

Sunrise Senior Living Limited

Sunrise of Winchester

Inspection report

Stockbridge Road
Winchester
Hampshire
SO22 5JH

Tel: 01962814400

Date of inspection visit:
04 December 2017
05 December 2017

Date of publication:
06 February 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

A planned comprehensive inspection of Sunrise of Winchester was completed on 4 and 5 December 2017.

Sunrise of Winchester 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. This home is a dual registered location. This means that two registered providers are responsible for the service delivery at this home. This registered provider, Sunrise Senior Living Limited, and Sunrise Operations Winchester Ltd, are both equally responsible for the delivery of all services at this home.

Sunrise of Winchester accommodates up to 103 people in a purpose built community across three separate floors. The second floor provides specialist adapted care facilities for people who live with dementia. At the time of our inspection 81 people lived in the community.

A registered manager was in post. 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.'

People, their relatives and staff were very proud of the community they lived and worked in. They felt valued, respected and an integral part of a community which worked together to provide a supportive and nurturing environment for all.

Staff had the specialist knowledge and skills required to meet the needs of people who lived with dementia. Specialist dementia care training was provided so staff could interact with people and fully understand and respond to their needs. This training was evident in all staff interactions with people which were excellent.

People felt safe and well supported by staff who knew them well. Person centred care planning was evident throughout our inspection and a high level of engagement with people about their previous life experiences and hobbies.

Staff took time to ensure activities in the home were planned and focused around people's experiences and interests. People were actively encouraged to share their life experiences with others and celebrate these in the community.

The community worked closely with other services and organisations in the local wider community to enhance people's lives.

People received outstanding end of life care which provided dignity and respect for people and their relatives at this difficult time.

The registered manager embraced the registered provider's visions, values and a Mission, "To Champion Quality of Life for all Seniors". This mission was evident throughout the community in the way people and staff were supported, respected, nurtured and worked together for the good of people who lived there and those who were important to them.

Health care professionals were highly complementary on the care and support people received in the community. They spoke of staff who had a very good understanding of people's needs and a clear drive to enhance people's lives.

Staff had a good understanding of how to keep people safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place.

There were sufficient staff deployed to meet the needs of people. Staff received excellent support and training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet their individual needs.

People enjoyed an excellent dining experience at the home which respected their choices and promoted their independence. Special dietary needs were met and cultural difference in diets had been celebrated with themed meals.

Medicines were managed in a safe and effective manner. People were supported to maintain their independence with medicines as appropriate.

The community was very clean, well maintained and adapted to meet the needs of people who live with dementia. All communal areas of the home provided a warm and homely environment for people to relax and interact with others. People were encouraged to personalise their own areas of the community.

A robust system of governance in the community meant people received safe and effective care. Learning from incidents, accidents, audits and reviews in the community was shared and embraced to enhance the provision of care in the community.

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 knew how to keep people safe and had a good understanding of safeguarding policies and procedures.

Risk assessments were in place to support staff in identifying and mitigating most of the risks associated with people's care.

Accidents and incidents were investigated and learning from these was used to improve the care provided in the community.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

The community was clean and well maintained.

Is the service effective?

Outstanding ☆

The service was extremely effective.

Staff received excellent support and training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet their individual needs. Staff had the specialist knowledge and skills required to meet the needs of people who lived with dementia. Specialist dementia care training was provided so staff could interact with people and fully understand and respond to their needs.

People were provided with excellent dining experiences which allowed them to remain independent whilst meeting their nutritional needs.

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs.

Is the service caring?

Good ●

The service was very caring.

People's privacy and dignity was maintained and staff were calm, caring and considerate as they supported people to maintain their independence.

People felt very valued and respected as individuals in the community by staff who knew them well and embraced their life experiences. They were happy living in the community and felt supported and encouraged to express their views about the community.

Is the service responsive?

Outstanding 

The service was very responsive to people's individual needs.

Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history. Staff had a very good understanding of these needs, the risks associated with these and how to mitigate these.

There was a very wide range of activities in the home to provide stimulation and entertainment for people. Staff had involved the wider local community in supporting these activities.

Staff took time to ensure activities in the home were planned and focused around people's experiences and interests. People were actively encouraged to share their life experiences with others and celebrate these in the community.

Systems were in place to allow people to express any concerns they may have. Complaints and compliments were recorded and responded to in a timely way.

People received outstanding end of life care which provided dignity and respect for people and their relatives at this difficult time.

Is the service well-led?

Outstanding 

The service was very well led.

People, their relatives and staff all spoke very highly of the registered manager and the open and transparent culture they fostered in the community.

The registered manager embraced the registered provider's visions, values and a Mission, "To Champion Quality of Life for all Seniors". This mission was evident throughout the community in the way people and staff were supported, respected, nurtured and worked together for the good of people who lived there and

those who were important to them.

There were robust governance systems in place to ensure the safety and welfare of people and staff had a very good understanding of their roles in this structure.

The enthusiasm of staff reflected the supportive and nurturing culture in the community.

Sunrise of Winchester

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 4 and 5 December 2017 and was unannounced.

The care home accommodates up to 103 people in a purpose built community across three separate floors. On the ground and first floor of the community staff support 'Assisted Living'. On the second floor of the community staff provides specialist adapted care facilities for people who live with dementia; this area is called 'Reminiscence'. At the time of our inspection there were 81 people living in the whole community who interacted with each other across all areas of the community.

Two inspectors, a specialist advisor in the care of people who live with dementia and an expert by experience completed this inspection. 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 our inspection we reviewed the information we held about the community, including previous reports and notifications of incidents both of the registered providers have sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. A completed Provider Information Return (PIR) was sent to us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 16 people who lived in the community and six relatives. On the second floor of the community some people who lived with dementia were unable to speak with us. We used the Short Observation Framework for Inspection (SOFI) to observe care and support being delivered by staff in this area of the community. SOFI is a way of observing care to help us understand the experiences of people who cannot talk with us.

