Sunrise Operations Chorleywood Limited

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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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 March 2015 and was unannounced. Sunrise Operations Chorleywood Limited is a care home that provides accommodation and personal care for up to 100 older people some of whom may be living with dementia. On the day of the inspection, there were 87 people living in the home.

The service did not have 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.

People were safe and were protected against the possible risk of harm or abuse. Risks to individuals had been assessed and managed appropriately. There was a robust

Summary of findings

recruitment process in place. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines, regularly, on time and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for their roles. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. However, people were not always treated with respect and their privacy and dignity was not always promoted.

People's health care needs were assessed and reviewed regularly. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There was an effective recruitment process.

There were sufficient numbers of staff on duty to care and support people.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
Aspects of the service were not always caring.

People's privacy and dignity was not always respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Requires improvement

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

The service did not have a registered manager. Their application for registration was being processed. They were visible, approachable and accessible to people.

Good

Sunrise Operations Chorleywood Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2015 and was unannounced. The inspection team was made up of two inspectors and an Expert by Experience whose area of expertise is caring for older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed the information available to us about the home, such as notifications and information about the home that had been provided by staff and members of the public. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 20 people who used the service and observed how the staff supported and interacted with them. We also spoke with five relatives, nine care staff, the chef, two catering staff, the hair dresser, two activity coordinators, the manager and the Director of Operations.

We looked at the care records including the risk assessments for seven people, the medicines administration records (MAR) for the majority of people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People told us they enjoyed living at the care home and felt safe. One person said, "I feel safe here. If I feel unsafe, I'll use the call bell. I had to use it the other day when I rolled off the bed." One relative told us, "I am really pleased my Mum is somewhere safe."

The service had a safeguarding policy and followed the local authority safeguarding procedure. Information about safeguarding had been displayed on the notice board in the staff office, and there was a clear process for reporting safeguarding concerns. Staff told us that they had received training in safeguarding and were aware of their responsibilities to report any allegation of abuse to the manager and external agencies such as the local authority, the Care Quality Commission and the Police. Staff demonstrated an understanding about safeguarding and told us they had no concerns. Records showed that the staff had made relevant safeguarding referrals to the local authority and had notified the Care Quality Commission as required.

Individualised risk assessments were in place. Each person had their individual risks assessed with a plan to inform staff on how to mitigate the risk. People told us that staff had discussed with them about their identified risks. One person said, "Staff showed me how to use my walking frame. I know the risk and you should stand straight. The staff discuss the risks with me." Staff told us that they kept risk assessments up to date and were aware to report any changes and act upon them. For example, one member of staff said, "When a resident had a fall recently, the risk assessment was reviewed. Information to support the person and to prevent further falls had been discussed with them." We observed staff using equipment to transfer people safely in accordance with their risk assessments. Other risk assessments such as pressure area care, manual handling and nutritional requirements had been carried out.

The service had an emergency business plan to ensure that continuity of business was maintained should the service be affected due to unforeseen circumstances. The plan included the contact details of the utility companies and the management team. We noted that there had been an agreement with the local church and the nearby hotel to access their facilities if required in an emergency. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

There were enough staff on duty to meet the needs of people. People told us that that there were always staff to help and support them and that their call bells were answered within a reasonable length of time. One person said, "When I use the call bell, there is a little break but they could be down the corridor and they do come quite quickly." We observed that staff were present with people in the communal areas and that they were seen to be attentive and engaged people in conversation or sat next to them. One staff member said. "When we are short, a replacement will be found by calling other staff or using the agency." The staff used a recognised dependency tool to establish and review staffing needs. A review of rotas and discussions with staff showed that there had been sufficient staff on duty, both day and night.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The staff records we looked at showed a clear audit trail of the recruitment processes including a record of interviews and the checks carried out.

There were systems in place to manage people's medicines safely including a medication policy that covered the administration of medicines as prescribed, when required, homely remedies and medicines given covertly. For example, the medicines would be given with their food. In these cases there were clear records in place to show that best interests decisions had been agreed with relatives, the doctor and the pharmacist. People told us that they received their medicines regularly and on time. Regular checks were carried out to ensure all medicines received into the home were accounted for. The Medicine Administration Records (MAR) had been completed correctly including the recording of additional information in respect of medication prescribed to be given as required (PRN).

There was a list of staff who were trained and able to give medicines. Staff confirmed that only the staff who had

Good

Is the service safe?

been trained and were competent were able to administer medicines. We noted that where one person received their medicines covertly, the decision had been made in consultation with their relative, the pharmacist and the GP. There were a number of people who looked after their own medicines and they confirmed that they had a locked medicine cabinet in their room for safe keeping. Where controlled drugs had been given, these had been signed by two members of staff and a balance of each medicine remaining had been kept.

