

Sunrise Operations Weybridge Limited

# Sunrise Operations Weybridge Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

Sunrise Operations Weybridge Limited is a care home providing accommodation and personal care for up to 110 older people, who may also be living with dementia. There were 91 people living in the home at the time of our inspection.

The inspection took place on 27 March and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 19 August 2015. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing and the safe management of risks. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This inspection found that the provider had taken the action they told us they had. This report only covers our findings in relation to the safety of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunrise Operations Weybridge Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)".

There were now sufficient staff deployed across the service to support people in a safe and personalised way. We saw that people's needs were met and they received support they needed in a timely way. At mealtimes, staff across the service now worked effectively together to ensure that people who required assistance with eating and drinking received one-to-one support.

There were good systems in place to safeguard people. Appropriate checks were undertaken to ensure only suitable staff were employed. Prior to starting working, information about new staff was collated to ensure they were fit to work with people whose situations made them vulnerable. Staff understood their roles and responsibilities in keeping people safe from the risk of abuse.

Risks to people were now appropriately assessed. Where risks were identified, action had been taken to mitigate the risk of avoidable harm. Staff adopted a positive approach to managing risk that carefully balanced keeping people safe with their right to lead independent lives.

Medicines were managed safely and there were good systems in place to ensure people received their medicines as prescribed.

## 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.

Staffing levels were now sufficient across the service to meet people's needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

There were good systems in place to safeguard people and ensure staff understood their role in protecting people from the risk of abuse.

Risks to people were now appropriately assessed and actions taken to identify and manage avoidable harm.

Medicines were managed safely and people received their medicines as prescribed.

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## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Sunrise Operations Weybridge Limited on 27 March 2017. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements in this area at the time of our last comprehensive inspection.

The inspection was carried out by one Inspector with experience in the regulation of services for older people who may also be living with dementia.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a follow-up inspection and therefore we only looked at one specific domain.

As part of the inspection we spoke with 12 people who lived at the home, four staff and the registered manager. We also observed interactions between people and staff during the morning and early afternoon across the service.

We reviewed a number of documents relevant to maintaining the safety of the service. These included the care plans for four people, four staff files, medicines records, and safety audits and staff rotas for the previous four weeks.

# Is the service safe?

## Our findings

People told us that they felt safe at the service. People consistently commented that staff made them feel safe and that they had no worries about their safety being maintained. For example, one person told us, "Oh yes, I definitely feel safe here." Likewise another person commented, "Staff are wonderful and really do make sure that we are safe."

Our comprehensive inspection of 19 August 2015 identified that staff were not always appropriately deployed to support people effectively and that some risks to people had not been identified and managed. As such we made two legal requirements to ensure improvements were made. Following that inspection, the provider wrote to us to tell us that they had taken immediate steps to improve the safety and quality of people's support. At this inspection, we found that the provider had taken the action they told us they had and as such both requirements had been met.

People told us that there were enough staff to look after them safely. For example, one person told us, "I had an accident at the weekend, I pressed my bell and a member of staff responded quickly, within minutes, a whole regiment had arrived to check me over." People had different support needs, but all told us that they received support when they needed it. For example, one person said, "I don't need a lot of help, but I know if you call for someone they come."

Staffing levels were sufficient to meet people's needs. The registered manager told us that current staffing levels provided a minimum of eight care staff during the day in the specialist dementia unit (Reminiscence) and eight care staff in the morning and seven in the afternoon in the Assisted Living area of the service. At night, there were three care staff based on both these units. In addition to care staff, a number of other housekeeping, catering and reception staff were also on duty to facilitate safe and effective service delivery. The management team and activities coordinators were also supernumerary to the number of care staff allocated to each shift. Staff confirmed that the staffing levels on the inspection day were typical for the service and the rotas confirmed the same.

Staff repeatedly told us that there were enough of them to support people safely and effectively. The atmosphere across the service was relaxed and calm and we observed that there were enough staff on duty to support people at the times they wanted or needed help. People were actively engaged in small group or individual activities and those people who required support with eating and drinking, mobilising or personal care were provided with one to one assistance.