We spoke with 17 members of staff, including; the regional head of care and nursing for the registered provider, the registered manager, the deputy manager, the Reminiscence coordinator, the Assisted Living coordinator, three registered nurses, a senior carer, three members of care staff, a chef, a business office coordinator, an activities and volunteers coordinator and two concierge. During and after our inspection we received feedback from six health and social care professionals about the care people received in the community.

We looked at care plans and associated records for 12 people and reviewed the medicines administration system in the community. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six recruitment files and policies and procedures.

Is the service safe?

Our findings

People and their relatives said they felt safe and well cared for by staff that had a very good understanding of their needs and preferences. One person told us they felt safe in the community because, "The staff know how to care for me really well." Another said, "Absolutely [I feel safe], because it's well run. If a stranger wandered in someone would notice them and they wouldn't get very far." A relative told us how they felt their loved one was safe in the community as they were, "Well looked after and treated with dignity and kindness." Two other relatives told us how staff were quick to ensure their loved ones received medical attention or support if they fell or became unwell and this reassured them their relatives were safe. Health and social care professionals said people were safe in the community and were supported by staff who had a very good understanding of their needs to ensure their safety and welfare.

Safeguarding policies and procedures were in place to protect people from abuse, neglect, harassment and avoidable harm. Through the use of individualised person centred care planning staff promoted an equality of care for people who lived in the community. This ensured people were not discriminated against due to physical or mental health conditions and care needs. Staff had received training on safeguarding and had a good understanding of how to recognise what constitutes abuse and how to report concerns to protect people and prevent the discrimination and harassment of people.

The registered manager and staff demonstrated a good understanding of their responsibilities in reporting safeguarding matters to the local authority and investigating any concerns which were raised. One senior staff member told us, "I would make sure the person was safe, if there had been a safeguarding incident. I would suspend the staff member then refer to the safeguarding team for an investigation". Another staff member told us, "No-one would tolerate that [abuse] here". A third member of staff told us, "See it, document it, report it." Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. For example, a person at risk of developing pressure sores had a specialised mattress in place to mitigate this risk. The care plan had a detailed assessment of this risk and staff had a good awareness of this risk along with the actions they needed to take to support this person maintain their safety and welfare. Staff were able to identify people who were at risk of falls, malnutrition and choking and knew how to manage these risks and support people to remain safe and as independent as possible. Oxygen was in use in the community and appropriate risk assessments and actions had been taken to ensure the safety and welfare of people.

Staff were trained in the management of behaviours which may cause distress or harm to a person or others around them. For example, one person presented with challenging and distressed behaviour during personal care support. A positive behaviour plan in place helped guide staff on how to meet this person's needs in a least restrictive and distressing way. This person did not like to be hoisted or have personal contact with staff; in order to minimise distress for them staff used reassurance techniques to support them and had reduced the amount of times they used a hoist to transfer this person. For another person who

could call out frequently, we saw staff supported them with the use of diversion techniques to encourage the person to remain calm and laugh with them.

Incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. Information on incident and accidents was reviewed and shared daily with staff through handovers and the daily head of department meetings. We looked at documentation related to falls, accidents and incidents held in care plans. They contained detailed information concerning the frequency, time and place of incidents, in addition to staff actions. This enabled the provider to identify trends and patterns in these events, with a view to reduction or prevention. As an outcome of falls incidents and reviews the registered provider was in the process of introducing assistive technology to promote the safety and wellbeing of people such as motion sensors and new call bell system.

The risks associated with moving people in the event of an emergency in the community had been assessed. Personal evacuation plans were in place which provided information on how people should be supported to evacuate the community in the event of an emergency; a fire register and grab bag held all necessary information for emergency services in the event of an evacuation. A robust business continuity plan and community emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

The community was very clean and well maintained. There were robust infection control measures in place to ensure the safety and welfare of people. Electrical, gas, fire and water checks were completed routinely in the community to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the community and how or when these were addressed. Equipment in use in the community such as call bells, hoist, wheelchair and specialist bathing equipment were well maintained.

People received their medicines in a safe and effective way from staff that had been suitably trained in the safe management of medicines. There was a robust system of audit and review in place for the safe administration of medicines. Medicines were stored and administered safely. For people who chose to administer their own medicines the risks associated with this had been assessed and staff supported people to remain independent with this. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these. For people who required medicines to reduce anxiety or agitation staff liaised closely with health care professionals to consider non-medicinal approaches to supporting these behaviours before these were used. This was good practice. A GP told us how they worked closely with staff to minimise the use of unnecessary medicines in the community.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One relative told us, "The staff are everywhere. When [person] was so poorly they could not do enough for him and there was a constant presence of staff for him and to support us [family]. We can't speak highly enough of them all." One member of staff told us, "There are definitely enough staff. We always have had but there was quite a lot of agency use in the past. We've got that right down now."

There were sufficient numbers of sufficient staff deployed to meet the needs of people. Staff had time to interact and support people in an unhurried and calm way. The staff rotas showed there were a consistent number of staff deployed each day and although external agency staff worked in the community, there were

robust systems in place to ensure these staff were inducted to the community and worked alongside staff who knew people well.

Health and social care professionals said there was a good ratio of staff in the community. They said staff knew people's individual needs very well and there was always a member of staff to meet with them and accompany them during their visits. A recruitment day for staff was being held on the second day of our inspection and the registered manager told us recruitment for staff was on-going.

Is the service effective?

Our findings

People who lived at Sunrise of Winchester and their relatives told us they lived in a community which was well supported by staff who recognised and understood how to meet their needs and allow them to maintain their independence. They were provided with nutritious meals and were offered choice in how they lived their life as independently as they wished.

People had had their physical, mental health, nursing and social needs holistically assessed to ensure the care they received was in line with their individual needs. Staff worked closely with people, their families or representatives and professionals to plan people's admission and on-going care and ensure their needs could be met. People and their families were encouraged to view the community and meet staff and other people before they moved in. An assessment of people's needs was completed by a senior member of staff prior to people moving in to the community. This helped to clearly identify people's needs and discuss with people their expectations of moving to Sunrise of Winchester and what the service offered and could provide.

