

Sunrise Senior Living Limited

Sunrise of Frognal

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Sunrise of Frognal is a residential care home registered to provide personal and nursing care for up to 131 people in two adapted buildings. There were 58 people using the service at the time of our inspection.

Sunrise Senior Living Limited and Sunrise UK Operations Limited are dual registered and both providers are jointly responsible for service delivery at Sunrise of Frognal

People's experience of using this service and what we found

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. The registered manager and staff understood what abuse was, the types of abuse and the signs to look for. Staff completed risk assessments for every person, and they were up to date with clear guidance for staff to reduce risks. There were enough staff on duty to support people safely and in a timely manner. Staffing levels were consistently maintained to meet the assessed needs of people. The provider carried out comprehensive background checks of staff before they started work. Medicines were managed safely. Staff kept the premises clean and safe. The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Systems and processes to assess, monitor and improve the quality and safety of the service were in place. There was a clear management structure in place and staff were aware of the roles of the management team. The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. The provider had worked effectively in partnership with a range of healthcare professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 and 14 June 2019 and breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our

findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion and were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunrise of Frognal on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service and if we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sunrise of Frognal

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by three inspectors, a specialist advisor, and two Expert by Experience. The Expert by Experience made telephone and video calls to people and their relatives to obtain feedback about their experience of the care provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sunrise of Frognal 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We sought feedback from the local

authority. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people and 17 relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff, including the deputy manager, the registered manager, the regional director and a visiting healthcare professional. We reviewed a range of records, this included six people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection prevention and control and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not always adequately assessed risks to people or taken action to mitigate areas of risk where they had been identified. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection which meant that the provider was no longer in breach of Regulation 12.

- People were kept safe from avoidable harm. One person told us, "I do feel safe here, they look after me well." Another person said, "The staff are excellent; they're kind and they look after us very well. They all seem to be trained and they always seem to know what they're doing." One relative commented, "I'm happy that we have put [Relative] in a secure environment. There always seems to be enough staff around and they all seem very nice. My [Relative] been there two and half years and has dementia but seems healthy and physically in the same condition as when they came in; staff keep them occupied which is very good."
- Senior staff completed risk assessments for every person. These included risks around moving and handling, falls, eating and drinking, diabetes, pressure sore and wound care. This meant that risks were identified so plans could be put in place to mitigate the risks and to help keep people safe.
- Risk assessments were up to date with detailed guidance for staff on how to reduce individual risks. For example, where one person had been identified to be at risk of falls, control measures were in place which included referral to the complex care team and regular reviews by the in-house team. Another person was referred to the physio for a strength and balance programme and to the consultant lead falls clinic. They also had bed sensors in place to mitigate risks from falls.
- Staff told us risk assessment and management records provided them with the relevant information they needed to understand people's needs.
- Arrangements to deal with emergencies was in place. Staff received first aid and fire awareness training so that they could support people safely in an emergency. Regular checks and fire drills were carried out.
- Staff and external agencies, where necessary, carried out safety checks on the home environment, these included mobility equipment, bedrails, hoists and the safety of electrical and gas appliances.

Using medicines safely

At our last inspection the provider had not always managed medicines safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 12.

- People said the support they received from staff regarding their medicines met their needs. One person told us, "They [Staff] know exactly when I need my medicines, they're on time." Another person said, "I have five tablets in the morning which, they [staff] bring and they stay until I've taken them." One relative commented, "I'm happy with my [Relative] care. It's been very good. They [staff] give medicines and cream my [Relative] legs every day. The staff are very attentive, and they all know my [Relative]."
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The quantity of medicines recorded on the MARs when reviewed matched with the quantity of medicines in stock.
- The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give these medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.
- The service followed the legal requirements for managing Controlled Drugs (CDs). The service had policies and procedures for the safe disposal of unused medicines. Unused medicines were disposed in a secure disposal bin and returned as appropriate.
- Regular medicines checks were carried out and if any areas of improvement were identified, these were addressed and discussed with staff so learning took place.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe and that staff treated people well. One person told us, "The staff are good and they're always cheerful; there's usually one of them around if I want something. They come pretty soon, when I ring the bell." A relative commented, "My relative is safe here, especially this last year with COVID. They [staff] look after my [Relative] well and I notice from the way my [Relative] is happy." Another relative said, "I have no concerns about my [Relative's] safety; they are being well looked after."
- The provider had a policy and procedures in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the different types of abuse and the signs to look out for. They were clear about their responsibilities to report any concerns to the registered manager.
- The provider kept records of safeguarding alerts and monitored their progress to share learning. The registered manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning.
- The provider worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. People and their relatives told us there were always enough staff to meet people's needs.
- The registered manager carried out regular reviews of people's needs to determine staffing levels.
- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The service had a call bell system for people to use when they required support to ensure that people's needs were met, and they were answered in a timely manner.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment history,

references, criminal records, proof of identification, the right to work in the United Kingdom, and checks on the registration of qualified nurses with their professional body.

Preventing and controlling infection

- People were protected from the risk of infection There were procedures to reduce the risk from any visitors to the home spreading infection within the premises. A relative told us, "My loved one continually says they are happy there and all through COVID they have been well looked after. Their staff team is very consistent; there are always familiar faces and they know my loved one really well. I'm really pleased with that."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current government guidance.

Learning lessons when things go wrong

- The provider had a system in place to respond to accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incidents records and the registered manager, and the commercial manager monitored these events to identify learning and discussed this at staff meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection which meant that the provider was no longer in breach of Regulation 17.

- People and their relatives told us the service was well managed, and the care and support was meeting their needs. One person told us, "My [Relative] and I are very happy here. I know the staff and I seem to see the same staff most of the time. The manager's is called [xxx]; he's often around and stops to say 'hello' and have a chat. The home is very clean, and staff are excellent, we're being looked after very well and we're lucky to be here." Another person said, I think they [staff] do very well for us here."
- A relative said, I know the manager very well. If it is a health concern, we go to the well-being team and they are very good. We've been kept well informed during Covid and based on what my [Relative] says we are very happy." Another relative commented, "We have been able to make screen visits and have had video calls during lockdown and the visiting arrangements have been good. I think they have been doing a superb job considering the circumstances."
- The service had a system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments, food and nutrition, and infection control.
- As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were up to date when people's needs changed.
- The service introduced an electronic care records management system and process, they had a backup support mechanism in place, to mitigate any unforeseen system failures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered manager understood their roles and

responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure at the home. Staff were aware of their roles and of the management team.
- We observed people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.
- There service benefitted from an effective, visible and supportive management team. One relative said, "Communication has been excellent. I get emails, phone calls and letters from them. They setup [video] calls and facilitated that very well and then the pod visits, I think they are organised very well. They've always made me feel very welcome when I've visited my [Relative]. We know the manager; he is very approachable and very helpful. He seems to be very hands on, walking around talking with residents and with the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's views using satisfaction surveys and regular residents meetings. We found most of the responses were good and staff had acted to make improvements where people had made suggestions.
- The registered manager held regular meetings with staff where they shared learning and good practice, so they understood what was expected of them at all levels.
- Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, dieticians, GPs, district nursing, occupational therapist, speech and language therapists and hospital staff.
- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.