. For example, we saw evidence of lessons learnt following incidents through a detailed analysis. A 'Clinical Governance Meeting' took place each month involving management and clinical leads. They looked at all incidents, infections, pressure sores and weight loss. Minutes showed these were discussed and compared with the previous month's results as well as the provider's average. Actions being taken were discussed and recorded here.

People were protected against the spread of infection within the service. People lived in an environment that was clean and hygienic. The provider told us in their PIR that they promoted infection control and personal protective equipment (PPE) was available throughout the home and we found this to be the case. All areas of the home were clean and tidy. There were ample hand hygiene stations throughout the home; personal protective equipment, such as aprons and gloves, were readily available to staff. All hand basins contained hot running water, liquid soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. Staff told us they had undertaken training in infection control and records confirmed this. Daily, weekly and monthly cleaning schedules were maintained. Records of audits and spot checks were maintained for the home. This ensured that people lived in a clean and hygienic environment. Domestic staff were observed changing their PPE after cleaning each room. The housekeeper maintained accurate records of the cleaning that had been undertaken.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation. People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. The provider told us in their PIR that people and their relatives were involved in the development of the care plans through the assessment process and we found this to be the case. Records maintained showed that people and their relatives had been involved in the initial assessment of their needs before they moved into the home.

People received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and their relatives spoke positively about staff and told us they believed they were skilled to meet their needs. One person told us, "We have some very good carers here." A relative told us, "Staff seem to be trained because they all know what they are doing." The provider told us in their PIR that staff received on-going training and supervisions to help them to support people and we found this to be the case. Records provided to us showed that staff received all the mandatory training as required. Other training provided included dementia, allergens, fluid and nutrition, equality and diversity and understanding and managing distressed behaviour. Staff told us that the training was good and always available to them. One member of staff told us, "There are opportunities to grow and develop. I started as a carer and worked my way up to do medication training and leadership training and now I am a senior carer. I am doing NVQ Level 5." Records showed that staff had an induction when they commenced working at the home and staff had also completed the care certificate training. The care certificate is a set of standards that social care and health workers follow in their daily working life. It provides staff with skills and knowledge to provide compassionate, safe and high quality care and support to people.

People were supported by staff that had supervisions (one to one meetings) with their line manager. Staff told us that they had regular supervisions and they could talk to the registered manager at any time. Records maintained in staff files confirmed that regular supervisions took place. One member of staff told us, "I have had regular supervision and an annual appraisal." Another member of staff told us, "I have supervision every six to eight weeks, but I could talk to the manager at any time. We discuss my performance, the people we look after and my training."

People had access to all healthcare professionals that supported them to live healthier lives. Records confirmed that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as tissue viability nurses (TVN), dietitians and speech and language therapists (SALT). One person was seen regularly by the diabetic nurse and records of the visits were recorded in their care plan. Staff kept records of blood sugar levels and these were provided to the diabetic nurse. The person had a hypoglycaemic episode (this is known as low blood sugar when this decreases below normal levels and may result in the person becoming clumsy, confused or loss of consciousness) and staff noted blood sugar was low. The diabetic nurse was contacted and they had visited in response to this.

People lived in an environment that that was adapted to meet their needs. All equipment used at the home

was serviced in line with the manufacturers' guidance to ensure it remained in a good state of repair and was safe for people to use. There was good signage throughout the home that enabled people to find their way around to communal areas of the home, this also included information written in braille to help those who had sight issues. For example, the dining room, toilets, bathrooms and their bedrooms.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in nursing homes are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been undertaken and where people lacked capacity best interests meetings had taken place and a DoLS application had been submitted when required to ensure people's safety. For example, one person had a mental capacity assessment dated 13 March 2017 for consenting to care and this found that the person lacked the mental capacity to make the decision to consent. It recorded that they was unable to understand, retain or weigh up the information to make a decision. A best interest meeting was documented the same day that involved the person's family members, the registered manager and the GP. A DoLS was also completed on 19 March 2017 and sent to the local authority.

Staff were aware of the importance of consent and they had an understanding of the MCA and DoLS. Staff had undertaken training in this area and they were able tell us the implications of Act and DoLS for the people they were supporting. People told us that staff would ask them for their permission before they helped them with anything.