A robust induction programme was in place for staff starting in the community. The registered manager had reviewed their staff turnover and identified that a very high percentage of staff left their employment before the end of their induction or soon after. Following a thorough investigation into this loss of staff the registered manager implemented a new induction programme which included the use of a 'Buddy' system for new staff. They ensured all new staff met with the registered manager and heads of each department early on in their induction to introduce the core values, mission and principles of the service delivered at Sunrise of Winchester. One staff member told us, "I wasn't new to care but I got a good induction. Everyone was really friendly." Another told us, "It [induction] was really good. I didn't do anything on my own till I was confident." A third member of staff told us they had been a buddy for a new member of staff and found this motivated them to keep their standards of care high.

Staff were motivated and supported through a program of training, appraisal and supervision sessions which promoted their individual learning, development and their involvement in the community. Staff had taken opportunities to extend their working roles in the community. For example, whilst registered nurses were available to administer medicines, some care staff had achieved competencies to support the administration of medicines. Other staff took lead roles in infection control or moving and handling in the community. The manager told us, "Good numbers of staff who have received the right training and support is key to all we do. If the staff feel comfortable and confident in what they are doing then they will work effectively and efficiently to meet people's needs."

The deputy manager told us, "Staff need to feel valued and if they have the right training and support they will flourish here, we really value our staff." A member of care staff told us, "'It's [training] brilliant, I have to say. If there's anything we need we can do it." Another told us, "That's one of the best things here [training]. The dementia training is brilliant; it really gives you a real insight into their lives."

The registered provider recognised the importance of continuous learning for staff to ensure people

received effective care in line with their individual needs and best practice guidelines. Staff who worked in Reminiscence were encouraged and supported to complete nationally recognised training on; dementia awareness, memory care training pathway for care assistants, understanding and managing distressing behaviours and Enriched Dining Experiences for people living with dementia. It was evident throughout the Reminiscence area of the community that staff had enhanced skills to support people who lived with dementia. Communication techniques including clear voices, touch, body language and good eye contact were used in a serene and peaceful environment. People's lives were enriched by staff who understood their individualised needs very well, recognising how to respond to them without causing distress or angst.

Staff were encouraged to develop their skills through the use of external qualifications such as nationally accredited qualifications and The Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Registered nurses were supported to develop skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet but also the need to balance this with people's rights to decide for themselves what they wished to eat. The cook worked closely with people and staff to identify and support people's nutritional needs. Health care professionals told us staff had a good awareness of the need to ensure people had a healthy nutritional and fluid intake and that staff embraced any advice or support they offered. For example, for people who were at risk of choking, this risk had been assessed and guidance from health care professionals had been sought. Staff discretely observed and supported people during meal times to manage this risk effectively whilst supporting people to maintain their dignity and independence.

We observed lunch being served on both days of our visit, in both the Assisted Living and Reminiscence areas. Both were restaurant experiences, with choice, comfort and quality at their heart.

In Assisted Living, people arrived in the dining area when they were ready to eat and sat where they liked; there was no 'seating plan'. Staff greeted people in a warm and friendly way and noted their meal order whilst offering a range of alcoholic and non-alcoholic drinks to people. Meals were well presented and served promptly after they were ordered. One person told us, "The food is very good. I eat everything, there is plenty of choice." People were encouraged to provide feedback in a 'Dining comments book', to improve their dining experience. Comments included, "Please could we have more variety of fruit in the fruit salad," and, "Toad in the hole was not good. Would have liked more green veg with it." These comments had been addressed by the manager and kitchen staff. One person told us, "Another person complained they did not like their meal and so I told them to make a comment in the book. The chef spoke to them and apologised they did not like their meal and asked how it could be improved." The cook told us they regularly sought feedback from people on the variety of foods available in the community and they attended the Residents Council Meeting where meals and catering issues were discussed and action points considered to improve the nutritional and fluid intake for people.

In Reminiscence, we noted people with dementia were presented with two dishes at the dining table to choose from as they may have had difficulty remembering choices made earlier. Alternatively, people could go directly to the serving area and choose for themselves. People were assisted to dine by staff where necessary in a discreet and thoughtful manner. For example, one person was evidently having some difficulty using their cutlery. A staff member spotted this immediately and came over to assist. They spoke

with the person quietly before intervening, and then left the moment the person could manage on their own again. There was a calm and inclusive atmosphere throughout the experience.

The registered provider planned to introduce new blue rimmed plates and tablecloths in dementia friendly colours in the dining room in Reminiscence, as recommended in Enriched Dining Experiences for People with Dementia.

Food and drinks were available at all times for people to enjoy. Breakfast was served at a time of people's choosing. They could visit the main dining area where staff prepared and served breakfast, or breakfast was served in people's rooms when they requested it. One person told us, "I have breakfast in my room. I ring when I am ready and it comes within quarter of an hour."

A 'Bistro' area in the Assisted Living community offered a relaxed communal area where people and their visitors could select a wide range of drinks and snacks at any time. This area was close to the entrance of the community and offered space for people to meet with others in an informal and relaxed way. For people who chose not to access this area, staff prepared and provided drinks and snacks from this area for them.

The cook used creative approaches to providing food for people from different cultures. For example, one activity embraced in the community was a "Round the world cruise" where activities and meals were prepared in line with different ports or areas of the world people had or wanted to visit. This included activities and meals from 'The Wild West, Caribbean and French foods. For one meal two people who had been born in Hungary had provided a recipe and instructions for the cook on how to prepare and serve a Hungarian meal. The registered manager told us this had been a very big success with people.

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. Staff used the National Early Warning Score (NEWS) to communicate concerns with other health care professionals including GP's. This is a nationally recognised scoring system to monitor and review acute illness in people and allow health care professionals to clearly and effectively communicate signs and symptoms of illness and enhance the management of these. For example, registered nurses ensured basic clinical observations such as blood pressure and temperature as well as more acute clinical signs and symptoms of respiratory or urinary infections were documented to be clearly identified to the GP when liaising with them.

