

## Sunrise Operations Edgbaston Limited

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### Inspection report

5, Church Road  
Edgbaston  
Birmingham  
B15 3SH  
Tel: Tel: 0121 455 1100  
Website: [www.sunrise-care.co.uk](http://www.sunrise-care.co.uk)

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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 23 June 2015 and was unannounced. We last inspected the home in December 2013 and at that time judged the service to be compliant with the regulations we looked at.

Sunrise Operations Edgbaston is a purpose built care home with nursing for up to 98 older people who require varied levels of support from assistance with everyday living tasks to nursing care. Accommodation is on three

floors. The top floor, (reminiscence neighbourhood), is dedicated to people who have dementia. On the day of our visit there were 63 people living in this home, 20 of whom were in the reminiscence neighbourhood. 14 people were in receipt of nursing care.

At the time of the visit the home had not had a registered manager for 15 months, but the manager had submitted an application for registration to CQC and she was

# Summary of findings

registered before the report was issued. . 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.'

We found that this home had a vibrant and lively atmosphere, where people had many opportunities to engage with staff in conversation and activities of their choice.

People told us that they felt safe in this home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

People who lived in this home and people's relatives, told us that they were happy with the care provided. People had opportunities to participate in a wide range of activities and were encouraged to have new experiences. People's relatives and friends were made welcome.

Throughout our inspection we saw examples of and heard about good care that met people's needs. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there. We saw that staff and people

living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

There was effective leadership from the manager and other managers in the home, to ensure that staff in all roles were well motivated and enthusiastic. The manager assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

The manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided and used this information to make improvements, where possible. The manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

# 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?

This service was safe.

People told us that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

Good



### Is the service effective?

This service was effective.

People were involved in making decisions about their care. They were asked about their preferences and choices and consented to their care where possible.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

Good



### Is the service caring?

This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

Staff communicated well with people.

Good



### Is the service responsive?

This service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The manager and staff responded appropriately to comments and complaints about the service.

Good



### Is the service well-led?

This service was well-led.

There was a lively culture in this home where people were included and consulted on aspects of running of the home.

Managers had developed good links with the local community.

Managers provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

Good



## Summary of findings

The registered manager made use of good systems for monitoring staff performance and service delivery and for ensuring that the high standards within the home were maintained and, where possible, improved upon.

# Sunrise Operations Edgbaston Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 23 June 2015 and was unannounced. It was carried out by one inspector. The inspector also visited the home on National Care Homes Open day on 19 June 2015 and some of the comments quoted in this report were gathered on that day.

Before the inspection we looked at the information which we held about the home. Providers are required to notify

the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care; this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection. We checked that the local authority commissioners had no concerns about the service.

During the inspection we observed staff and people who were living in the home. We interviewed five members of the staff team and spoke with several people who lived in the home and five relatives. We spoke with two healthcare professionals who visited the home. We sampled the records for eight people, including records in relation to care, meals, medication, accidents and complaints. We also looked at the records relating to the home's quality assurance system. The manager provided us with copies of recent audits, policies and a staff handbook.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person who lived in the home told us, “There are no worries in that respect” and another person said, “We have always felt safe here.” People told us that they trusted the staff.

Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. Staff knew about the whistleblowing guidelines in case they witnessed or suspected that colleagues were placing people at risk. These were clear and all staff were made aware of them as part of their induction. The manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff told us that the manager was very approachable and they would not hesitate to tell her if they suspected abuse or poor practice.

People were encouraged to be as mobile and independent as possible, whilst remaining safe. We saw that staff had assessed the risks associated with people’s medical conditions and having limited mobility. The risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. Risks which had been considered included possible trip hazards and the home’s pet dog. Staff were able to tell us how they minimised the specific risks for individuals.

Staff demonstrated that they knew how best to calm people when needed. They knew how to avoid situations which may have prompted people to become agitated. There were instructions for staff in people’s plans where there was a known risk of them behaving in ways which may have posed a challenge or risk to themselves or other people.

Staff were aware of the risks associated with dehydration. We saw instructions for staff in relation to hydration particularly in hot weather and we saw staff offering people drinks throughout the day.

Staff used appropriate methods of moving people. We saw that there were instructions for staff about how to transfer people using equipment and staff confirmed that they had been trained in moving and handling people safely. The manager told us that the home provided sensory/pressure mats for people who were at high risk of falls in their rooms to alert staff to movement so that they could attend to help to keep the people safe.

Staff told us and the manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

People using the service told us that there were always staff available if they needed assistance. We saw staff in communal areas at all times, either engaged in conversation or activities with people. We saw staff answering calls for assistance promptly.

People told us that staff wore protective clothing and gloves when needed. Staff told us that there were good supplies of protective gloves and aprons for the staff to use in order to control the possible spread of infection.