People were supported to ensure they had enough to eat and drink to keep them healthy. A choice was offered for every meal and alternatives were also available. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes, dislikes and allergies. People and their relatives were very complimentary about the food provided. One person told us, "The food is good and always generous helpings." Another person told us, "I have all my food pureed and the chef makes it look nice for me." There was a comments book available for people to express their views about the meals provided. The registered manager told us that she responded to and investigated all concerns raised about the food. We found recorded evidence that this was undertaken. For example, one person had stated that they had not liked the pasta as it was too dry. The registered manager discussed this with the chef who spoke with the person. A form entitled 'Dining Experience Feedback 'was used to record the actions taken and if the person was satisfied with the outcome. When pasta was next on the menu the same person had written, "Very nice supper, thanks."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us that staff were caring and kind people. One person told us, "Staff do care about us here." A relative told us, "Staff here are very caring, they treat my [family member] with respect."

We observed care and support given to people. Staff were respectful and kind to people living at the home. Staff interacted with people in a positive manner and gently coaxed people to do things for themselves. For example, on the reminiscence unit people were being encouraged to eat independently with staff available to provide support as and when required. One person had refused to have their meal; however a member of staff showed them on a plate what the alternative meal was. The person then decided to have the original option.

People on the reminiscence floor received one-to-one support from staff when doing activities and who engaged them in conversations. Staff told us that people had their life stories in their care plans which they read as this helped them to initiate conversations with people about themselves. During our inspection staff had a 'Swiss roll' session for people. This involved having hot drinks, cake and talking with each other and staff. The environment on this floor was well laid out with appropriate signage and activities for people to take part in. For example, a throwing activity with a large ball had taken place during the day. We noted that people had enjoyed this activity and engaged with staff throughout.

People's privacy, dignity and independence were promoted by staff. The provider told us in their PIR that people are treated with respect, kindness, dignity and their personal privacy was respected. We found this to be the case. Staff told us that they ensured all personal care was undertaken in the privacy of people's bedrooms with the doors and curtains closed, we observed this practice during our visit. People told us that all staff respected their privacy and dignity. One person told us, "Staff do respect my privacy. They always knock on my door before they come in." One member of staff told us, "I always make sure that exposed parts of the body are covered to maintain people's dignity."

People were supported to express their views about their care and treatment and make decisions about their care plans. People told us that they had been involved with their care plans and they could make decisions about how they were looked after. One person told us, "When I asked for things to be done differently it is always followed up." Relatives told us they had been involved with the care of their family member. One relative told us, "We had a discussion about my [family member] with staff and they agreed to amend the care plan to incorporate changes with myself and my [family member's] requests, you cannot fault the staff for listening." Care plans evidenced people and relatives' involvement.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. People and their relatives confirmed that they had been involved with their care plans and were involved in reviewing their care. One person told us, "I know about my care plan, I signed it and it has been reviewed recently." A relative told us, "I was involved in the initial assessment and the care plan and have attended reviews."

Care plans and care was person centred. At the time of our inspection the provider was in the process of transferring the paper care plans to a new electronic system that would enable staff to easily access information in the care plans. Care plans had been produced from the pre-admission assessments and reviewed on a monthly basis. They contained detailed information about people's care needs and actions required in order to provide safe and effective care. For example, they included information about the person's communication, likes and dislikes, previous hobbies and interests, nutrition, activities and behaviour. One person had identified needs in regard to dementia and behaviour that challenged. There was evidence of the involvement of the community psychiatric nurse (CPN), psychiatrist and a review of medicines. There was information about the person's behaviour and detailed guidance for staff to follow at these times. Records of these were maintained by staff and discussed with the CPN to monitor the progress of the person's behaviour.

