Sunrise UK Operations Limited

Sunrise of Mobberley

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7 and 14 November 2017 and was unannounced. At our last inspection in May 2016 we identified two breaches of the legal requirements in respect of the deployment of staff and the safe management of medicines. At this inspection we found that improvements had been made and that the relevant requirements had been met.

Sunrise of Mobberley 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.

Sunrise of Mobberley accommodates up to 108 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

There was a registered manager in place. 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 were very positive about the care and support that they received at Sunrise of Mobberley. People were cared for in a clean and very well maintained environment. We found that the focus of the service was very person centred. We found that the service supported people to express their views and were involved in making decisions about their care. There was a residents' council meeting held every month.

Improvements had been made to staffing and recruitment. From our observations and a review of the rotas, we saw there were sufficient staff to safely meet the needs of people living in the service. People told us that there were enough staff to meet their needs, although people had noticed the impact of staff changes. The use of agency staff had decreased.

We saw that staff employed by Sunrise had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with the people who lived at the service.

We found that improvements had been made to the management of medicines and the provider had put appropriate arrangements in place to help maintain the safe management of medicines at the service. We noted that further improvements could be made around the recording of topical medicines and creams.

We found that the registered manager and staff understood their responsibility to keep people safe. Staff were able to tell us about the provider's safeguarding policies and procedures and knew what to do if they suspected that a person was at risk of abuse.

We saw individual risk management plans were in place to keep people safe and the actions needed to

minimise risks to people's safety had been identified. However at times we found that people's care plans did not always fully document all the actions that had been taken to mitigate some risks.

We found that staff were knowledgeable and had the appropriate skills to carry out their roles effectively. Staff undertook appropriate induction and training. Staff were supported to continually develop their skills and knowledge.

Staff understood and followed the principles of The Mental Capacity Act (2005). We observed that staff sought consent from people to provide care and treatment. Where necessary MCA assessment and best interest decisions had been made.

People were very positive about the food at Sunrise of Mobberley. The dining room had a restaurant feel and the food was of a high quality. People were consulted about their preferences. We saw that people's nutritional needs were met. There was an effective system in place to ensure that all staff had up to date information about people's nutritional needs.

We found that the service was very caring. There was a strong person centred culture and staff were motivated to treat people with kindness, respect and compassion. Staff members had good understanding about the people they were supporting and were able to meet their various needs. People told us that they were treated with dignity and respect.

People's needs had been assessed before they moved into the service. The assessment was then used to complete an individualised service plan (ISP) for the person, which enabled people to be cared for in a person centred way. Overall the ISP's provided person centred information and had been regularly reviewed, we also found one example where the information had not been reviewed on a monthly basis and the level of information contained within the review of the ISP was brief and some relevant information had not been included. We noted that the template of the ISP meant that there was minimal space for staff to record updates and reviews of the different sections within the plan.

Through feedback to the service the operations director told us he had identified areas where they could improve the service further. They had plans to make improvements to general communication with relatives and ensuring that where appropriate, relatives had regular updates about their relative's care.

There was an extensive activities programme, with several events and activities offered on a daily basis. People were supported to go out on trips. The service had good links with the community. A "Memory Café" was held at the service once per month in conjunction with the Alzheimer's Society.

The service was well led. Staff told us that improvements had been made to the management of the service. Staff felt supported and told us that the registered manager was approachable.

We found that the management team demonstrated good knowledge about all aspects of the service, including quality issues and priorities for the service. The registered manager had a development plan in place including who was responsible for the areas of improvement and explained that she was keen to promote best practice and sought guidance from health and care professionals as required.

Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to meet the needs of people living at the service.

Appropriate recruitment procedures were followed to prevent the risk of unsuitable staff being employed to work at the home.

Improvements had been made to the safe management of medicines.

Staff received training in safeguarding and understood their responsibilities to protect people from harm.

Is the service effective?

Good

The service was effective.

People were very positive about the food and dining experience. People's nutritional needs were well met.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005.

Staff spoken with had the knowledge and skills needed to carry out their roles effectively. Staff received a thorough induction and regular training updates.

The environment was conducive to the needs of the people who lived there.

Is the service caring?

Good

The service was caring.

There was a strong person centred culture and staff were motivated to treat people with kindness, respect and compassion.

Respect for privacy and dignity was at the heart of the service's culture and values.

People were supported people to express their views and were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences.

Care records contained person centred information and people's needs were reviewed. We noted that some information within the reviews was brief.