We observed that people were not rushed to take the medicines offered. Staff had protected time to administered medication to ensure they were not interrupted which could lead to a mistake happening.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in the work they did. People were complimentary of the staff. One person said, "The staff know me well and how to look after me." Staff were aware of people's preferences and supported them on how they like to be supported. For example, we observed two people being assisted with their meals and staff asked them what they would like from the choices offered on the menu and saw that the members of staff prompted them to finish their meals.

Staff had received a variety of training including mandatory courses to help them in their roles. One member of staff said. "I have completed all the mandatory training. Some training we do on line and others are done in practice such as manual handling and fire safety." Another member of staff told us, "We are given opportunities to attend other training such as dementia care, Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DoLS). We looked at the training matrix that had been kept electronically and noted that there was a system for alerting staff when their training was due to expire. This enabled staff to stay abreast of yearly updates so that they were aware of current safe practices when supporting people to receive effective care. A number of staff were currently undertaking the Qualifications and Credit Framework (QCF) in care. This qualification forms part of Health and Social Care Diplomas which assess a learner's competence within a work situation.

Staff were supported by management to ensure that they competent in their roles. Staff confirmed that they had received formal supervision and appraisals for the work they did. One member of staff said, "In our supervision, we have an opportunity to discuss our training and how we were getting on with our work."

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We noted from the care records that people who lacked mental capacity had an assessment carried out so that any decisions made would be made in their best interests. For example, we saw the required documentation had been completed in discussion with relatives and professionals to allow staff to give medication covertly (hidden in their food or drinks) in the best interest of the person. There has been no application for the DoLS made at the time of the inspection. People told us that staff always asked them how they would like to be supported, and obtained their consent before carrying out personal care. One relative confirmed that staff discussed with them about any decisions to be made regarding their [relative's] health and wellbeing.

People were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person said, "The food is wonderful. We always have a choice in the menu. "Another person said, "If you don't like what is on the menu, they will make you something else." We noted that people were offered a variety of drinks and snacks in between meals during the day. We saw from the food and fluid intake charts that these had been completed appropriately to ensure people had enough to eat and drink.

Care records showed that a nutritional assessment had been carried out for each person and their weight had been regularly checked and monitored. We saw that where food supplements were prescribed these were provided and recorded in line with the prescription. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. For example, one person who had difficulty in swallowing had an assessment carried out by the nutrition and dietetic service. We noted that the speech and language therapist had recommended that the person's diet was pureed or thickened for ease of swallowing and prevent the risk of choking.

People had access to other health care services when required. One person said, "I can see the doctor when I need to. The staff would call them for me." One relative said, "I'm happy my [relative] can see the GP when asked. They also see the chiropodist every now and again and saw the optician recently for a check-up." We noted that the services of other health care professionals were requested when required such as the audiologists to help people with their hearing aids and the District Nurses to provide treatment for wound care or renew catheters.

Requires improvement

Is the service caring?

Our findings

People's privacy and dignity was respected. One person said, "The staff always treat you with respect and dignity." We saw staff knocked on people's door and waited for a response before entering. One staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. Staff told us they discussed dignity during their induction and in staff meetings.

However this practice was not consistent and we observed occasions where staff failed to consider people's privacy and dignity. For example, when we were talking with a person in their room, staff proceeded to apply cream to the person's knee without asking them. We brought to the attention of the staff who said, "It was fine" again without consulting the person . We also observed that staff did not always responded appropriately in meeting people's needs. For example, one person asked a member of staff for their catheter bag to be emptied, and the staff replied that 'They will come after lunch'. Therefore, the staff had not been responsive to the person's needs. This showed a total lack of respect for the person, as the staff was more focused on the tasks rather than on the wishes and dignity of the person. During an interview with another person a member of staff tapped on the door and walked straight into the person's room, without waiting for a response. The person said nothing but it was evident that they were not impressed and raised their eye brows as the staff told the person that they were going to empty the bin.

At lunch time we also noted one person who had been trying to eat their meal for a while with some difficulty due to their poor eyesight. A member of staff came and simply asked, "Would you like to go to your room?" This was without a mention from the staff as to who they were, or finding out if the person had enough to eat, with which the person replied, "No, I've not had my pudding yet!" The staff member did not maintain communication with the person and returned to the serving trolley. However, we observed that most people received care in a kind and compassionate way. One person said, "I am well looked after. The care is good." Another person said, "I like living here. It's very good." People told us that the staff were very helpful and knew them well including their preferences and personal histories. We observed good interaction between staff and people and conversations between them were polite and friendly. People said that staff made time to speak with them and relatives commented positively about the staff.

The staff were motivated to provide care and support to people and they carried out their tasks in a caring way and were seen constantly engaging with them. People told us that that staff provided support and encouragement to promote their independence. We observed that staff showed a warm and caring approach towards people and their visitors and they carried out their tasks with constant communication with them.