Each floor of the community had an allocated GP who had a chosen day to visit the community and review people's medical needs if this was required. Two GP's told us this was a very effective way of managing the time they visited the community as staff were always available to support them on this visit and knew people well. One of these GPs told us how the NEWS system was very well used in the community, "And provides valuable information when they [staff] discuss patients with us on the phone, with regard to the escalation of treatment in the deteriorating patient." They went on to tell us this had greatly improved the care people received at Sunrise of Winchester.

Staff supported people to make appointments to attend medical appointments such as dentistry, podiatry and at a local health centres and maintain their independence. Health and social care professionals told us they felt confident the staff at Sunrise of Winchester knew people well and requested their support appropriately. A health care professional told us the staff in the community were very competent in meeting the needs of people and always ensured they involved a multidisciplinary team of health and social care professionals when needed. Another health care professional provided feedback to the manager which identified how staff had far exceeded their expectations in supporting the management of a person's leg wound. A third health care professional said, "When managing a couple of patients they have followed

guidance and recommendations and achieved some excellent results in terms of tissue viability and the patient's wellbeing."

The community was purpose built and offered a wide variety of communal and private areas for people to enjoy including established and spacious gardens with clear walk ways around the community. All rooms provided en-suite facilities and couples were supported to live together in twin rooms which provided individual personalised space for both occupants. Rooms were decorated to a high standard and people furnished these as they wished. For example, one person who had been a competitive athlete had memorabilia around their room to celebrate their achievements. People could have tea and coffee making facilities in their room if they chose to and each room had call bell facilities to ensure people could request assistance when required.

Throughout the community corridors were wide and offered level access all around the community for people who required the use of wheelchairs and walking aids. Two lifts provided easy access to each floor of the community. One person who used a walking aid told us, "I go everywhere with this, no problems, even outside." Another person who staff supported to use a specific wheelchair was able to access all areas of the community as they wished.

The Reminiscence floor on the second floor offered a secure environment for people who lived with dementia. Large bright open communal areas and smaller areas of special interest such as an office area and a dressing table area were available to offer people a variety of different experiences to enjoy alone or with others. A terraced garden area allowed people to enjoy warmer weather whilst ensuring their safety and welfare. Memory boxes were placed at the entrance to each person's room to help them identify their own private area of the community. Whilst areas such as toilets, bathrooms and bedrooms were signposted, the registered manager told us they were awaiting improved bright colourful signage for these areas to provide clearer identification of these areas for people. Whilst people lived on this floor of the community they were able to access all other areas of the community with the support of staff and enjoyed all the facilities. One person told us, "Yes, [I can go] throughout the whole community. We are not two separate units we are one."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people were able to make decisions about the care they received, staff encouraged and supported people to be independent and offered choice in the care they provided.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the MCA. The registered manager and all staff had a very good understanding of the processes required to ensure decisions were made in the best interests of people. Care records held clear information on how staff should support people to make decisions they were able to, such as selecting clothing, food choices and when to participate in activity. Decisions made in people's best interests were clearly recorded and showed where people had selected a legal representative such as a Lasting Power of Attorney or independent advocate to make decisions on their behalf were involved.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. Some people who lived in Reminiscence were subject to these

safeguards. Staff demonstrated a good understanding of the reasons for these safeguards and the implications this had on people.

Is the service caring?

Our findings

People and their relatives told us staff were always kind, very caring and respectful. One person told us staff were always very attentive and caring; they said, "Staff are interested and caring, like a family." Another said, "The staff are kind, patient and helpful." A third told us, "I call the staff up there [on Reminiscence] my second family". Staff felt they offered excellent care for people. One told us, "It's outstanding care I think. I would have a relative living here if they needed care." Another told us the care provided at the community was excellent and that they, "Always put the person first, care is about what they want." Professionals told us staff were very caring and kind and offered individualised care for people in a warm and friendly environment. One said staff at Sunrise of Winchester had, "A strong desire to continually provide the best care possible."

One family wrote to us to provide feedback about the care their loved one had received. They wrote, "Without doubt the most special thing about Sunrise is the people. In this we include every single member of staff, from those who greeted us at reception, the maintenance, kitchen and laundry teams, the office support, carers, nurses and managers. Everyone. They all seemed to us to be utterly dedicated and willing to go the extra mile, on any day or night of the week; at any time."

People were supported in a very kind and caring manner. Staff took great pride in creating a relaxed family environment throughout the community which welcomed people and promoted their independence whilst respecting their privacy and dignity. Staff told us how important it was to ensure people living in the community did not feel clinical activities, procedures and equipment intruded on their individual lives. Clinical equipment was stored safely in allocated areas away from communal spaces. Staff did not wear uniforms but had name badges which identified their roles in the community. They told us this helped to create a more family friendly environment where every person was treated equally and respectfully regardless of their care or nursing needs. One member of staff told us, "It's important to remember this is people's home. Not wearing uniform creates a more relaxed, friendly and less clinical environment for people."

There was a calm and inclusive atmosphere in the community. One relative provided feedback to the community which said, "It does not feel like a care home, it feels more like a hotel and the care is given in a subtle way." Staff took time to allow people to express themselves and participate in their care and activities as they preferred. They did not talk over people but brought themselves to an appropriate level to have eye contact with the person they were communicating with. As people walked around the community staff interacted courteously with them, asking them how they were and encouraging them to remain independent whilst ensuring their safety.

For example, the Bistro area of the community was visited regularly throughout the day by people who chose to read a daily paper, select a drink or snack and interact with people and visitors. Staff were visible in this area supporting people and socialising with people in a friendly and supportive way. One member of staff asked people, "Isn't it lovely to see the sunshine?" They then proceeded to join in a conversation with people about how the cold weather was coming and the forthcoming Christmas festivities. They welcomed

and respected people's views and encouraged them to join the discussion. Another member of staff supported a person to make a hot drink and then join a group of friends in this area. They told us, "It's lovely to see people enjoying this space and greeting each other." For one person who joined the discussion they told staff it was too cold for them in the communal area and a staff member promptly offered to help them move to another area or find warmer clothing for them. They supported the person in a calm and dignified way to move to another warmer area of the community where they were able to interact with others.