The service planned to focus upon improved communication with families and relatives.

There was an extensive range of events and activities on offer. The service had good links with the local community.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Good

The service was well-led.

Staff said they felt well supported in their role and were very positive about improvements to the leadership of the service.

The registered manager was focused upon improving the quality of the service and there was an emphasis on continuous improvement.

Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement.

Sunrise of Mobberley

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

This inspection took place on 7 and 14 November 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and two experts by experience on the first day and two adult social care inspectors on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was aware of our visit to conclude the inspection on the second day.

The registered manager had received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law.

We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had not taken place but we read the latest report available.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 28 people who lived at the home and four relatives/visitors, to seek their views. We spoke with 14 members of staff including one nurse, five care staff, the registered manager, deputy manager, operations director, chef, two unit coordinators, a dining assistant and the maintenance person. We also contacted a health professional who visited the home regularly.

We looked at the care records of four people who lived at the home and inspected other documentation related to the day to day management of the service. These records included, staff rotas, quality audits,

training and induction records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people and made observations at lunch-time.

Good

Is the service safe?

Our findings

People and relatives who we spoke with were complimentary about the care provided and felt that they received a safe service. Comments included, "I am looked after very well, at night, too. Two staff get me up every morning and help me into the shower. I feel safe in staff's hands," and "I am very content. My wife was also looked after very well."

At our last inspection in July 2016 we told the registered provider to take action to ensure that people received safe care and treatment. Improvements were required to the management of medicines and to ensure that sufficient numbers of staff were deployed.

At this inspection we found that overall improvements had been made to staffing levels and staff recruitment. The provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. From our observations and a review of the rotas, we saw there were sufficient staff to safely meet the needs of people living in the service. People told us that there were enough staff to meet their needs, although people had noticed the impact of staff changes. Comments included, "There are plenty of staff"; "When staff leave I miss the rapport I've developed with them" and "I've been here for 10 months. Staff are very nice and usually answer call bell in 10 minutes or so."

We saw that the registered manager had introduced a daily audit of the call bell response times, which highlighted improvements in the length of time taken for staff to respond to calls for assistance. The registered manager told us that the audit had also been effective at identifying trends where people may regularly use their call bell and further reviews had been undertaken to ensure that the person's needs were being met in the most appropriate way.

Staff levels were calculated based on a dependency tool in addition to monthly wellness checks for people who lived at the service. There had been some restructuring which meant that there was a member of staff available as a "floater" who was available to supervise and provide support to people in the communal areas. The operations director told us that further improvements were being considered with regards to the staff shift patterns to further take into account the busy periods throughout the day. As well as care and nursing staff, other staff were available to provide support throughout the day including dining assistance, activity coordinators, housekeeping and concierge staff.

Staff were positive about staffing levels and told us that there were enough staff to meet people's needs, comments included, "Staffing levels and ratios are quite good", "Recruitment has improved, and they have restructured and looked at the skill mix. It's much better" and "Staffing has improved, we have one agency now and again."

The registered manager told us that the recruitment of new staff had been a priority and we saw that the provider had implemented a recruitment plan. The provider had recruited a member of staff to focus solely on the recruitment and retention of staff. The service had been through a period where it had been necessary to use agency staff to cover shifts. These are staff who are employed by a separate organisation

which provides staff to any service which requires them. The recruitment of nurses had been particularly difficult. However the registered manager told us that they had undertaken a recruitment drive and the staffing had improved. Despite the use of agency staff having reduced significantly, it was still necessary to use agency staff to cover some shifts safely. Some people commented that when it was agency staff on duty they were not always as familiar with people's needs. People told us, "Agency staff are used at weekends and if they haven't been before they don't know where anything is" and "Some agency staff are good, but some not so good." The registered manager told us that recruitment of new staff was ongoing.

We saw that staff employed by Sunrise had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with the people who lived at the home. We looked at three staff records which showed that all necessary checks had been carried out before each member of staff began to work within the home, including a full employment history check and Disclosure and Barring Service (DBS) check. The DBS is a national agency that checks if a person has any criminal convictions. Through this recruitment process the registered manager was able to check that staff were suitable and qualified for the role they were being appointed to and not putting people they care for at risk.

At the last inspection in July 2016 we found that medicines were not being managed safely which presented a risk to people who used the service and the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in this area and the provider had put appropriate arrangements in place to help maintain the safe management of medicines at the service. The registered provider was no longer in breach of this regulation. We previously raised concerns about the high number of recorded medication administration or recording errors. We saw at this inspection that the numbers of errors and omissions had reduced significantly in the past twelve months. Systems had been put in place to effectively audit medicines and learn from any errors to make further improvements.

