

Sunrise UK Operations Limited

Sunrise of Chorleywood

Inspection report

High View
Chorleywood
Rickmansworth
Hertfordshire
WD3 5TQ

Date of inspection visit:
07 August 2018

Date of publication:
31 August 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 7 August 2018 and was unannounced. This was the first inspection for Sunrise Chorleywood since the service was dual registered in August 2017. Dual registration is when an applicant has stated and is able to evidence that at least two providers are jointly managing the regulated activities at a single location. Sunrise of Chorleywood is dually registered under two Sunrise legal entities Sunrise Senior Living Limited and Sunrise UK Operations Limited.

Sunrise Chorleywood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and nursing care for up to 100 people older people including people who live with dementia. At the time of our inspection there were 73 people accommodated at the service.

The service consists of two units, the residential unit which is spread across three floors and accommodates people with residential and nursing needs and reminiscence, which is a unit for people who live with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People felt safe living at Sunrise Chorleywood. Staff were knowledgeable about how to keep people safe and knew how to report concerns. Peoples individual risks were assessed and kept under regular review. Accidents and incidents were documented and investigated appropriately.

Recruitment processes were Robust with all pre-employment checks completed. There were sufficient staff deployed which helped keep people safe. People received their medicines regularly from staff who had been trained and had their competency checked.

Staff received regular support including one to one supervision from their line managers, and regular team meetings were held which gave staff an opportunity to contribute their views. and made them feel supported and valued.

People were supported to eat a varied and nutritionally balanced diet to help maintain their health and wellbeing. people's health and medical needs were well managed with appropriate referrals made to external health professionals when needed.

People and their relatives were positive about the staff team for being kind and caring. Staff we spoke with

demonstrated their knowledge about individuals' care and support needs and preferences.

People told us they had been involved in the planning of their care where they were able. People's dignity was promoted and their privacy respected.

People were supported and encouraged to participate in a range of activities and hobbies that were of interest to them.

People were confident to raise concerns with staff or management and were satisfied that they would be listened to.

There was an open, inclusive and respectful culture in the home and people, relatives and staff were comfortable to speak with the general or registered manager if they had any concerns.

The provider had a range of quality assurance systems and processes in place to regularly monitor the health, safety and the quality of the care and support people who used the service received. The management team demonstrated an appetite for continual improvement.

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 received safeguarding training and were able to demonstrate they knew how to identify potential abuse and to report concerns.

Individual risks to people's health, well-being and or safety had been assessed, and were kept under regular review to ensure risks continued to be managed effectively.

There were sufficient numbers of staff deployed to meet people's needs in a timely way.

There was a robust recruitment process in place to help ensure people who were employed were suitable to work in this type of service.

People received their medicines regularly by staff who had been trained and had their competency checked.

People were protected from the risk and spread of infection because there were appropriate systems in place.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported through training, support and supervision which helped them to care for people effectively.

People were asked to consent to their care and support. The service worked within the principles of the Mental Capacity Act 2005.

People were supported to eat a nutritionally balanced diet and fluid intake to help maintain their health.

People were supported to access arrange of health professionals when required.

Is the service caring?

Good ●

The service was caring.

People gave positive feedback about how kind and caring the staff and management team were. Staff were compassionate in the way they supported people.

Peoples dignity and privacy was respected and promoted.

People received their care and support from a consistent team of staff which enabled them to build positive relationships.

People's confidential care records were stored securely in lockable cabinets within an office at the service to maintain their confidentiality.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances, which helped meet their individual needs.

People felt their feedback was valued, and their views were regularly sought in relation to all aspects of the service.

People were supported to participate in a range of appropriate activities and pursuit of hobbies that were of interest to them.

People were confident that any complaints and concerns were taken seriously and dealt with appropriately to help achieve continual improvements.

Is the service well-led?

Good ●

The service was well-led.

The management team operated an open and inclusive culture which demonstrated people and staff were valued and their views considered.

People and their relatives told us they would recommend the service to anyone requiring care and support.

The registered and general manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The management team kept themselves up to date with changes in the care sector and or legislation to ensure their team continued to promote good practice ethics.

There were a range of quality assurance checks undertaken routinely to help ensure that the service provided was of a good quality and appropriate to meet people's needs.