Care records held clear information about people's life histories; this included details on their likes and dislikes, hobbies, lifetime achievements, preferences, religious and cultural beliefs and things which were important to them to have a meaningful and happy life. Staff had a very good understanding of people's histories and used this information to inform activities, conversations and other interactions with people. For example, one person who lived with dementia had previously worked in the legal profession. They enjoyed sitting in an office environment and staff told us how an office station had been set up next to this person's room which allowed them to attend 'work' when they wanted to. This allowed this person to express themselves in a meaningful way. For two people who had been born and lived previously in another country, staff had assisted them to get in contact with a local community from their home country. They received a regular newsletter from this community and this allowed them to keep in touch with their previous life experiences and improved their wellbeing.

People were encouraged to "Make a Wish" in the community and post this in a wishing well. Staff told us this was a way to encourage people to share their aspirations with staff. One person had wished to attend a ballet performance and staff had arranged for them and a group of others to attend a local theatre to watch *The Nutcracker*. They told us, "It was totally amazing." Another person said, "Last week a couple of us and my wife were invited to go to [local theatre] to see the ballet. They organised a taxi and a carer to come. It was great."

People were supported to attend religious services as they wished. One person told us, "I go to the local Methodist Church on a Sunday. I walk down to it." Whilst another told us, "The priest comes once a week and there is a joint service and Communion every Friday." The local church had attended the community on the day before our inspection to perform Christmas carols. People told us this had been very enjoyable.

Staff promoted people's independence. For people who wished to go out into the wider community by themselves but lack the confidence to do so, the registered provider was considering the use of a GPS tracking pendant system to be made available. This equipment could be used when people went out alone in the wider community. It would provide peace of mind for people; if they should become disorientated or need urgent assistance they could be supported back to the community. This would instil confidence in people to maintain their independence whilst recognising the risks associated with activities outside the community.

Around the community staff were always available to support people with their needs quietly and calmly. Staff did not rush around and were always alert to people around them to offer support and calm friendly interactions. One member of staff said, "We do the care with residents, not at them. It's their care and their home, not ours." Another told us, "Quite a few people do things for themselves so we have time to spend with others. I think that's as much a part of caring for people as anything else."

Reminiscence provided a calm, relaxing and welcoming environment for people who lived with dementia and this was reflected in people's wellbeing. There was a high ratio of staff available with enhanced skills to meet the more complex needs of people who live with dementia. Staff in this area demonstrated calm and intuitive skills in caring for people. They had a good awareness of the needs and preferences of people.

For example, for one person who called out loudly at times staff supported them calmly and quietly to reduce their anxiety. The person responded very well to staff's caring approach and settled quickly which also ensured other people did not become distressed. Staff understood when this person would need additional support to reduce the risk of them becoming distressed and shouting out and stayed close with this person to provide reassurance and calm caring interactions for them. Another person expressed anger and distress following support with their personal care and they approached the deputy manager to discuss this. The deputy manager calmly and patiently allowed them to express their concerns and reassure them. The person then became less anxious and settled into their daily routine.

People and their relatives felt staff were very respectful of their privacy and dignity. One relative said, "All the staff have a 'can do' attitude and treat the residents with respect and dignity." People's rooms had a locking facility if they wished to use this and staff knocked and waited for a response before entering people's private rooms. Staff addressed people by their preferred name and title and asked permission before supporting them to participate in any activity. Staff were courteous and respectful at all times. People's request for a male or female carer was respected. One person told us, "We have a choice. I've said I'd rather have a female and I do [have a female carer]." Another told us, "All the staff are so respectful, I really don't have a problem with either male or female. They are all wonderful."

Staff understood the need for information about people to be stored confidentially and not shared unnecessarily. The registered provider had a computerised system of care records which provided a secure, robust and timely system of record keeping in the community. Computer screens used around the community had protective displays which could not be seen by others as staff used them. This ensured records were maintained confidentially whilst in use by staff.

The registered provider had ensured there were clear and effective systems for people to provide feedback in the community and express their views and these were well supported in the community. A 'Resident's Ambassador' who lived in the community had been appointed. They provided a point of contact for people, their relatives, staff and visitors if they wished to know more about living at the community, share concerns or ask advice. This person told us, "The idea was if someone wanted to know about this place I would be the one who is separated from management and they can approach me for information. I chat with a lot of people and a couple of people have approached me." People were aware of this person and the role they supported.

A 'Residents Council Meeting' was held monthly and people and their families were invited. This meeting encouraged people to be involved in all aspects of care and welfare in the community including staffing, care issues, activities, maintenance and catering and dining. Minutes from these meetings were shared with people and their relatives in the community. Actions from these meetings were reviewed for example, people had requested the times for supper be reviewed and this was being addressed.

Is the service responsive?

Our findings

People and their relatives felt very strongly that they received care which was centred around their individual needs and preferences. One person told us, "I do exactly as I wish and the staff are all wonderful." Health and social care professionals said staff were extremely responsive to people's needs. One told us, "The care they [staff] provide is responsive to individuals needs and changes [with] their circumstances."

Staff described the need to ensure all care they provided was person centred. One said, "I think it's about giving people choice." Another told us, "I would say it's about giving people control of their lives." A third told us, "It's about keeping people at the centre of everything we do. This is their home, their lives and they should receive care that's about them."

There was an extremely clear person centred ethos in all of the care and support we observed in the community. People were central to the community spirit of the community. Staff were highly motivated to respond to the needs of individuals whilst encouraging them to develop and maintain meaningful relationships with others.

For example, several couples lived in the community and received individualised care and support whilst maintaining their personal relationships. One person we spoke with who lived in Assisted Living told us how their wife lived in Reminiscence and this had allowed them both to receive the care and support they needed and promoted their independence whilst being able to live in the same place and enjoy each other's company. They told us, "It's worked out well. It's liberated me. I'm free to join in various activities." Individualised care plans clearly identified the need for each of the couple to be involved in the lives of the other, to support and maintain their relationship whilst supporting their individual needs. Staff spoke passionately about the need to support people to maintain meaningful relationships whilst feeling safe. One member of staff told us, "Her face lights up when her husband visits and it really makes my day."