People received their medicines safely and when they needed them. Some people had expressed a preference for certain drinks or snacks, for example, a sandwich, when they were given their medication and these were provided as long as it did not interfere with the effectiveness of the medication. We saw that the medicines were kept in a suitably safe location to which only designated members of staff had access. Staff who gave out medicines were suitably trained to do so and had undertaken competency checks. We sampled Medication Administration Records (MAR) and found that they had been had been correctly completed. Managers had undertaken monthly medication audits and an external pharmacist also completed regular checks. There were robust procedures for reporting and investigating medicines errors.

# Is the service effective?

## Our findings

People expressed confidence that the staff had the skills and abilities to meet their needs appropriately. One person told us, “They are well-trained. I never have any worries.” A relative commented, “All the staff I’ve had any dealings with seem to be competent and they do what needs doing.”

Staff communicated well with people. Some people using the service had restricted verbal communication but staff demonstrated patience when waiting for people to complete sentences. Staff also communicated well with each other. There were daily meetings to ensure that staff knew what was going on in the home that day and any specific needs or arrangements, such as a person’s birthday or an outing, were known.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work for the service. This covered the necessary areas of basic skills as well as the ethos of the home and professional behaviour. Staff confirmed that they had received guidance about the needs of each person they worked with, including their methods of communication and how they preferred to be addressed. Staff had received additional training to meet the needs of specific people, for example in meeting the needs of people living with diabetes or dementia.

Staff told us that they were confident that they were sufficiently trained to carry out their role. Staff confirmed that they received supervision from a line manager on a regular basis and annual appraisals. These provided staff with opportunities to reflect on their practice and identify future learning needs and career goals. Some members of staff described how they had been encouraged to progress to more senior positions in the home with support and appropriate training.

The top floor of the home was occupied by the home’s ‘reminiscence neighbourhood’ for people who were living with dementia. People in this area benefitted from staff who were trained in dementia care and they had access to areas where they could touch and interact with various objects including an office area with a manual typewriter and a dressing up area with hats and jewellery. There were dolls and baby care items suitable for use in doll therapy, games and art materials. The neighbourhood had a sensory room with lights, sounds and objects. There was

also a safe outdoor area with furniture and plants. We found a calm atmosphere in this part of the home. Some people were wandering round freely. Others were engaging with staff. We saw some people engaged in daily living tasks such as dusting or carrying their laundry.

People told us that the staff knew and understood the implications from their health conditions on how they needed care and support. There were details of people’s specific needs in relation to their health in people’s plans. Staff showed in discussion with us how they made sure that people’s health needs were met. A health professional told us, “I don’t have to worry about this home. They involve us appropriately and take our advice.” The staff described how the home worked in partnership with medical professionals from the local surgery who made weekly visits to check on and discuss particular needs of people living in the home. The staff had also received training from health professionals to help them to be more aware of people’s specific health conditions and how best to meet their needs.

The manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that regular assessments had been made of people’s capacity to make decisions in a variety of areas. For example, in one set of records we saw that a Power of Attorney was used as the person could not make decisions about financial issues but the clear instructions for staff included, ‘I can still make my own decisions regarding activities of daily living.’ The manager had made applications to the relevant authority for people for whom the safety arrangements may have constituted a deprivation of liberty.

People told us that the standard of catering was high. One person described the meals as, “Excellent”. Another person told us, “No-one could complain about the food. Every meal is like a posh hotel”. We ate a meal in the home and it was well-presented, tasty and seemed to be well-balanced in terms of nutrition. The menus showed a good choice at each mealtime from a traditional English breakfast to yogurt and three courses at lunch and dinner. In addition, drinks and snacks were available throughout the day and the home had a ‘bistro’ area where people could sit with a drink. Staff had relevant information about people’s dietary and nutritional needs. People using the service were able

## Is the service effective?

to discuss their preferences with staff at the time of admission and were asked regularly for their views on the meals. Family members and friends were accommodated at mealtimes on request.

There was a book where people could enter their comments and make suggestions relating to the food. One person had written, "Thank you so much to the kitchen staff for being so obliging." Menus were discussed at

meetings of people living in the home and their relatives. The staff in the kitchen had photographs of people living in the home together with detailed information about any medical or religious needs that could have an impact on their diet as well as their preferences. Where food needed to be of a specific consistency to avoid the risk of choking, there were instructions available for staff in relation to how to prepare the food.



# Is the service caring?

## Our findings

People who used the service told us that the staff were caring. One person said, “I feel they are my friends.” Another person told us, “I can have a laugh and a joke with them”. Several members of staff told us that they enjoyed coming to work as each day was different and they liked being with the people who lived there.

Relatives of people living in the home told us that the staff had not only showed kindness towards the person in the home but they had supported them when they had experienced distress due to family problems, poor health or death of a family member. One person told us that they had not found it easy to accept that their relative had needed to move into a home and the staff had reassured them and explained about the changes which they may expect as their relative’s dementia progressed.

People told us that the managers and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that

staff checked with them before providing physical care and respected their choices. Many people were able to engage with staff and we saw staff checking and asking people what they wanted them to do before proceeding.

People told us that the members of staff respected their privacy and took care to ask permission before entering their rooms.

The manager and staff were able to tell us about people’s personalities and priorities and they spoke with affection about the people they cared for. They had a good knowledge of people’s situations and their preferences in terms of their care and support. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met.