During the inspection we observed a nurse undertaking the medication round and found that medicines were given in a safe way. Medicines were only given by staff that had medicines training and their competency checked. Medicines were stored safely in line with requirements in locked trolleys and in a room with a separate controlled drugs cupboard. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. Room and fridge temperatures were recorded daily.

We saw that some people were supported to take their own medication and appropriate risk assessments and stock checks were carried out to ensure that people were able to do this safely. We asked about 'as required' medicines and the procedures to ensure that people got these medicines at the time they needed them. We saw that there were protocols in place for some of these medicines, however we found one example where protocols for pain medication were not in place. We were informed that this would be addressed straight away. The nurse told us about the 'pain assessment score' used by staff in the service. This enabled staff to assess a person's pain in a structured and consistent way enabling pain relief medicines to be given effectively if the person was unable to indicate their needs. This was effectively demonstrated by the nurse during our observation.

We asked about covert medication (Medication which is hidden in people's food and drink). The nurse told us that no-one currently had their medication administered covertly, but was clearly able to tell us the correct process to follow, taking account the Mental Capacity Act (2005).

Systems were in place to make sure medicines were ordered, stored and disposed of safely. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. We saw that there were charts in place for staff to sign when they had applied any creams, however we found that there were some gaps in these and it was unclear whether the creams had been missed or not required. Information was not clearly recorded on the charts or ISP (individual service plan) about when these creams should be applied. This could lead to potential confusion and treatment not being administered as prescribed. We discussed this with the registered manager who told us that action would be taken to address this straight away.

We found that the registered manager and staff understood their responsibility to keep people safe. Staff were able to tell us about the provider's safeguarding policies and procedures and knew what to do if they suspected that a person was at risk of abuse. The staff we spoke with understood the various forms of abuse. One member explained to us about a situation where it had been necessary to report safeguarding concerns. We saw that the provider had a whistleblowing policy and staff spoken with knew that there were appropriate contact numbers available via a poster in the staff room if they had concerns of this nature. The registered manager told us that safeguarding was discussed within staff meetings and felt that the culture of the staff team was to report anything untoward immediately.

We saw that the registered manager kept a file in place relating to any safeguarding referrals made to the local authority and notifications sent to CQC. We saw that the outcomes of these were recorded and had been dealt with appropriately.

We looked at the ways the home managed risks to people. We saw individual risk management plans were in place to keep people safe and the actions needed to minimise risks to people's safety had been identified. For example, we saw that risk assessments were carried out when people were at risk of falling and risks to people's skin integrity. Where the risk of falling out of bed had been identified for one person, a specialist bed with crash mats at the side of the bed had been provided, which reduced the risk of injury should a fall occur. Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. These were monitored and discussed every month by the management team within a clinical governance meeting. We saw that appropriate action was being taken to undertake risk assessments and take appropriate action taking into account people's wishes. For example it had been identified and analysed that one person's falls risk had increased. The medical advice to meet aspects of the person's health needs was that they should remain in bed, however because the person continually tried to get out of bed, this meant there was an increased risk of falls. A best interest decision was made that the person should be able to sit in the communal area with regular pressure relief and the risk of falls was reduced. The management team were able to give further examples where actions that had been taken had reduced the risk of falls.

However, in another example where one person had had a number of recent falls we found that there ISP did not provide sufficient detail or evidence that consideration had been given following each fall to reduce further risks, We saw that a risk assessment and care plan were in place which took account of some of the recorded falls that the person had experienced. Meeting minutes evidenced that action had been taken to arrange an occupational therapy assessment and falls sensor equipment to minimise further risks, but was not recorded in the ISP. The documentation provided minimal space for staff to record any changes to a person's needs. We also spoke with the person and found that their slippers could potentially cause a trip hazard, we raised this with the registered manager who told us that they would discuss this further with the person and take any necessary action.

The registered manager told us that they were part of a falls prevention project and staff had received training in falls prevention over the past three months. There had been a number of occupational therapy assessments undertaken and where appropriate people were provided with room or personal sensors to help reduce the risk of falls.

We saw that each member of staff had a detailed daily assignment sheet on each of the units which contained relevant information about people's care and health needs. Any specific information relating to risk was identified within the information. For example. people's nutritional needs or moving and handling needs. Information was also included about people's preferences. The unit coordinator for the reminiscence neighbourhood told us that this information was updated on a day basis to ensure that it was as accurate as possible and reflected any changes in people's needs.