Sunrise of Chorleywood

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 7 August 2018 and was unannounced. The inspection was undertaken by one inspector, a bank Inspector, a specialist advisor (SPA) and an expert by experience. An expert by experience is a person who has experience of this type of service. Before our inspection we reviewed information, we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with eleven people who used the service, three relatives, seven staff members, a unit manager the general manager and the registered manager.

We reviewed care records relating to five people who used the service and other documents in relation to people's health and well-being. These included staff training records, medication records, staff recruitment records and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us "Yes I do feel safe here I feel very safe – nice staff". A visiting relative told us "I am very content with [Name] being here. I feel they are in a safe place and the staff are friendly and look after [Name] well".

Staff had received safeguarding training and were able to demonstrate they knew how to identify potential abuse and to report concerns. Staff told us that they would feel confident to raise concerns and that that they would be taken seriously. Staff knew about whistle blowing and could give examples of which organisations they would contact such as CQC, the police and the local authority if they needed to elevate concerns externally. One staff member gave us an example of a concern following an inappropriate hospital discharge when a person was discharged with incorrect discharge notes which potentially placed the person at risk. They told us they raised a safeguarding to help ensure the person received the right support and care.

Individual risks to people's health, well-being and or safety had been assessed, and were kept under regular review to ensure risks continued to be managed effectively. People had mobility assessments to help reduce the risk of falls. Other assessments included skin integrity, swallowing and environmental. Where risks were identified measures were put in place to help reduce the risk for example equipment such as sensor mats and pressure relieving equipment were in use.

There were sufficient numbers of staff deployed to meet people's needs in a timely way. We observed staffing levels were adequate to meet people's needs when required. People told us that they were assisted when required. One visiting relative told us "There always seems to be plenty of staff around". The general manager told us staffing levels were determined using a dependency tool. There were additional staff available to support at times of peak demand. We observed that people were assisted in a calm and unhurried way and staff worked with people at their own pace.

Safe and effective recruitment practices were followed which helped make sure all staff were of good character and suitable for the roles they were employed for at the service. We checked the recruitment records for five staff members and found that all the required pre-employment checks had been completed. Documentation was in place which included a disclosure and barring check (DBS), a minimum of two written references, a fully completed application form with evidence that gaps in employment history had been explored.

People received their medicines regularly by staff who had been trained and had their competency checked. We observed people receiving their medicines and saw that staff followed information and guidance that was available to them. One staff member told us "I have undergone training in the management of medicines both theory and practical and I have had my competency checked".

There was a robust system in place for managing medicines from ordering, storing, dispensing and disposal. Medicines were ordered from the pharmacy in a 4-weekly cycle. Records showed that they arrived at least 4

days before the start of the new cycle. This enabled stocks to be checked. Medicine administration records were correctly completed. We checked the medicines for three people and found these to be correct and correspond with stock balances.

Controlled drugs were stored in a separate cupboard. Medicines that required to be kept cool were stored in the fridge. Records showed that the temperature of the fridge and room were monitored daily.

People were protected from the risk and spread of infection because there were appropriate systems in place. We saw that there were effective system in place for 'deep' cleaning on a schedule. Mops were colour coded to reduce the spread of cross contamination. Staff had received infection prevention training and hand wash techniques and were observed to use gloves and aprons when supporting people with personal care.

Accidents and incidents were recorded and monitored to help reduce the risk of a reoccurrence. As part of the review of accidents and or incidents, any learning was recorded and shared with staff through team meetings.

Is the service effective?

Our findings

People received care and support that was effective in meeting their needs. One person told us "Yes, the staff here are very good. I do feel my care is right for what I require". A visiting relative told us "We are so happy with the support [Name] receives. They have been well cared for from the day they moved in here". The service was appropriately designed and purpose built to accommodate people with both residential and nursing needs and those people living with Dementia.

People were cared for by staff who were supported through training, support and supervision which helped them to care for people effectively. Staff received regular support. Staff told us they went through a detailed induction when they started working at the service. One staff member told us "I have worked in care before but when I started here I completed various training sessions including safeguarding, moving and handling people, administration of medicines. We also had an opportunity to read policies and procedures and were orientated with the building".

Staff told us and records confirmed that staff were supported through regular supervision, both on an individual basis and through attendance at team meetings. One staff member told us "We are able to discuss a range of topics and are asked if we want to add anything to the agenda". Staff told us their individual supervision were completed regularly and they discussed training needs and personal development as well as other work-related topics. One staff member told us "We are always encouraged to undertake specialist training relevant to our roles or if we have a particular interest such care for people who live with Dementia".