For another couple who had moved into the community together, staff took time to discuss and assess each person's individual needs whilst both people settled in the Reminiscence area of the community. Staff recognised this area of the community did not support the needs and wishes of one person who did not live with dementia. They worked with the couple, and their family, to allow both people to maintain and develop their own independence and lifestyle in the community whilst maintaining their relationship. The couple and their relatives said staff had been very supportive in allowing them both to have meaningful, independent lives whilst maintaining their relationship. A relative told us, "It's incredible how they [staff] have accommodated [both] their wishes. They [staff] are amazing."

Staff recognised one person's need to communicate with a relative whilst they were away for a short time. We received feedback from the relative about the caring and compassionate way in which their relative had been supported to write a letter to express their thoughts to them. They said, ".....thank you for helping my mother write her letter to me. She is enormously affectionate on the telephone and when I see her, but a letter is a tangible reminder of what is one of the most important and valued relationships that I shall ever have."

Staff had developed good relationships within the wider local community to help people become involved in the local community and share experiences with others. Local schools, colleges and churches visited the community regularly. Staff told us how one person, who had previously been a teacher, enjoyed teaching a group of students to sew. They said this gave them a sense of achievement and students had enjoyed the experience and interacted well. Two people had accompanied staff to visit the local youth group of Beavers and share some of their life experiences with them. Following this visit the Beaver group was due to visit the community and an activities coordinator told us how they planned to ask people to bring photographs to this meeting to speak to the group about their life experiences.

The deputy manager told us how the information they gathered from people helped them to identify how they could share and celebrate their life experiences, hobbies and interests with other people. Activities and events in the community were driven by the people who lived there. For example, two people enjoyed playing Bridge and staff had supported them to set up a Bridge group in the community. Other people enjoyed dominoes and poetry and had been supported by staff to set up activities for these to happen regularly. Staff recognised the importance of allowing people to share their experience and knowledge within the community to provide holistic and enjoyable experiences for all. They supported people to lead these events and were proud of these achievements. One person, who enjoyed music, told us, "We started a classical music group and get about 20 people."

People were valued and celebrated in the community. Birthdays, religious and cultural events and community fayres and events were celebrated all across the community. There was a real sense of pride in achievements of people who lived in the community.

For one person who celebrated their 100th birthday in the community, staff had identified their previous role in conflict and through discussions with their family, professional organisations and dignitaries; they had presented them with two medals of honour for their achievements in the past. The honours of receiving both medals and achieving this milestone birthday had been widely celebrated in the community including in the monthly community magazine and local media. People celebrated with this person and enjoyed sharing tales of the awards as well as reminiscing about shared war stories. Feedback sent to the registered manager from a relative about this event said, "The event was beautifully arranged and run by the ever-caring personnel. I was particularly impressed when a number of VIPs attended and they were properly and individually announced by one of the Managers. This was done in a thoughtful, unobtrusive way since it would have been easy to spoil the family atmosphere which continued until the event ended."

For another person who lived with dementia and had been unable to communicate very well with people, a member of staff identified they had been a celebrated Olympic athlete on the track in their youth. Staff found video footage of the Olympic race and this prompted the person to begin communicating about their experiences running on a track. Staff embraced this communication to learn all they could from the person about the experience and then used this information to set up a visit to a local track where people from the community watched from the side-lines as this person completed an honorary circuit of the track. The community applauded and celebrated the achievement with them. Staff told us this was a very moving time for everyone in the community and this had encouraged others to come forward with their stories. A member of staff said, "I don't think there was a dry eye in the place, it was very emotional and we were all so very proud." Another said, "It is the special moments like this which leave me with goose bumps and remind me so much why I love this job."

For a third person who had flown a plane in the war the activities coordinator told us, "We helped the family of another resident to arrange a flight in a fixed wing aircraft. [Person] is ex RAF. The residents were so supportive".

The community was a hive of activities strongly linked to people's hobbies and preferences, whilst encouraging people to participate in new activities. A team of five staff planned a monthly calendar of activities which were very flexible and embraced the activities people chose and wanted to lead. Activities were spread around different areas of the community to encourage everyone to join in. Daily signs displayed activities which were taking place for people to enjoy as well as extensive signage around the community about forthcoming events such as the Christmas Party and carol singing or entertainers visiting the community.

There were a number of trips planned every week as the community had their own minibus. Two Reminiscence trips were planned each week to take people to places they would like to see such as a drive near the sea, in the country or to look at the steam trains at a local beauty spot. The lead activities coordinator told us, "For people on Reminiscence, I try to make them meaningful trips. I take lots of photos on the iPad and can then send them off to relatives too." On three other days of the week there were trips to the library, local shopping centres, garden centres, entertainment or tea rooms. The lead activities coordinator told us, "I speak to the residents and get ideas [for trips]. They like the garden centres at this time of the year. They have favourite places. There is a local hotel where staff have got to know us very well."

Outside entertainers visited the community regularly to provide music, singing and dancing. On the first day of our inspection a bassoonist visited and played in the main entrance area of the community. People told us this was a highlight of their month as they loved to hear this person play. One person told us, "His music is just beautiful. We are so very lucky to have him visit."

Regular activities in the community included knit and natter sessions, Zumba sessions, games evenings, hands and nail care, seated exercises and community sing along sessions. One person told us, "I like to do painting." They went on to tell us how the staff had created an art exhibition of paintings and drawings people had completed. "It was great fun."

As our inspection was close to the Christmas festivities, staff and residents were excited about the forthcoming parties and events in the community. In particular, the manager proudly explained about "Winchester Sunrise Senior Living Got Talent" competition. People were encouraged to participate and show off their talents from singing, dancing, art, sewing and any other special talent they had. They told us, "We really want everyone to celebrate their talents, whatever they are." This was a good reflection of all the activities and events within the community which helped people to avoid social isolation as they celebrated people's lives, experiences and knowledge for the good of everyone.