People were protected against infection. Staff wore personal protective equipment (PPE) when delivering personal care. We spoke with a member of staff who told us that they had recently undertaken training in infection control and were clearly able to describe the correct procedures they should follow. The home was very clean and free of malodours. One person living at the home commented "The place is absolutely clean with no odours."

The home employed a maintenance person, who we spoke with. We saw from the well maintained records that various daily, weekly and monthly checks to ensure the safety of the premises were completed. These included water temperatures; bed rails checks, electrics and other equipment. We noted that each person had a Personal emergency evacuation plan (PEEP) in case of an emergency. There was also an evacuation summary sheet which provided an overview of the PEEPS. We noted that some of the information did not reconcile with the information contained within the PEEPs. We raised this with the maintenance person and registered manager who provided evidence that this had been addressed following the inspection.

Good

Is the service effective?

Our findings

We asked people and their relatives whether the service was effective. They told us, "I couldn't be in a better place"; "All the staff are brilliant" and "Staff seem to be trained well and know what to do." A relative told us that their relative had better nutrition now than before they moved to the home and their general health was better and more stable.

We found that staff were knowledgeable and had the appropriate skills to carry out their roles effectively. New staff completed a thorough induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Staff spoken with told us that they had completed an induction and this had included working alongside more experienced staff. One staff member said that had done three shadow shifts and had the opportunity to get to know the people they were caring for. The operations manager told us that staff were supported to work through their induction by a member of staff whose specific role was to support the recruitment and retention of staff. Some staff had "champion" roles in areas such as nutrition or MCA, they had extra training in these areas and took the lead in cascading information to the rest of the staff team.

All the staff we spoke with confirmed that they undertook regular training. Training records were well organised and showed that staff had received on-line (E-learning) and practical training in all the key areas such as fire safety, health and safety, equality and diversity moving and handling, safeguarding and infection control. Additional nurse training in clinical skills and medication were undertaken as part of the registered nurse individual competency learning and development. We noted that a small number of staff were overdue occasional training sessions. We saw that the management team had followed this up with one person during a supervision session. The registered manager agreed that this would be followed up and addressed.

Staff were encouraged to develop their skills and knowledge. The management team ensured that staff had regular supervision which looked at their individual training and development needs. One of the unit leads explained that they had worked with staff to ensure that they were clear that the purpose of supervision was to guide and support staff. Records demonstrated that regular supervision and appraisal sessions were held. The operations manager told us that he was passionate about the development of the staff team. The heads of departments were undertaking further development in subjects such as leadership.

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

The registered manager had a system to record those people for whom a DoLS application had been made, with the outcome and date when the authorisation needed to be renewed. We found that appropriate applications had been made to the supervisory body (The Local Authority). However we found that a tracker used on one of the neighbourhoods needed to be updated with the latest information, which we were advised would be completed as soon as possible.

We observed that staff sought consent from people to provide care and treatment. Staff spoken with were knowledgeable about the MCA, issues relating to consent and the need to carry out mental capacity assessments for people who required them. One staff member commented "People can have variable capacity, some people can make certain decisions, but sometimes you have to make best interest decisions." We saw that there were a number of examples where capacity assessments had been completed and identified that best interest decisions were required and undertaken. However we noted that there were some areas where further consideration should be given to best interest decisions such as where bed rails or sensor mats were used, if people were unable to consent to these.

People were supported to eat and drink enough and to maintain a balanced diet. We received very positive comments about the standard, choice and variety of food available. People told us "The food is very good." Food and drink was plentiful throughout the day. We saw that people could help themselves to hot drinks in the bistro area, as well as a regular drinks trolley where staff supported people with drinks. Snacks were readily available with freshly baked cookies and pastries. There was a small refrigerator containing smoothies, chocolate bars and fruit which people could help themselves to throughout the day. The provider had also introduced a "Hydration station" on the reminiscence neighbourhood which meant people had access to drinks and snacks constantly throughout the day.

The large dining room on the ground floor had a restaurant feel. Tables were laid attractively with table cloths, napkins, flowers and wine glasses. Wine was available for those who preferred this. There was also a separate dining area in the reminiscence neighbourhood and a private dining area was available, where meals could be shared with families and visitors. The provider employed dining assistants, who served and supported people throughout meal times. We found that staff were very attentive to people's needs. Some people had chosen to eat their meals in the privacy of their apartments and this was respected.