The manager and staff provided examples of how they had worked with specialist nurses and hospice staff to ensure that people had been enabled to experience personalised and dignified care at the end of their lives. This included involving and accommodating family members. Where people had been willing to discuss their preferences in relation to the end of their life, staff had recorded this information.

# Is the service responsive?

## Our findings

People told us about a wide range of activities and events which they had enjoyed. One person said, “You have no excuse to be bored as there is always something going on.” People made it clear to us that they only did what they chose to do and they could spend time in their own rooms whenever they wanted to do so.

When we arrived in the morning some people were discussing what was in the day’s papers with a member of staff. Others were finishing their breakfast or chatting in small groups. One person was reading and another watched television. We saw one person leave the building to take a walk in the grounds. People were able to see which activities were available each day as there were notices prominently displayed in communal areas and in the lift. These included giant scrabble, a daily crossword, Tai Chi, shopping trips and arts and crafts. People told us about trips to shops and places of interest and visits from entertainers, which happened on an occasional basis. The home’s activities coordinator told us that she had recruited 14 volunteers to assist in providing people with a wider choice of activity. On National Care Homes Open day the home felt lively with children from a local school singing and other entertainment. People told us that they liked having the home’s pet dog around and that there had been visits from other animals including a reindeer at Christmas.

We saw in the staff handbook that the home aimed to ‘nurture the spirit’ and ‘celebrate individuality’. Staff demonstrated that they encouraged people to have new experiences, either individually or in groups, whilst respecting their lifestyle choices.

People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. The manager said that each person who was planning to use the service received a visit or came to the home to discuss their needs and what

they wanted from the staff. Relatives told us how they had been involved in helping to provide details of the person’s early life and interests in cases where people were unable to recall these themselves.

The plans which we sampled were specific and individual and provided evidence that people had been consulted. For example, in one person’s plan we saw, ‘I used to enjoy reading the newspaper; however I am no longer able to do this. Please ensure I am included in the newspaper discussion as I like to keep up to date with current affairs. The plans had been updated in response to people’s changing needs and after review meetings which involved people using the service and, where appropriate, their relatives.

There were monthly meetings between people living in the home and staff to discuss plans and consult people about their experience of the home. The minutes of these meetings were approved by people living in the home before distribution to ensure the discussions and decisions made were captured accurately.

People told us that the managers in the home were very approachable and they would have no hesitation in telling them if they were not satisfied with the standard of care. They expressed confidence that the manager would act on concerns raised. One person said, “I don’t need to complain about anything but I am sure [manager’s name] would listen and take some action if I brought something to her attention.”

The service encouraged people to express their views and to make complaints and compliments to the manager. There were details on various notice boards around the home about how people living in the home and visitors could make a complaint. We saw records of issues which people had raised and the manager had recorded the action which had been taken in response to comments so that the situation had been resolved to the person’s satisfaction.

# Is the service well-led?

## Our findings

People who lived in the home and relatives told us that they felt that their views on the service were valued. They could provide views through questionnaire responses or at review meetings with managers and staff. We saw written feedback from people and their relatives which indicated a high level of satisfaction with the home.

The manager and staff described an open culture in which staff communicated well with each other. Daily ‘huddles’ ensured that staff were aware of the tasks which needed to be undertaken each day and any significant events, such as birthdays, which affected people living in the home. Staff were encouraged to admit when they may have made a mistake so that it could be put right and their additional training and development needs could be identified. Staff in all roles in the home were encouraged to get to know the people living in the home and to involve them in plans and tasks. One member of staff said, “We are all part of a team, including managers, nurses, care, housekeeping staff and catering and it works well.” Staff said that they felt valued and the home operated several schemes including ‘employee of the month’, Heart and Soul awards’ and voucher schemes to provide incentives for staff and to reward good practice.

The home had good links with the local community and the manager planned to develop these further. There were visits to the home from representatives from local schools and places of worship people had opportunities to go out

of the home to attend functions and services. Staff and people living in the home took part in fundraising activities for charities and they told us about how they had taken part in an aeroplane wing-walking event.

The manager and other senior members of the staff team undertook a range of regular checks including night checks to make sure that the staff were undertaking their roles in the best interests of the people living in the home. The managers completed regular audits to make sure that the home was meeting people’s needs and meeting the requirements of regulators and people who commissioned their services. These included auditing the service against the Key Lines of Enquiry (KLOEs) looked at by the Care Quality Commission (CQC). Where audits had revealed areas for potential improvement, suitable action plans had been drawn up and put in place.

Managers sought out information about best practice, for example in the area of dementia care, and considered how best to implement relevant innovations for the benefit of people in the home.

Specific events in the home were recorded in ways which could highlight trends. For example, we saw that all falls had been recorded and codes had been used to show where the fall occurred. There were regular audits to look for trends so that possible risks could be minimised. Managers discussed identified shortfalls and areas for improvement at regular clinical governance meetings. The manager encouraged staff to learn from incidents in order to improve the quality of the service.