Care plans contained detailed information about people's care needs and actions required in order to provide safe and effective care which was responsive to people's needs. For example, one person had recently been admitted to the community with a break in their skin. Risk assessments had been completed to review the wound and possible contributory factors, such as reduced mobility, continence, nutrition and hydration. They had been referred to a health care professional for assessment and all appropriate equipment had been put in place to support this person's nursing needs. Staff were knowledgeable about this person and their care requirements and understood how to meet their needs.

For people who lived with specific nursing or health care needs such as diabetes, epilepsy and dementia, plans of care clearly reflected these needs and how staff should support people. For example, for one person who lived with epilepsy their care plan contained detailed information about the condition, how it specifically affected this person and what staff should do if they became unwell.

The manager held a daily head of department meeting at 09:30hrs each day which they called the 'Daily

Huddle'. This meeting promoted good team working in the community and ensured information about individual people's needs were highlighted and responded to. A senior member of staff from all areas of the community including maintenance, kitchen, housekeeping, Reminiscence and Assisted Living met with the manager and deputy manager to identify plans for the day in the community and review any concerns or incidents which had arisen. Each meeting started with a positive piece of news and on the day we joined this meeting the manager read out some very emotional feedback from the family of a person who had recently died. Staff spoke proudly of how they had supported this person.

Information from these meetings such as people who were going to be joining the community to live, activities, people's changed health and care needs and planned visits and activities were shared with staff following these meetings. All staff recognised this meeting informed their daily workloads and helped them to respond to people's changing needs and work as a team to meet these. One member of staff said, "We may all work in different departments but we are all Sunrise and work very well together."

The registered manager displayed information about the community, how to make complaints and other documents such as menus and activity schedules in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the registered provider was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

There were effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns raised were investigated and actions from these were implemented. The staff in the community had received many compliments from people, their families, friends and other visitors to the community, some of which were displayed in the community and others on social media sites.

Staff at Sunrise of Winchester provide excellent person centred care for people at the end of their life. Whilst there were no people in the community receiving end of life care at the time of our inspection, there was extensive feedback from families of people who had lived in the community. The registered manager told us people who received end of life care in the community had usually lived with them for some time and staff had got to know the person very well. This meant they had prepared with the person any plans of care or wishes they had and these were respected. For example, for one person who lived in Assisted Living, their health had declined rapidly with the onset of dementia. They had clearly expressed their wishes to remain in the room in which they had always lived and not move to the Reminiscence area. The manager told us how they had been supported to remain where they chose and had died peacefully surrounded by staff and family who understood their needs and respected their wishes. For another person who had recently died in the community, family members had been able to stay with them until they had passed away and then staff had supported them to share private time with them before they left the community.

The manager told us, "One of the very important things for us [staff] is that when someone dies it is not taboo. We are a community; death is part of life and we share the grief. We attend funerals and have memorial services for people and you will see on the piano today there is the photograph of [person] who recently passed away." They went on to explain that when a person has passed away and they leave the community, people congregate at the entrance to the community to pay their respects and support the person on their last journey. The manager told us how this had helped people with their grieving process and that relatives had responded well to this knowing that their loved ones were truly respected and loved in the community.

We received excellent feedback from families who had recently been bereaved. This included; "You looked after her with such care and love each day, and for that we [family] thank you with all our hearts" and "[Relatives] cannot thank you enough for the love and care you gave Mum during her stay at Sunrise and particularly in the last few weeks which enabled her to live and die with dignity." Another said, "Thank you for your patience and efforts to give [person] dignity in the last months of his life."

We spoke with one family who had recently bereaved. They told us, "This place is amazing. The care and support they gave [relative] was outstanding and we have felt so supported by everyone. We can't speak highly enough of the staff."

Families continued to feel supported by staff throughout their bereavement process. "I felt welcomed at all times and by every member of staff I encountered and they wrapped me in concerned kindness." Another said, "You were very kind to me and I was grateful for your support."

People and, where appropriate, their relatives had been involved in reviewing their plans of care. These were reviewed regularly by staff and signed by people or their representatives. Records of contact with relatives were kept and a planned six monthly meeting was held with people to review their care needs. One relative told us, "I have no problems with [persons] care; staff always tell me what he is up to." Another relative said, "We have been closely involved in everything to do with their care. It is just a lovely home. The best." One person told us how staff spoke to them about the care they wanted. They said, "In many ways I think this is an excellent place. I'd have a job to fault it." Another said, "I am lucky to be here. I've got friends here."

Is the service well-led?

Our findings

People and their relatives thought the community was very well run. They spoke highly of the registered manager and her team of staff. One person told us, "The management is very open to suggestions." Another said, "We know her [manager] she comes around the dining room to talk to everyone. She's approachable." A third person said, "The manager is great, always able to listen to us and act on what we say." A relative told us, "What can I say, this place is amazing and [the manager] really knows her stuff. Nothing is too much trouble and they always have time for people." Staff felt very well supported in their roles and spoke passionately about their roles and how they were supported to improve people's lives. One member of staff told us, "We work brilliantly together; she [registered manager] is great and very supportive."

The community had clearly defined visions, values and their mission was, "To Champion Quality of Life for all Seniors". This mission was evident throughout the community in the way people and staff were supported, respected, nurtured and worked together for the good of people who lived there and those who were important to them. Throughout our inspection, quality of life was clearly a drive for everyone who lived and worked in the community through the provision of high quality care to the support available for staff and the enthusiasm of all staff to make a difference in people's lives.

The registered manager was very visible in the community promoting an open and transparent culture which was evident in the way people and staff approached them through the day and shared thoughts, concerns and moments of fun. Staff felt the manager provided strong and effective leadership whilst encouraging other senior staff in the community to fulfil their role effectively. One member of staff said, "Without doubt [the community is well led]. All managers are easy to talk to. They are just as interested in making sure the residents are well cared for as we are." Another said, "[The manager] is probably the best boss I've ever had." Staff told us they were confident to approach the manager if they had any concerns and that these would be dealt with promptly.