People had their consent sought before support was given. We checked the care plans of four people and records confirmed that people, where able, had signed to give their consent to the support provided. Various other consents had been sought and these included consent for their photograph being taken and consent for support with their medicines and information sharing. The registered manager and staff we spoke with understood that they were required to obtain people's consent before they provided care and support. We observed staff giving people choices and options and waiting until they responded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw evidence that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff spoken with were able to describe what steps were required to protect people's best interests. In addition, one staff member told us how they ensured that any restrictions placed on a person's liberty were lawful. For example, people who had their medicines administered covertly because this was in

their best interest. This meant that staff possessed the knowledge and skills to ensure that people were appropriately assessed and supported.

People were supported to eat a nutritionally balanced diet and fluid intake to help maintain their health. We observed the lunch service on both the residential unit and the reminiscence unit. We saw that staff supported and encouraged people to make their own choices regarding the food and drinks they preferred. They dished up two alternative plates of food and brought them to each person so they could make a choice about what they wanted to eat. We saw that people had access to a wide range of snacks at all times.

People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if people gained or lost a significant amount of weight. Specialist diets were catered for such as soft diets, diabetic or vegetarian. The lunch service was observed to be a little slow on the residential unit and people expressed some dissatisfaction in respect of the food which was served. However, although feedback was mixed, on the day of the inspection people were offered plenty of options and staff confirmed that people could request whatever food they liked and they would do their best to facilitate any requests.

People were supported to access arrange of health professionals when required. Day to day health needs were met through accessing a range of healthcare professionals. In addition, people were supported to attend hospital appointments. Other healthcare professional visited the home when required such as GP, district nurses, opticians, chiropodists, dentist, physiotherapists. Relatives told us that care staff supported their family members to attend regular appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they had to attend hospital appointments.

Is the service caring?

Our findings

People received care and support from staff who were kind, caring and compassionate. One person we spoke with told us "The staff are really kind here, some I knew better than others and we get to know the regular ones". Another person told us "The staff are respectful and are always polite when addressing people". People who used the service told us "The carers are friendly and helpful and the manager was well received, and supportive as well". A visiting relative told us "The staff are very caring, and very personable. They are very friendly as well, and treat my [Name] really well nice and kind".

People gave positive feedback about how kind and caring the staff and management team were. Staff were compassionate in the way they supported people. A relative we spoke with was very positive and complimentary about the staff that provided their family members care. They told us, "They show [name] great respect, give them choices in what to wear, what they liked to eat and the places they liked to go."

We observed staff and people interacting positively and throughout the day people enjoyed reciprocal banter. It was clear from the interactions that staff knew about people's preferences, their daily routine and what was important to them. For example, the care plans were extremely detailed, personalised and provided staff with good quality information which enabled staff to support them exactly how they wished to be supported. For example, we saw that information about people's personal hygiene preferences were clearly documented to say what time the person wished to get up, whether they preferred a bath, shower or a strip wash. People were given choices about what clothes they wished to wear and how they spent their time.

People who used the service and their relatives where appropriate had been involved in the development and regular review of their care plans. We saw people's involvement had been recorded and people had signed to agree the content of the care plan. Where people were unable to provide consent, we saw that close family members had been involved in the process and signed to agree the support of their family member.

People's dignity and privacy was respected and promoted. We saw throughout our visit that people's privacy and dignity was both maintained, promoted and respected. We observed staff knocked before they entered people's bedrooms and waited to be invited in. We also observed staff demonstrating patience and understanding with people who were unable to verbally express their wishes by ensuring they spoke to people at eye level and communicated with the person in a way they understood. For example, a person on the reminiscence unit appeared to be upset by something. We observed a staff member leading them to a chair sitting beside them providing constant reassurance. We then saw the person enjoying a cup of tea with the staff member chatting away with them. We noted that the person could not communicate fully but the staff member continued to interact with them achieving a positive outcome.

People received their care and support from a consistent team of staff which enabled them to build positive relationships. People told us that they had developed good relationships with regular staff. One person told us "I know most of the regular staff which is good, however, we do seem to have quite a few agency staff and

we don't know them so well and they don't know my routine so well". We spoke to the registered manager about the use of agency staff and saw evidence that the use of agency staff had been significantly reduced over the last nine months. Rotas also confirmed the use of agency staff was minimal.

People's confidential care records were stored securely in lockable cabinets within an office at the service to maintain their confidentiality.

