

Sunrise UK Operations Limited

Sunrise of Solihull

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The service is registered for up to 109 people and offers accommodation for people who require personal care and accommodation. Nursing care is no longer provided. At the time of our inspection there were 72 people living at the service. The service consists of three areas, Assisted Living, Reminiscence (for people living with dementia) and the Cotswold Suite (for people with higher levels of independence).

People's experience of using this service:

- People received support with their medicines. However, staff did not always have the training to complete some of the necessary health checks needed to safely administer some medicines.
- The home was undergoing a period of transition and some staff still felt anxious about the changes. However, the registered manager was working hard to bring about stability at the home.
- Staff understood how to keep people safe. Staff knew how to recognise and report abuse.
- Staff recognised the risks to people's health, safety and well-being and how to support them. However, written risk assessments required updating to ensure all required information was available for staff.
- Staff had received training on infection control but did not always ensure they minimised the risk of the spread of infection.
- New staff were recruited safely.
- An action plan was in place which the provider and registered manager were working through, in order to bring about further improvement at the home.
- Guidance on people's needs was shared through supervision and staff meetings.
- Systems were in place to take any learning from any complaints made.
- People were offered numerous choices at mealtimes.
- People's access to healthcare appointments and advice from healthcare professionals was planned and reviewed and information shared with staff at handover meetings.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.

Rating at last inspection: Repeat Requires Improvement; The last report was published November 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service continued to be Requires Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our inspection programme. If concerning information is received, we may inspect sooner.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Sunrise of Solihull

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The location was last inspected in October 2018 when we carried out a focussed inspection. That inspection concentrated on Safe and Well Led and we rated the location as Requires Improvement in both areas.

This inspection was planned partly to check whether progress was being made. This inspection was also prompted due to concerns that had been raised with the CQC about the quality of the service from a variety of sources.

The Inspection team consisted of three inspectors, an assistant inspector and an Expert by experience.

Sunrise is a care home without nursing for older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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.

This was an unannounced inspection that took place on the 08 April 2019

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority.

During the inspection, we spoke with eight people who used the service, to ask about their experience of the care provided and six visiting family members. We observed staff providing support to people in the

communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they received.

We spoke with the registered manager, two wellbeing leads, five care staff, one domestic staff and the activities lead.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received support with the medicines and systems were in place to order and store medicines as appropriate. However, we found people were supported by staff whose training did not always equip them to fully understand when further action was needed and whether it was safe for the medicine to be administered. For example, care staff were expected to monitor people's pulse before administering some medicines but had not received any training on doing so. We could not be certain that staff understood when an issue needed to be escalated. The registered manager accepted the training had not been provided and immediately made arrangements for staff to receive the training.

Preventing and controlling infection

- One person told us, "Everything seems good."
- Whilst staff understood the importance of minimising the risk of infection, there were occasions when staff did not practice their understanding. We saw some occasions when staff did not consistently use protective clothing such as aprons and gloves whilst providing care.

Assessing risk, safety monitoring and management

- Staff understood the risks associated with people's health and well-being. From speaking with staff, they understood the risks associated with people's health and well-being. Care plans detailed some of the risks people lived with and the registered manager told us a review of everyone's care plans was underway. This was to ensure they reflected people's most up to date risks.
- Staff we spoke with told us whilst they knew the risks people lived with they did not always have time to people's electronic care plans. They told us information for staff focussed on the tasks that needed to be completed and they did not always have access to further background information about people.
- Care plans did not always contain detailed information to guide staff about how often people required repositioning if they were at risk of sore skin. For example, one person required repositioning every four hours but their electronic care plan did not include this information. Whilst we saw the information was relayed at the staff 'handover' meeting, there was a risk that the person would not receive consistent care in line with their needs.
- People were transferred safely using specialist equipment such as hoists using individual slings.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff they knew and recognised, and told us they were familiar to them. One person told us, "I certainly feel safe – it's good in that respect. Overall it's very good. If I'm in trouble they come very quickly."
- Staff understood how to keep people safe from harm and who to report their concerns to.

- Notifications we reviewed confirmed information was appropriately shared with stakeholders in order to keep people safe.

Staffing and recruitment

- People told us access to support from staff had improved in the home.
- One person told us, "Staff are very attentive and helpful. You only have to shout and the staff will appear. They are absolutely wonderful."
- The registered manager told us reliance on agency staff had decreased as more permanent staff had been recruited. They told us this had helped continuity of care in the home as people were supported from staff that understood their needs.
- Whilst people and the management team assured us there were enough staff, staff did not always feel this was the case. One staff member told us, "It's stressful, we're told we're supposed to answer buzzers and provide care." Staff told us response times for the call bells were continually monitored and they often felt placed under pressure to respond. A wellbeing lead confirmed call bells were monitored to ensure people received support promptly.
- The registered provider had a system in place to assure themselves of the suitability of staff to work at the home. All of the three staff files demonstrated background checks were undertaken before potential staff joined the home.