Appropriate checks were undertaken before staff began work. Staff files showed that criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) prior to new staff starting work. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people whose situation made them vulnerable. There were also copies of other relevant documentation including references, job descriptions and copies of identification documents, such as passports in staff files.

There were good systems in place to safeguard people from the risk of harm. People told us that staff treated them well and that they had never experienced anything that upset or worried them. For example, one person told us said of the staff, "They are really lovely and I have never known them to be unkind." Another person also described how their skin always bruises very easily, but that staff always ask them how they got each one.

People were supported by staff who knew how to protect them from harm. Staff completed regular safeguarding training and records showed that 99% of staff were up to date with this mandatory course. Staff demonstrated that they knew the different types of abuse and understood their responsibility to raise concerns if they thought people were at risk or being abused. Staff said that they felt confident to report any issues to one of the management team, but also knew how to contact external agencies, like the local safeguarding team, police or CQC if necessary. One member of staff told us, "We have all the contact details up in each staff area and have been told exactly what to do." Another staff member also informed us, "We have a whistleblowing policy too, so I know if I ever needed to report something anonymously then I would be protected."

The registered manager had an excellent understanding of her safeguarding responsibilities and has consistently demonstrated an open and responsive approach to reporting concerns to both the CQC and the local authority. The registered manager was proactive in constantly improving staff confidence in safeguarding. For example, each month a care audit was completed across the service, part of which included testing staff knowledge to ensure they are clear about how to identify and respond to signs of abuse.

Individual risks to people were now appropriately identified and managed. Care records documented the risks that had been assessed in respect of areas such as skin care, falls and weight loss. Where a risk had been identified there was a clear plan in place to manage it. Staff on duty knew the risks associated with the people they supported. For example, staff knew which people needed support with eating and drinking and their specialist needs associated with this. Similarly, we saw that people's weights were regularly monitored and that staff had appropriately sought medical advice when people had lost significant weight.

Environmental risks had been considered and mitigated. Each person had a personal emergency evacuation plan (PEEP) that provided guidance to staff in the event of an emergency situation. These were accessible to staff and equipment to aid evacuation was readily available throughout the service. The registered manager had a good oversight over accidents and incidents within the service. Records contained information about how the incident occurred, witnesses to it and action taken and referrals made as a result of it. The registered manager explained how they had introduced a detailed falls analysis form that staff were required to complete in respect of every fall that occurred in the service. These documents were analysed by the management team alongside a monthly falls tracker and audits showed a month by month decrease in the number of falls people experienced within the service.

People told us they received appropriate support with their medicines. At lunchtime we observed staff giving people their medicines in a person centred way, taking time to administer medicines to people individually and in their preferred way. For example, we saw that people were supported to take their medicines with a drink of their choice. There was a medicines profile for each person that included a photograph at the front of the medicine administration record (MAR) so staff could be sure they were giving the medicine to the right person.

The administration of medicines followed guidance from the Royal Pharmaceutical Society. We saw that staff locked the medicine trolleys when leaving them unattended and did not sign MAR charts until

medicines had been taken by the person. There were no gaps in the MAR charts for the current period. Staff explained that at the end of every shift, MAR charts were reviewed to ensure there were no gaps and if necessary, appropriate follow-up action was taken.

There were procedures in place for the use of homely remedies and as and when required medicines (PRN). A record of reasons was maintained when these were given in addition to staff having signed MAR charts. Allergies relating to medicines were recorded both on the person's MAR chart and in their care plan. Where appropriate, people were supported to manage medicines independently. The care plans for these people included risk assessments to ensure they were capable of managing their medicines. Risk assessments were regularly reviewed and updated to ensure people's independence and safety were balanced. Secure storage facilities were available for these people to keep their own medicines in.

Staff were knowledgeable about the medicines they were giving. Medicines were only administered by staff who had been specifically trained to do so safely. Regular checks of staff competencies were undertaken to ensure they remained competent in this area.

The management team undertook regular audits to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of. There were also external audits, undertaken by the provider's assigned pharmacy.