Is the service responsive?

Our findings

People received care and support which was responsive to their changing needs. People, and their family members, told us that staff met their needs appropriately. One relative told us, "They are all marvellous here they really are they are kind, friendly and always respond when anything changes. They also keep me up to date and if ever I need to know anything any one of them will know about it." Another relative we spoke with told us "When [name] first moved into the home they were unable to do much for themselves but through the hard work and commitment of the staff they are now much more involved and interested in what is going on, which is really positive".

People's individual requirements were assessed prior to them coming to live at Sunrise Chorleywood to ensure the service could meet the person's needs. Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances, which helped meet their individual needs.

Records showed that people's care needs had been assessed and reviewed regularly. The care plans were person centred and had identified all the person's individual preferences and included clear instructions for staff on how best to support people. People were involved in the regular review of their care plans which ensured their choices were taken into account.

People felt their feedback was valued, and their views were regularly sought in relation to all aspects of the service. For example, several people told us they were not happy with the food at the service. We spoke to the general manager about this. They told us "We have a residents committee formed of a small group of approximately six people. We meet on a regular basis to discuss food and the dining experience and we do take people' views on board and try to improve things to their liking. In particular we are working on providing a more extensive menu of vegetarian choices, with the help of the resident committee".

People were supported to participate in a range of appropriate activities and pursuit of hobbies that were of interest to them. There was an activities board in the bistro area which contained a list of all the activities for both the assisted living and reminiscence areas of the home. There was also a large print list of activities for the day.

One person told us "I was an artist up until I became unwell which has affected what I can do. I've been learning to paint with my left hand, and the home have organised a high easel for me downstairs which I use a lot – they've been really helpful.". Other activities advertised included Zumba classes, keep fit, outside musical entertainers and themed socials such as country and western. They also had weekly trips out on a minibus. Advertised trips including a boat trip and a visit to see some alpacas with tea and cake.

There were specific puzzles and activities available for people in the reminiscence section of the home for people who lived with dementia. There was also an electronic sensory table which staff held sessions for people to use. There were also lots of items around the home that people could pick up, try on and rearrange such as shoes, hats, wedding dresses and dolls.

There were outside terrace areas that people could freely access on all levels of the home. The Reminiscence terrace area had vegetables and plants growing.

People end of life wishes had been discussed and documented. Where people did not want to discuss advanced decision making this too was documented and staff told us they would revisit this topic to help ensure peoples end of life wishes were adhered to.

People were confident that any complaints and concerns were taken seriously and dealt with appropriately to help achieve continual improvements. Any learning from complaints was shared with staff to help improve the service.

Is the service well-led?

Our findings

People told us they were happy with the overall management of the service. However, one person told us "It's the head office who get in the way. They went on to tell us "They are planning to refurbish the home and we have not been properly consulted about this". We spoke to the general manager and they provided meeting demonstrating that the planned refurbishment had been regularly discussed, and people had been involved. Other people told us they were happy with the planned refurbishment so that the home would be updated and they could be involved in choosing colour schemes.

There was a positive, welcoming atmosphere at the service. The management team operated an open and inclusive culture which demonstrated people and staff were valued and their views considered. We observed a hands on management approach with unit managers around the service.

The registered manager and provider sought the feedback from people who used the service, their relatives, staff and external health professionals. One staff member told us, "The manager is very supportive; I have learned lot since I came to work here."

People and their relatives told us they would recommend the service to anyone requiring care and support. One relative told us "This was definitely the best decision we made for [Name]. They have been so happy since coming to live here. It's a lovely service it really is".

The registered and general manager demonstrated an in-depth knowledge of staff they employed and people who used the service. None of the staff we spoke with had any concerns about how the service was being run and told us they felt appreciated and valued. Staff were motivated and committed to improving the support that they provided to ensure that people received the best possible care.

The management team kept themselves up to date with changes in the care sector and or legislation to ensure their team continued to promote good practice ethics. The general manager told us they held monthly clinical governance meeting where they discussed a range of topics and any changes to legislation or practice. This helped ensure that the staff had the most up to date information.

There were a range of quality assurance checks undertaken routinely to help ensure that the service provided was of a good quality and appropriate to meet people's needs. These included reviews of care plans, medicines, the environment, infection control and health and safety. Any issues found in the audits were recorded in the action plan for the service and there was detailed information as to how they would be addressed and a timescale for completion.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.