During the inspection we sampled the food at lunchtime and found the meal was well presented and tasty. The home employed a chef who managed a team of catering staff. We spoke with the chef who told us that menus were nutritionally balanced and prepared from fresh ingredients. There were regular dining meetings, where people were consulted with about the menus and the dining experience. A number of choices were available for breakfast, lunch and dinner; alternative options were available if people did not like any of the choices on offer. We saw that there was a three course lunch available, with a selection of desserts on display.

People's nutritional needs were met. The chef and kitchen staff had a very well organised system with up to date information about people's dietary needs. There were colour coded photo cards on display which indicated people's specific requirements, preferences and any risks. The chef told us they were kept informed of people's dietary requirements and any changes to people's needs. We found the chef to be very knowledgeable and he told us he had reached the final of a national competition held for "Care chef of the year". Staff kept records of people's dietary intake and staff spoken with had a good understanding of people's dietary needs. We saw that a number of people had gained weight since moving to the service.

People had access to healthcare services and support. Referrals had been made to other health professionals when required. This included GPs, community nurses, Speech and Language therapy (SALT),

opticians, dentists and chiropodists. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health. One person said "The nurse comes in with my medications morning and evening, they're very good. I have oxygen on all night and walk around with a small oxygen cylinder on wheels. A technician would assess my needs twice a year. I also have a chiropodist, manicurist and physiotherapist who attend to me here. My daughter or son takes me for hospital appointments, but I could have a carer for seeing my GP."

The home was linked to a local GP surgery and we saw that a GP visited the home on a weekly basis as a minimum. People were still able to register with their own GP should they wish to. We contacted a health professional who regularly visited the home. They told us that they had a good working relationship with the new management team. They had found improvements in the clinical standard of care and retention of nursing staff.

We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was bright, open and spacious. All areas including communal areas were decorated and furnished to a high standard. In the main people lived in suites/bedrooms which were clean, bright and well maintained. We saw that many of the rooms were personalised with people's own furniture and photographs. People had access to a telephone in their suite should they choose. There were six spa baths available for people to use. There was also a bistro area, large dining room and other lounges available where people could spend their time we found the atmosphere to be relaxed and sociable. Outside of the building, people had access to a large well- maintained garden and patio area. People living within the reminiscence unit were offered a daily opportunity to take a walk out into the garden should they choose.

People's needs and preferences were taken into account with regards to the design and decoration of the home. The reminiscence unit had been specifically designed and decorated to meet the needs of people living with dementia. For example we saw that there were tactile pictures, memory boxes and some doors were painted in specific colours so that the toilets could be identified more easily. There were specific areas such as a "nursery area" which contained clothing and accessories that created links to the past for people such as, a baby cot and dolls. People living with dementia may retreat to past memories and these resources allowed them to recreate past activities. The operations director told us that a number of suites were in the process of being upgraded in consultation with people and the ambassadors of the service.

Good

Is the service caring?

Our findings

People who used the service were very positive about the support they received from staff. Comments included, "Staff are very good" and "Everyone is very nice. Carers are very good and nursing care is excellent." One relative said about their relative's care, "All the staff are brilliant with her here. They are very good to her. I would recommend this place to anybody."

We found that there was a very strong person centred culture and staff were motivated to treat people with kindness, respect and compassion. Discussions with staff and the management team demonstrated that their approach was focused upon what people wanted and people were enabled to express their views and opinions so that they could work in partnership together.
We found numerous positive examples where staff were caring in their approach. One person whose health needs meant that they were nursed in bed at all times, said that staff were sociable and they had got to know them well. They had a record player next to their bed and told us how staff had arranged to purchase the record player at a good price from a local supermarket and domestic staff had brought in records for them to play, which had been of benefit to them.
We found that staff were particularly sensitive to times when people needed caring and compassionate support. For example one person told us how two staff in particular were "wonderful" at the times when they needed support due to their depression. In a further example, one person explained how they had received good emotional support when their partner had recently passed away. They said, "I had good support. Staff were very good, very caring."

Each person had a designated care manager and/ or designated nurse. Their role was to ensure that they had regular contact with the person and offer emotional support if necessary. Staff spoken with clearly took pride in the support they provided to people and understood the importance of treating people with kindness. They told us "I know the staff care and we treat people like people."
The staff members we spoke with showed they had good understanding about the people they were supporting and were able to meet their various needs. We heard for example one carer tell another to make sure that she prepared a person's Weetabix "very mushy", because that's how they liked it.

