

South Coast Care Homes Limited

Sunrise Nursing Home

Inspection report

10 Cobbold Road
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Date of inspection visit:
20 February 2020
21 February 2020

Date of publication:
06 April 2020

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

About the service

Sunrise Nursing Home is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 30 people in an adapted building over three floors.

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

People received enough to eat and drink, but their dining experience could be enhanced. We have therefore made a recommendation in this area.

People were treated with kindness and compassion. People and their relatives described positive relationships with the staff and management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice. There was a relaxed and welcoming atmosphere in the home.

People were kept safe by staff who were knowledgeable about how to minimise risks to people. There were enough safely recruited, trained and skilled staff to meet people's needs. The home was clean and hygienic throughout and the safe management of medicines was in place.

People's care records were individual and outlined their needs. People had access to healthcare services and appropriate referrals were made when their needs changed.

People and their relatives told us they were involved in planning their care and were asked for their feedback about the quality of the service.

The registered manager and provider did regular checks and audits on the quality of the service and staff, people and their relatives told us the registered manager was approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our methodology.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunrise Nursing Home

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 carried out by one inspector.

Service and service type

Sunrise Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the home and 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.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with six people who used the service and five relatives about their experience of the care given. We spoke with the registered manager, the service's two providers, a nurse and three members of

staff.

We reviewed a range of records. This included four people's care records including medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

After the inspection

We evaluated information given to us, such as training data 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt protected and safe living in the home. One person said, "I'm safe enough, [staff] check that I am alright and keep me comfortable." A relative commented, "I feel that [my relative] is safe and well looked after, that's what's important to me. I'm glad this is where we decided for [them] to stay."
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which advised staff about how the risks in people's lives were reduced. This included risks associated with pressure care, falls and moving and handling and we saw these were managed well.

Staffing and recruitment

- There were enough staff to meet the needs of the people who lived in the home. One person told us "I love it here, there are enough staff to keep me comfortable and well looked after."
- Recruitment was ongoing with systems in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff had relevant pre-employment checks before they commenced work to check their suitability to work with vulnerable people.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept.
- Staff received training in medicines management and had their competency had been regularly assessed to ensure they gave people their medicines safely.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Staff were trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.

Learning lessons when things go wrong

- Details of accidents and incidents were recorded. The registered manager reviewed these for patterns and trends and discussed them with the provider. This ensured effective oversight occurred to reduce risk and prevent reoccurrence where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they enjoyed their food and had enough to eat and drink. One person told us, "I enjoy my food, I look forward to it." One person's relative told us, "[My relative] loves their food and they always do something different for [them] if [they fancy] it."
- However, the home did not have a separate dining area and people ate in the lounge where they normally sat. This meant that people usually stayed in the same chair/lounge throughout the day, missing out on the opportunity to mobilise and socialise with different people. Eating in a dining room provides a place for people to sit down and talk and interact with others and it is considered good practice and offers a positive dining experience.
- There were small drop side tables in some of the communal rooms, which the registered manager told us were available if people chose to sit at the table to eat, but people would have to be aware of this and ask for the table to be set for them in preparation. No one chose to during the first day of the inspection. On the second day a dining table was attractively laid in a quiet room and four people were invited to have their meal there. Afterwards they said they enjoyed the experience.
- The menu was displayed, which detailed the meal available at lunchtime. Although there was only one choice, people told us they could request an alternative meal if they wished. One person said, "The food is lovely, and I can get different food from the menu, I just have to ask."
- Fortified drinks, milkshakes and thickeners were used, where prescribed, to support people with their nutritional needs. Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

We recommend the provider carries out their own meal time experience audits to identify areas of good practice and whether further learning is needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs including their preferences were assessed by the registered manager before admission to the home with family members and significant others involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- People were supported to maintain good health, with appropriate referrals made as needed, and people were supported to attend medical appointments.
- Systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide them with effective care and support. One person's relative commented, "You only need to watch, you can see how skilled the staff are in the way they support people who are confused or anxious. They are always kind and never rush people."
- Staff were provided with training and professional development opportunities to equip them with the skills and competencies needed to carry out their role, such as achieving professional qualifications in care.
- An ongoing supervision and performance-based appraisal programme was in place to support staff.
- Nurses had access to relevant clinical skills training. This included syringe drivers and venepuncture and percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds allow nutrition, fluids and /or medicines to be put directly into the stomach through a flexible feeding tube.
- Nurses were supported by the registered manager, a registered nurse, and supported each other with revalidation, which is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the Nursing and Midwifery Council.