Through the use of the 'Daily Huddle' the registered manager had a very good awareness of what was going on in the community, areas which needed their attention and others which they delegated effectively to senior staff. Each day a different manager was the duty manager for the day and this encouraged a shared responsibility for the daily running of the community. The registered manager promoted a good team working ethos with staff to ensure each member of staff took responsibility for their area of expertise. For example, the Reminiscence and Assisted Living areas of the community were led by coordinators who ensured the smooth running of these areas. Staff told us how they felt able to fulfil and develop their role with support from the registered manager. One told us, "I have gained in confidence since I have been here, just through the support and guidance I receive from [registered manager] to do my role."

All staff spoke of the team spirit in the community between staff and had a sound understanding of their roles and responsibilities in the community. They felt respected and valued in their roles. One member of staff told us, "The people I work with are fantastic. It's an amazing team." Another said, "This is a very rewarding place to work," and a third told us how the structure of staffing in the community meant they always had support from colleagues who were respectful and helpful to them. They told us, "There is always

someone I can talk to if I have any concerns or just need help to understand something." A fourth member of staff said, "I do feel valued working here. Standards are really high here; the manager won't let them drop, no matter what." One senior member of staff told us, "I came through the ranks. I started with Sunrise ten years ago in the kitchens and I've worked on the floor as a carer. I know how hard it can be to do this job. Staff need the right support and motivation or they won't stay. We make sure that happens."

The registered provider had a substantial support network available for staff to promote their wellbeing whilst valuing their role in the community. Through the use of 'Good Samaritan Funds' the manager discussed how staff who fell upon hardship were supported to sustain their roles in the community whilst addressing personal situations. Schemes such as 'Cycle to work', Health screening and wellbeing were in place for staff to utilise.

Staff achievements were celebrated through 'Heart and Soul Awards' which they were nominated to receive by people, their relatives or other staff for outstanding acts of kindness, support or good work. These awards were celebrated at monthly 'Town Hall' meetings where staff came together to eat pizza and celebrate good practice. Staff told us these events were used to celebrate good practice in the community as well as encourage and support their working roles. One member of staff said, "We really are all just like a big family with our residents. No one is any better than the other, we are all valued equally."

Staff meetings were held regularly and were used to share important information including incidents and accidents which had occurred in the community, complaints and compliments, results of audits and reviews in the community and new initiatives being undertaken to enhance the care provided in the community. For example, at a meeting held on 30 November 2017 with registered nurses, the registered manager discussed a series of complaints which had been raised and addressed in the community and a new initiative of 'Designated Carer Programme' where people who lived in the community had a designated member of staff to whom they could go with any concerns or ideas they had for their care.

The registered provider had a robust system of quality improvement audits and reviews in place to ensure the safety and welfare of people. These audits included reviews of infection control practices, medicines, incidents and accidents, health and safety, care plans and falls. From these audits a 'Community Development Plan' was in place which identified actions being taken, or which had been completed, to address areas of concern. Each head of department was allocated specific actions to complete and this encouraged senior staff to be involved in the overall management of the community whilst recognising their areas of expertise.

For example, the deputy manager told us how they had completed an Under Pressure Project between July and September 2017. This had led to actions being taken to identify people at high risk of damage to their skin caused by pressure, such as the use of pressure relieving equipment, increased mobility and improved nutritional intake for people. Another project completed in the community around the number of incidents of unwitnessed falls which occurred in the community had resulted in the registered manager purchasing new electronic equipment such as bed sensors and beams with sensor delays to support people at high risk of falls. Additional technology to provide lit pathways in people's rooms at night when they rose from bed was to be implemented from this review. The deputy manager told us how this review had identified new ways of working for staff to keep people safe, "These are exciting times with new technology to support what we do to keep people safe."

The registered provider notified CQC of all significant events which occurred in the community. The registered manager maintained good communications with us to ensure we were aware of any concerns in the community and discuss actions they were taking to ensure the safety and welfare. For example when the

community had an outbreak of infection the registered manager and their staff communicated regularly with us to keep us informed of the actions they were taking. The registered manager had a good understanding of new changes which had been made to the key lines of enquiry for our inspections and had worked with the registered provider to ensure these were addressed in the community.

There were strong relationships and links with the local community. Staff encouraged people who lived in the community to interact with people from local churches, colleges, schools and youth groups and embrace inter-generation relationships. Open days and fayres were promoted locally to encourage others to visit in the community. People were encouraged to share their life experiences and welcome others into the community who shared these experiences. For example, one person had contact with a professional orchestra and through this the manager had been able to invite a musician to the community to play and talk about their role.

The registered manager linked with other communities from the registered provider's group and in the local area to ensure best practice was shared and learning across all areas including incidents and accidents and complaints. They said, "There are always new ideas and more learning for us, that's how we continue to improve and make sure people get the best care they can." A health care professional told us, "They embrace new ideas in the home." The registered manager worked closely with colleagues from the local commissioning group to consider and participate in new initiatives in areas such as nutrition, tissue viability and falls prevention.

People were encouraged to share their experiences of the community through an annual quality assurance questionnaire. This had been sent out in August 2017 but was not collated at the time of our inspection. People were able to provide feedback in a variety of ways around the community including feedback books in the dining area, comment cards and social media sites. People and their relatives told us they regularly spoke with staff to provide feedback. One relative told us the community was, "Very open to feedback and seem to thrive on it. I have only heard very positive things about the place."

We saw feedback on the registered provider's website identified people and their relatives were extremely happy with the care and support provided in the community. One person said, "The scope and quality of care provided by Sunrise of Winchester have been exemplary in every respect." Another said, "I was comforted by the knowledge that Mum received the highest standard of care for over 3 years in Sunrise of Winchester. She was part a special community where she was very much an individual. The staff are well managed by a strong and caring management team. A care home is a very dynamic environment and to produce a community like Winchester Sunrise is quite remarkable."