We observed two carers using a hoist to lift a person out of their armchair. Staff were very reassuring, gentle and attentive, they demonstrated a sensitive and compassionate approach and talked to the person throughout the process. We saw that staff had time to spend with people to offer support and reassurance. For example we saw one nurse who was kind in their approach, sitting with a person, talking and answering their questions following the doctor's visit.

One of the unit coordinators told us that it was very important that the staff supported people with care and compassion. She told us that she spent a lot of time observing staff interaction with people and carried out care herself to help mentor staff. She told us that she was "Really proud of the team." We saw that the service had received a number of thank you cards and letters. One stated "Words cannot tell you how impressed I am with the love and care you give to your residents."

We found that the service supported people to express their views and were involved in making decisions about their care. There was a residents' council meeting held every month. One person told us that this was where they could raise issues and was attended by the general manager and heads of department. One person commented, "I go to residents' meeting every month to talk with staff and managers about issues. They're helpful. I have also completed a survey in the home." We saw an example where practice had changed as a result of feedback and a new system had been introduced around night checks which respected people's wishes and independence but also ensured that people were safe.

During the inspection we saw that people had been given information about a meeting which was due to be held to enable people to discuss their preferences for the Christmas menu. The registered manager told us that everything was done "In consultation" with people and their families where appropriate, for example family meetings and drop in meetings.

A number of people had access to telephones in their apartments and bedrooms. The registered manager advised us that people were able to contact the concierge service or telephone the management team directly if they wished to discuss or raise any issues.

There were three "resident ambassadors" whose role was to represent the views of the people living at the service. The ambassadors were people who lived at Sunrise of Mobberley, the registered manager told us that their role was very effective and had been a good support for people moving into the service. The ambassadors sought people's views and were involved in various decisions about the running of the service such as the recruitment of new staff and the refurbishment of some empty apartments. We saw some positive feedback about one person's experience of moving into the service. The ambassadors were provided with name badges so that people could identify them and their role. The registered manager told us that one of the ambassadors had been involved in making a video to provide people with information about their experience of living within the service, which was available on their website.

People's needs had been assessed before they moved into the service in consultation with people and their relatives. From these assessments Individual service Plans (ISPs) were developed which contained Information to ensure staff were aware of people's likes, dislikes and the care required to support them safely. For example "I require assistance with a daily shower, which I like before breakfast." We found that people's preferences and wishes were taken into account by the staff. One member of staff told us "We always consult with people. We ask if people would like a shower and what time they prefer to get up."

We were given a further example whereby a person was given choice and control over the support they received. On one occasion they had received personal care from a male carer which was not their preference. They told staff that they preferred not to receive this type of support from a male and they explained, "It stopped. It never happened again."

The service was inclusive and respected people's skills, experience and abilities. People's backgrounds and interests were reflected through the system they had in place to assess people's needs which took into account their personal interests and cultural backgrounds. An open culture had been created, whereby people could share their views, interests and backgrounds and because staff took the time to be with them and find out more about them. There were opportunities for people to be involved in decisions around social activities and where they chose were able to take part in developing and leading some activities. We saw that two people living at the service regularly led activity sessions, such as "all our yesterday's" discussions and lectures.

The operations manager told us about their plans to improve the involvement of people and their relatives,

as well as seeking creative ways to ensure effective communication. He told us that they were planning to roll out a system whereby following consent of the person, if someone was due to attend hospital for a planned appointment/stay that information would be provided through an automatic email to help keep relatives informed about whether their relative had left the building and when they had returned from hospital with other relevant information.

Respect for privacy and dignity was at the heart of the service's culture and values. We observed that staff treated people with courtesy and respect, for example, maintaining good eye contact, addressing people by name, often bending down to talk to people at their level, and seeking consent before they provided any support. One person explained, "The Sunrise policy is first names unless residents prefer otherwise". When people moved in they were asked which name they would like to be known as and this was then written on their door plaque.

We saw that a privacy screen was used in the reminiscence neighbourhood whilst a person was being hoisted from their chair; this demonstrated that the staff were aware of the importance of maintaining people's privacy and dignity. Staff were able to give examples such ask knocking on people's doors and closing curtains to maintain people's dignity.

People's independence was also promoted by the service. One person told us their independence was very important to them. Along with other people living at the service, this person told us they were enabled and supported to do their own laundry independently. In another example we saw that a member of staff brought a person's laundry back to their room, they were very polite and respectful and asked the person where they would like the items placing within the room. They placed items in the wardrobe and bathroom as instructed by the person.