Adapting service, design, decoration to meet people's needs

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas, including lounges and other spaces throughout the home and garden, where people could meet with their friends and family, in private if required.
- There was signage in the home to assist people to navigate around it independently.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records evidenced their mental capacity had been considered and assessed, where appropriate, and any best interest decisions were clearly recorded. Where people had mental capacity to consent to their care, they were included in the discussions about equipment such as bed rails or flu vaccines.
- Staff were able to describe people's rights to make unwise choices and their role in helping people to understand alternative options, including advice about stopping smoking or healthy eating.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring towards them. We spoke with a small group of people who were sitting in the lounge. All agreed the care staff were kind, treated them with respect and protected their privacy. One of the group said "We're drunk all day... they treat us so well!" This initiated laughter and further good-humoured banter. One person's relative told us, "I spend a lot of time here, they can't do wrong. [My relative] loves it here and says [they are] treated like [royalty]."
- Initial assessments were completed to ensure all people's care and support needs were recorded. These assessments included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.
- Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them.
- Relatives were complimentary about the staff approach and described having good communication contributing towards a collaborative relationship. One relative commented, "It's like a family here, they are so friendly and welcoming." Another relative said, "The staff are lovely, they are relaxed in their work and there is laughter all around."

Respecting and promoting people's privacy, dignity and independence

- During our inspection visit, staff spoke with people with warmth and affection. One person commented, "The staff have always been kind enough and very respectful towards me."
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or if they wanted to take their medicines.
- Staff were observed to support people to do as much as possible for themselves, walking independently from room to room for example, they checked the person was safe whilst moving and offered encouragement.
- Information about people was protected and kept securely.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, told us they were involved in their care arrangements, and their care records reflected this. A relative told us, "[My relative] gets a choice in how [they are] supported. They asked for the times their medicines were given to be changed to fit in with their habits, it gives them more control."
- Our discussions with staff demonstrated they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people and relatives had told us.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which met their changing needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in people's care plans. Care records were regularly reviewed.
- The registered manager and staff recognised the importance of supporting people on an individual basis. This included promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities to help promote people's intellectual and emotional wellbeing. Various games, crafts and therapies were offered, and activities were well attended. There were regular visits to the service from entertainers and church representatives.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service.

Improving care quality in response to complaints or concerns

- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and day to day discussions. One person's relative commented, "I haven't made a complaint but know it will be put right, the manager always has time to stop and speak."
- People were invited to participate in a satisfaction survey where they could air their views about all aspects of the service.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant.

End of life care and support

- Staff had undergone training regarding supporting people at the end of their lives. They understood the importance of supporting people to have a good end of life, as well as living life to the full while they were fit and able to do so.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.
- A visitor to the service, whose loved one had lived there until their death, told us, "The staff here are caring and go above and beyond in helping people. The manager couldn't have done more for [my relative]. At the end we were supported to spend as much time as we wanted to be here with [them], when [they] died [they] went pain free and cared for. [They] died as I wanted for [them]. I can't praise the staff enough."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the home. Staff were aware and involved in this vision and the values shared.
- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.

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

- A relative told us about their experience of when they visited the home to see if it would be suitable for their loved one, "We came to visit and while I was looking around [my relative] went off, the manager called me to come and look. [They] were sitting in a chair with a table in front of them with a cup of tea and a cake, that was it I knew [they] were feeling relaxed."
- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team. One person said, "The new providers talk with us, we have resident's meeting and we are asked our view. It's management by conversation and it has moved forward."
- Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

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 registered manager and registered providers understood their duty of candour responsibilities. Good relationships had been developed between the registered manager, the providers, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- People felt they were listened to. They were encouraged to be involved in the development of the service

and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.

- The registered provider monitored the quality of the service to ensure people were happy and to ensure their diversity, personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Working in partnership with others

- The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, pharmacists and community nurses.