People had a range of activities they could be involved in. There was an activity coordinator employed at the home. Different activities were organised on a daily basis for people who lived in the assisted living and reminiscence floors. These included external trips to places of interest, poetry clubs, daily sparkle which is a reminiscence newspaper published 365 days a year, which help activity coordinators plan activities and reminiscence sessions. This had been had been adapted to the needs of people living at Sunrise of Bagshot. Other activities had also included seated exercises and bowling. Activities were also developed around people's past interests. For example, one person had a past interest in music and they attended a music activity. As a result, this triggered the person's memory of when they used to go to the Royal Albert Hall to listen to the proms and it transported them back to that time in their life. The activity coordinator arranged for a personal music player with this music on it for the person to listen to and enjoy. The reminiscence unit had a 'memory club' activity that included an Orient Express night where people listened to a talk about the author and experienced the dress code of the book.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider told us in their PIR that they had received 12 complaints during the last twelve months and these had been investigated thoroughly, we found this to be the case. Records maintained showed that the complainants were satisfied with the outcomes of investigations into their complaints. Staff were aware of their responsibilities in the management of complaints and concerns. Staff told us they would take all complaints to the registered manager. People told us they knew how to make a complaint if they needed to. One person told us, "I am happy to raise any concerns I have and there is a complaints policy." Another person told us they had raised a concern to the registered manager that they did not want to be checked on during the night. This was discussed with and respected by staff. The staff and management had also received many letters of compliment about how they had cared for people.

End of life care was provided sensitively and in line with people's needs and preferences. Care plans included people's requests about their end of life wishes that included if they wanted to remain at the home or be admitted to hospital. Staff worked closely with the local palliative teams and hospices to ensure that people had a pain free and dignified end of life care and staff had received training in this. The home had a 'relatives bag' for when relatives were required to stay overnight with their family members who were receiving end of life care. The bag included toiletries, snacks and music that the person liked so it could be played to them.

Good

Is the service well-led?

Our findings

People and staff benefitted from a registered manager who was committed to working with people and improving the service. Staff told us that there had been a number of changes in the management of the home but it had now become more stable. A member of staff told us, "We work well together and have a good working spirit. We can go to the manager at any time for anything we need." Another staff member told us, "The manager is very good and she is approachable. I find her to be very supportive and we can talk to her at any time." People and their relatives told us that they were happy with the manager and they were able to discuss anything with her at any time.

The service promoted a positive culture. There was a staffing hierarchy at the home and all staff knew what their individual roles were and the duties they were to perform. Regular staff meetings took place where staff were able to discuss people's needs to ensure they were provided with care in a consistent way. The provider had a set of values and principles that included passion, respect, trust, preserving dignity and encouraging independence. Staff were knowledgeable about these and we observed staff working within these values throughout the day. For example, we observed staff interacting with people in a caring manner, taking their time and waiting for people to respond to questions asked of them. Staff were respectful to people throughout our visit and adhered to the choices people made.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The provider told us in their PIR that audits were carried out to monitor the running of the home. We found this to be the case. Audits undertaken had included infection control, the environment health and safety, medicines and the MAR records, care plans, Legionella and fire emergency systems. Where issues had been identified an action plan had been put in place and was incorporated into the continuous development plan. For example, it was identified that call bells were not switched off when staff assisted people in response to the call bell, therefore the records indicated that staff were not responding to the call times within the provider's policy. The manager had investigated this and undertook daily monitoring of the call bells. The response times had significantly improved at the time of our inspection.

People and those important to them had opportunities to feedback their views about the home. A survey to ascertain the views of people, relatives, staff and other stakeholders had been undertaken in 2017. The results showed that people and their relatives had expressed a high degree of satisfaction in the quality of care provided and staff attitudes. People also had monthly residents' meetings when people could make suggestions about the home. For example, the dining experience was a topic discussed. People had asked for more stewed fruit and this was agreed to by the chef. Another person had stated that there was too much cream with the desserts and it made them become too soft. The chef who attended the meeting stated that this would be addressed. Other topics discussed included activities, staff and events happening at the home.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. Records maintained at the home evidenced that staff work closely with the local safeguarding team, adult social care teams and all healthcare professionals. For example, GPs, occupational

therapy, physiotherapy and dieticians.

When people had accidents or incidents these were recorded and monitored by the registered manager. Records of accidents and incidents were detailed and included the action staff had taken, the outcome and any lessons learned. The management and clinical teams met regularly to discuss incidents and accidents and to identify any trends and help to prevent a repeat of these.

The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.