Visitors and relatives told us that there were no restrictions on visiting. One relative commented "I particularly like the nice ambience, nice staff, and nice bistro. My wife has her meals here at the bistro and spends time with the others."

For those people who enjoyed the company of dogs, there was a resident dog who lived at the service called 'Blue'. In some cases people had been supported to take their pets with them when they moved into the service.

Good

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs and preferences. Comments included "I couldn't beat living here and I like everything" and "I like the community atmosphere. They try to get you involved in things and you are not sitting around being bored."

People's needs had been assessed before they moved into the service. The assessment was then used to complete an individualised service plan (ISP) for the person, which enabled people to be cared for in a person centred way. Staff used the information to develop detailed care plans that included people's abilities and the support they would need to maintain their independence. The assessments demonstrated that people had participated in this process.

The ISP's included information about, people's backgrounds, life stories, health needs and preferred method of communication, including how they made themselves understood and their ability to understand others. We saw a good example in one ISP of guidance to staff about how to best support a person with dementia and behaviours which challenged. Staff spoken with could explain and describe people's support needs and were familiar with specific preferences that people had and were able to discuss different likes and dislikes of some of the people who were living at the service. For example one member of staff who we spoke with was knowledgeable about people's dietary needs, including specialist diets and thickened fluids. They were able to provide information about the type of support that a person required to support their visual impairment and those who may be at increased risk of falling.

People confirmed that their individual wishes were respected and one person said, "I was asked to get up at 7.20 am. I told them I wasn't ready but to come back at 7.45 am. And they did." A relative told us that they had spoken with staff to advise that their relative usually preferred to get up earlier and the staff responded to this effectively. Staff told us that they had access to people's ISP's and they had regular updates through daily handover meetings.

Staff told us that monthly wellness reviews were undertaken, to ensure that any changes to people's needs were taken into account and their care remained appropriate. During the inspection we saw that staff had responded to changes in a person's mobility needs and were being provided with a specialist bed. Whilst we noted that overall the ISP's provided person centred information and had been regularly reviewed, we also found one example where the information had not been reviewed on a monthly basis and the level of information contained within the review of the ISP was brief and some relevant information had not been included. We noted that the template of the ISP meant that there was minimal space for staff to record updates and reviews of the different sections within the plan. The operations director told us that this would be addressed in the next few months as the provider was transferring all care records onto a new electronic recording system.

We noted that whilst advice was often sought and received from professionals, this advice had not always been fully incorporated into people's ISP's. For example a speech and language therapy assessment had been carried out for one person and there was guidance that they should be seated upright whilst eating

and that slow and careful assistance was required. The care plan contained information about the person's dietary needs but not in the level of detail as advised by SALT. There was a letter on file from SALT which outlined the person's needs, which staff could refer to. However it is important that the care plans provide sufficient detail to ensure that any staff who may be unfamiliar with people's needs (such as agency staff) have access and are familiar with this information to manage people's care needs as safely as possible.

We received some feedback from visiting relatives that general communication and updates from staff about their relatives care could be improved. They told us that they would like to be more involved with reviews. Comments included, "We used to have a review every year previously until two years ago. That's now stopped. I've got to instigate contact if I want to find out more about [relative]." Another visitor made a similar comment, "If I ask I can get information from the staff or manager, but it's not something they volunteer to me." The operations director had already noted earlier in the inspection that communication and reviews were areas that had been highlighted for further improvement and was something that they were focusing upon.

Staff maintained records of the support that people received each day. Any changes or updates were shared at a shift handover. We saw that some people had records in place to enable staff to record when support had been carried out. We reviewed charts such as positioning charts, bed mattress setting check and food and fluid intake and found that these had generally been completed as required to demonstrate the level of support that has been provided to people.

People were enabled to take part in person-centred activities and encouraged to maintain hobbies and interests. There was an extensive programme of daily activities available for people to participate in if they wished, this included; regular trips out, tai chi, a walking club, meditation, scrabble, flower arranging and quizzes amongst others. The activity programme and information about upcoming events was clearly displayed throughout the home and provided the time and details of several activities every day.

During the inspection we saw that people were asked if they would like to join a yoga session. We saw that a person living with dementia was supported to take part in the session and a carer sat with them and encouraged them to enable them to participate. We also observed that people were occupied with other various activities when they weren't necessary taking part in the organised activities, such as doing jigsaws and reading. There were magazines available for people and we saw one person reading and talking with another person about an item in the Daily Sparkle. Computers were available for people to use and staff had supported people to undertake online shopping.