People and their relatives had been involved in the decisions about their care and support. One person said, "Staff talk to me about how to help me." One relative said, "The staff talk to us and keep us informed. My relative had a fall the other day and they informed me straight away." People were involved and supported in making decisions about their own care and planned their daily routine. They said that their views were listened to and staff supported them in accordance with what had been agreed when planning their care. For example, one person said, "I do like coordinated clothes and staff help me with that." People said that their care and support had been discussed with them and reviewed regularly. People confirmed that they maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them. They also said that they had received information about the service so that they were able to make an informed decision whether the service was right for them.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that their needs had been assessed before they came to stay at the care home. Information obtained following the assessment of their needs, had been used to develop the care plan. We noted from their care plans that people or a family member had been involved in the care planning process wherever possible. We saw evidence in the care plan that information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "The staff wake me with a cup of tea at about 08:00am that I like. They know what I like to eat and things I like to do." Staff confirmed that they knew people's likes and preferences and supported them accordingly. One staff member told us that they found the care plans informative and easy to navigate.

Care records were detailed, reviewed and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted from one of the care plans had information about how to support the person with their mobility following discharge from the hospital. We also noted that any changes in a person's needs had been updated so that staff were aware of how to support them appropriately. For example, for one person who had developed a pressure sore, the care plan showed how staff should support the person in meeting their needs and maintain their skin integrity.

There was a variety of activities planned and provided for people. Information about the activities had been displayed on the notice boards and people told us that they had been informed of the activities that took place each day. One person said, "There is plenty to do. We go out in the mini-bus." Another person said, "There is always something happening but I prefer to stay in my room and read." We spoke with the activity coordinator who told us that they joined in the resident's meeting and discussed about activities with them. They said, "People enjoy what's on offer. We arrange for entertainers every now and again which people liked." On the day of our inspection we observed that various activities were taking place. For example, a group of people were happily spending time chatting to each other, others were engaged with the sing-along and some were playing a game of Scrabble. A relative told us, "My grandfather goes out in the home's bus and enjoy his pint in the pub. He is nearly 100 years old."

Staff told us that representatives from different churches visited the home regularly, and they arranged additional visits for any faith as and when required by people. We saw a musician singing and playing the guitar and people were engaged with the entertainment. A number of people were given tambourines and encouraged to join in. Some people went out with their families and others got the transport to the local area for shopping. We saw one person and their relative played the snooker and enjoyed a glass of wine.

People said that they were aware of the complaints procedure. One person said, "I have no complaint or concerns." None of the people we spoke with had any complaints regarding the quality of care and support that they were given. We looked at the complaints log and noted that there had been five complaints recorded this year. Issues raised included missing laundry items and the standard of care. We saw evidence all the complaints had been thoroughly investigated and there was an audit trail confirming how the complainant had been informed of the outcome.

Good

Is the service well-led?

Our findings

People commented that there was a positive culture and that they were able to talk to the manager if they wanted to. One person said, "I know the manager and they are approachable. I speak to them sometimes." There was a pleasant atmosphere and people felt that their views were listened to and acted on. People said that they would like to see more of the management but felt they could approach them with any concerns.

The manager was not registered. However, their application for registration was being processed by the Care Quality Commission. The manager spoke positively about the changes they had made so far and that their priority was to ensure that all staff vacancies were filled so that the use of agency would be to a minimal. The manager also said that they continued to create a learning culture where all staff would be provided with other training or course to enhance their knowledge so that people would be cared for by staff who were trained and knowledgeable in the provision of good care. Staff confirmed that the manager was a good leader, helpful and supportive so that they were able to support people in meeting their needs.

People knew who the manager was and staff told us that team work was good. The manager told us that they had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend. One member of staff commented that the daily 'stand up' meetings where heads of all departments shared information and plan the activities of the day were very helpful. The shared information about incidents, planning the day and delegate any duties that required urgent attention.

The minutes of the last 'residents' meeting held in March 2015 had identified issues such as some tables were always served later than others at meal times. The manager said that this issue had been addressed by ensuring that people did not have to wait long for their meals to be served and that people were encouraged to write about the meals in the comments book which was accessible to them.

The manager said that the service had a yearly questionnaire survey. We looked at comments from the most recent survey and noted the main topic of focus was the sudden departure of the last manager and other members of staff who subsequently left the service. People had also commented about the lack of staff, to which the manager stated that they were in the process of addressing by recruiting so that they would be less dependent in the use of agency staff.

We saw examples of audits that had been carried out. For example, the medication audit had shown that they systems in place were effective and there had been no issues identified. The manager was working towards dividing the various audits undertaken into the areas of the five key questions we ask when we conduct inspections. This demonstrated that the manager was aware of regulations and the changes to the inspection processes. We saw a number of audits undertaken regularly with an action plan as to how these were to be addressed. We noted that regular audits relating to health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

Staff confirmed that they have developed a learning culture and they reflect on incidents and discuss in the staff meetings so that to explore possible ways of preventing recurrence. For example, they said that there had recently been an increase of people who experienced urinary tract infections. This highlighted the need to ensure that people had plenty to drink and to promote better quality of personal hygiene.