Learning lessons when things go wrong

- The registered manager explained that since our last inspection, they had continually reviewed practices to improve care at the home.
- Accidents and incidents were monitored and where appropriate action was taken. For example, the number of falls people experienced was monitored by both the registered manager and registered provider on a monthly basis. We saw on one person's file, they had been appropriately referred to the Falls Clinic after a series of falls.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The wishes of people, their families and staff were considered when people's needs were assessed. This helped to ensure people's care preferences and needs were promoted, to ensure they could be met at the home.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- A number of new staff had joined the home. They told us they had previously worked at the home employed as agency staff. Staff explained they had an induction and got to know people's needs gradually.
- The registered manager shared with us dates for ongoing training. We saw that training had been planned and organised. Where training needs were being identified, further training was planned and organised.

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

- People told us they liked the food and were offered choices in the food and drinks offered to them. Where people required support, we saw people were offered this.
- People were offered a variety of healthy choices to select from. One person said of their lunch, "It was excellent, you can't fault it."

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

- People told us they were encouraged to bring in things that were important to them. People were surrounded by photographs and ornaments that were individual to them. The living environment met people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood how to escalate concerns about people's health so that people were able to access help from the GP and other health professionals. A staff member told us, if someone was unwell, "I would escalate it straight away. I'd speak to a senior on shift, get their 'observations', get a GP to come, fast response and keep their family informed."
- We attended a staff handover meeting during the inspection and saw how information about people's health care issues were discussed and raised with the GP. This was so staff had up to date information if they needed to monitor people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support before supporting them.
- Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

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

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 they liked the care staff supporting them. One relative told us, "I find the staff very attentive." People we spoke with acknowledged that things at the home had not always been good but things were improving.
- Throughout the inspection we saw positive examples of people being shown warmth and consideration by care staff. We saw staff exchange tactile exchanges such as a reassuring arm around a person or bending down to speak with people.
- Staff spoke confidently about how they supported people and understood that people had individual care needs.

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

- People were involved in making day to day decisions about their care. We saw people being asked about where they would like to sit or about activities they would like to take part in.
- People were involved in regular reviews of their care and share feedback about things they would like to see changed.

Respecting and promoting people's privacy, dignity and independence

- People told us their family members were encouraged to visit whenever they chose to. Relatives we spoke with told us they were welcomed at the home.
- People were treated with dignity and respect. People were supported to remain as independent as possible. For example, where people were able to support themselves to walk, staff gave people plenty of time and they were not rushed.
- People's files were only accessible to staff that had a password to access the electronic files.

Is the service responsive?

Our findings

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

Requires improvement: This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people told us they were involved in regular meetings about their care. However, this was not consistent across the home and some people were unclear about whether they had been involved in making decisions about their care. One person told us, "I know about the meetings, but I have not been to them. [Staff member] is the allocated person, she arranges monthly review meetings."
- The registered manager told us work was on-going regarding updating people's care plans, to ensure they reflected people's current care needs. Since the time of our last inspection, 12 of 72 care plans had been reviewed and updated, therefore progress was limited. The registered manager was confident all care plans would be reviewed by the target within the action plan they were working to. Where care plans had been updated we saw they contained person-centred information about people's likes and dislikes for staff to refer to.
- People were offered opportunities to be involved in activities or past times they enjoyed. People told us the activities co-ordinator supported them to pursue these interests. One person told us, "I have several interests, I go out several nights a week."

Improving care quality in response to complaints or concerns

- People we spoke with understood they could complain if they needed to and understood the process for doing so. One family member told us they had complained and told us their complaint had been investigated and responded to satisfactorily. They told us they had been given an opportunity to discuss their concerns with the registered manager.
- Other complaints we reviewed confirmed complaints were acknowledged and responded to in line with the registered provider's system for dealing with complaints.

End of life care and support

- Where appropriate discussions had taken place about people's end of life wishes and were documented for staff to refer to.

Is the service well-led?

Our findings

We inspected this key question to follow up the concerns found during our previous inspection in October 2018. At that inspection we found shortfalls related to the quality of the service had not been identified and addressed. There was a breach of Regulation 17 HSCA RA Regulations 2014 good governance.

At this inspection, although we found improvements, we could not yet be certain that the improvements could be sustained and had been fully embedded.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found that people's experience of care was not yet consistently good, depending on where within the home they lived. People's experiences in the dementia focussed area was calm with staff feeling more settled and confident in their roles. Within other parts of the home where there had been more significant changes in leadership, staff told us they felt unsettled and reported feeling rushed. When we fed this back to the management team, they accepted this.
- The registered manager explained they had been open and transparent with staff about needing to change the culture within the home. They acknowledged that there had been issues with poor performance, lots of staff changes and care had not always been "person centred". They explained they had identified a number of areas they were working towards to achieve improvements for the benefit of people who lived at the home.

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

- The registered manager explained how they had reviewed care at the home and were working towards developing stability within the management and staff teams. They told us permanent staff was key to achieving further improvements at the home.
- Regular checks on the quality and safety of the service were undertaken, overseen by the registered manager, for example of medicine and care records. However, the effectiveness of the auditing systems required further improvement in order to identify issues and drive improvement.

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

- The registered manager explained they were meeting with staff and families regularly to allay concerns raised by the previous inspection as well as share ideas and progress for the future. The registered manager used this opportunity to listen and take feedback on what could be improved. One relative told us they had met with the management of the home and the management team been clear with their expectations for

improvement.

Continuous learning and improving care; Working in partnership with others

- The registered provider had developed an action plan along with the registered manager in order to monitor progress at the home. They were working against targets set within it.
- The registered manager explained they were also working together with commissioners to continuously improve care people received at the home.