People were supported to maintain relationships that mattered to them, such as family, community and other social links. Relatives and visitors told us that there were no restrictions of visits. Where people were able to, they were encouraged to go out into the community. Links were also maintained with the local community within the service. We saw that staff and people living at the service had taken part in community events, such as a recent sponsored walk and bake for the Stroke Association. The service also worked with the Alzheimer's society to offer a monthly "Memory Cafe", for members of the public with memory problems and/or their carers to drop in for entertainment and general support sessions.

People said that they felt able to raise any concerns with the staff or management team and felt that they would be listened to. One person said "I can talk to the manager and the staff about anything." They told us that they knew the provider's complaints procedure and felt confident that any concerns or complaints would be dealt with. We saw that the provider had a system in place for dealing with complaints. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt. We saw that where there had been any complaints the procedure had been followed appropriately.

Good

Is the service well-led?

Our findings

People, relatives and staff told us they felt the service was well led. One visitor commented "I particularly like it that management is involved. You always see them about, they're hands-on." One person said "I feel the management listen and if they are able to help they will do so." Staff we spoke with told us they felt supported by the management team.

At our last inspection in May 2016, we found the provider to be in breach of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staffing and the safe management of medicines. At this inspection we found that improvements had been made and the provider was now compliant with these regulations.

The previous registered manager had deregistered since the last inspection. The current manager had registered with CQC in June 2017. She understood her responsibilities as a registered manager and the requirements under CQC.

Throughout the inspection we found the registered manager to be open, transparent and responsive to our feedback. She was supported by a wider management team and expressed that a lot of hard work and commitment had gone into the service by the staff in order to improve the standards and quality of care being provided. We found that the management team demonstrated good knowledge about all aspects of the service, including quality issues and priorities for the service. The registered manager had a development plan in place including who was responsible for the areas of improvement and explained that she was keen to promote best practice and sought guidance from health and care professionals as required. She told us that she was most proud of "Pleasing the residents" and the "Brilliant feedback" which had been received from people living at the service about the improvements.

The operations director also had a clear vision for the service and their plans to continually improve. There was also a regional head of nursing who supported Sunrise of Mobberley. The operations director told us that there had been focus on staff engagement since the last inspection and that he had carried out a number of listening groups with staff. An employee survey had been undertaken and an action plan was in place following the issues identified. The operations director demonstrated that he was passionate about the service and believed that the development of staff was a vital aspect of this. They had introduced leadership competencies for the heads of the departments as part of their on-going development.

Staff were positive about the management team and told us that they felt well supported. They told us that improvements had been made to the leadership within the service. The current management team were described as approachable and supportive. Comments included "I love working here"; "Management are now interested in the staff, they are firm but fair" and "I think it's improved, yes definitely." At this inspection we found that staff felt more valued and supported.

Staff were recognised for the work that they did. The registered provider has introduced "Heart and Soul" awards, where people and staff could nominate other members of staff who they felt had made an

outstanding contribution. We saw that these nominations were on display in the bistro area.

We observed that staff communicated well and the approach was one of team work. Observations made during the inspection demonstrated that staff were organised and understood their roles The management team held a daily huddle meeting and meetings were held with staff if there were any new admissions planned, this helped ensure that staff had a good understanding of the person's needs. We saw that numerous other staff meetings were held and the records of these meetings showed that a range of topics were discussed. These included regular heads of department meetings and health and safety meetings.

Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement. A monthly quality indicators audit was undertaken which looked at areas such as skin damage, weight loss, infections, accidents and incidents, compliments and complaints which had occurred over that previous month. We saw evidence that a governance meeting was held each month where information from these audits was analysed and any further actions identified as a result. The governance meeting reviewed and tracked any incidents and accidents, including people who had had falls and people who are at risk of malnutrition or infection.

There was an internal auditing plan in place which included a schedule of audits including staff training, medications, DOLs, infection control and staff support. There were daily call bell audits; this looked at how long staff took to answer the bell and any further action which was necessary.

We found that the management team encouraged people to give their views and any concerns, which they listened to and acted on to shape the service. This was done through various means including surveys, council meetings and feedback to the resident ambassadors.

People and relatives who we spoke with told that they knew who the registered manager was and felt able to raise any concerns or issues. We observed that the management team were very visible around the home. The registered manager's office was next to the bistro and they regularly spoke with people, relatives and visitors.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that we had received appropriate notifications from this service.