Sunrise Senior Living Limited

Sunrise of Purley

Inspection report

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Purley
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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 May 2018 and was unannounced. This was the first inspection of the service since the provider changed and re registered with the CQC in May 2017. Sunrise of Purley 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.

Sunrise of Purley provides residential and nursing care and support for up to 119 older people. Accommodation is spread over four floors with a separate specialised reminiscence neighbourhood catered for people living with dementia. The service also offers short stay respite care breaks. At the time of our inspection there were 109 people using the service. There was a registered manager in post. 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.

Risks to people were assessed, recorded and managed safely by staff. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take to ensure peoples safety and well-being. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. Staff were aware of the importance of seeking consent and acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met; however, improvements were being made to ensure people's cultural preferences were catered for. People had access to health and social care professionals when required and staff worked well with health and social care professionals to meet people's needs.

People told us staff treated them with kindness and respected their privacy and dignity. People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. People were involved in making decisions about their care. There was a range of activities available to meet people's interests and needs. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. There were effective systems in place to monitor the quality of the service provided. People's views about the service were sought and considered.

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

Risks to people were assessed, and care plans were in place to manage identified risks safely.

Accidents and incidents were recorded, monitored, managed and acted on appropriately.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with emergencies and to ensure people were protected from the risk of infections.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

Accidents and incidents were recorded, monitored and acted on appropriately.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective

Staff received an induction when they started work and staff were supported through regular supervision and appraisals.

Staff received training that enabled them to fulfil their roles effectively and meet people's individual needs.

People's needs were assessed and staff provided appropriate support.

Staff sought people's consent and acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where applicable when people lacked capacity to make decisions for themselves.

People were supported to access a range of healthcare services

when needed and staff worked well with health and social care professionals to meet people's needs appropriately.

People's nutritional needs and preferences were met; however, improvements were being made to ensure people's cultural preferences were catered for.

Is the service caring?

Good

The service was caring

People were supported to maintain relationships that mattered to them.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy, dignity and independence.

Staff treated people and their relatives with kindness.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive

People's care needs and risks were assessed and documented within their care plan to reflect their individual needs and preferences.

People were supported to take part in a range of activities that met their needs and interests.

People received appropriate end of life care and support where appropriate.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There was a registered manager in post at the time of our inspection and they were knowledgeable about the

requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People, their relatives and staff spoke highly of the management and the support they received.

There were robust systems and processes in place to monitor and evaluate the service provided.

People's views about the service were sought and considered through resident's and relatives meetings and satisfaction surveys.

The service worked well with health and social care professionals.

Sunrise of Purley

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 checked whether the provider was 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 21 May 2018. The inspection was unannounced and carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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 used this information to help inform our inspection planning.

During our inspection we spent time observing the support provided to people in communal areas and at meal times. Due to their needs, some people were unable to directly share their views and experiences with us so we therefore 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. We also spoke with 17 people using the service, four visiting relatives and five visiting health and social care professionals. We spoke with 21 members of staff including the provider's operations director, registered manager, deputy manager, nursing staff, care staff, activity coordinators, chef and kitchen staff and domestic and maintenance staff. We looked at 11 people's care plans and care records, seven staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds. Following our inspection, the registered manager also sent us information we requested including information on planned improvements.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe within the home and with staff that supported them. Comments included, "Yes I do, the architecture, people moving around and staff at the reception desk are very friendly. It's what you make of it", "Absolutely. There is security and carers", "Yes, I feel very safe. I can go to anyone of these [staff] people", "There is always someone around to help me. The staff are lovey", and, "Oh yes I am safe, there's always people around."

People were protected from the risk of abuse. There were up to date policies and procedures in place for safeguarding adults from abuse and staff we spoke with demonstrated a clear understanding of how to safeguard people from abuse. They said they would report any concerns they had to their line manager, the registered manager or the on-call manager. One member of staff told us, "We have a duty to look after the resident's wellbeing and keep them safe. I have confidence that any safeguarding concerns would be dealt with properly." Another member of staff said, "I know the managers would report concerns to the local authority safeguarding team or the police. I could also report to these departments, the head office or the CQC if I felt I needed to." Training records confirmed that all staff had received training on safeguarding adults from abuse. The provider had a whistle blowing procedure in place and staff we spoke with told us they would use the procedure to report issues or concerns of poor practice if they needed to. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms, a safeguarding tracker tool to monitor and learn from any on-going enquiries and contact information for local authorities to assist in managing any concerns if required. The registered manager and deputy manager were the allocated safeguarding leads for the home and managed any concerns appropriately.

There were arrangements in place to deal with foreseeable emergencies. We saw records confirming that fire drills were carried out and that the fire alarm system was tested regularly by maintenance staff at the home and external engineers. Staff said they knew what to do in the event of a fire. They told us there were regular fire drills, so they were reminded about their roles in such an event. Staff training records confirmed that staff received regular training on fire safety. People had individual emergency evacuation plans in place which highlighted the level of support they would need to evacuate the building safely in the event of an emergency. There were also systems in place to manage gas safety, portable electrical appliances, general electrics and water safety. Equipment such as hoists, wheelchairs, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use. The maintenance person told us that window restrictors were checked during monthly room checks to ensure peoples safety. Bed rails, call bells and pressure relieving mattresses were checked by care and nursing staff during daily room checks. Staff told us there were two maintenance workers employed at the home and a maintenance book was checked throughout the day and any recorded repairs were remedied when required.

Accidents and incidents involving the safety of people were recorded, managed, monitored and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals when required. The registered manager maintained an accident and incident monitoring tool which included information of any actions taken to reduce the risk of recurrence. For example, where someone may have suffered from repeated falls, health care professionals

such as the GP and or occupational therapists were referred to. There was an up to date accident and incident policy in place and we saw that notifications to the CQC and referrals to other professional bodies were sent as appropriate.

People, their relatives and visitors told us they thought the home was kept clean and well maintained. Comments included, "It's always clean and tidy when I visit", "Yes it's clean and always smells pretty fresh", "Oh yes, it's perfect", "They [staff] do a very good job at making sure it's all kept nice", and, "The home always looks lovely."

We observed the home was clean and tidy and free from any unpleasant odour. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the home to promote good infection control. We observed domestic staff cleaning the home during our inspection. Staff told us that personal protective equipment such as gloves and aprons for supporting people with personal care was always available to them when they needed it. The homes housekeeping manager and a domestic member of staff showed us a cleaning schedule that included a full clean of people's rooms weekly and daily cleaning tasks such as cleaning toilets, sinks, emptying bins and hoovering. They used anti-bacterial wipes to wipe down door handles and surfaces to reduce the spread of infection. Training records confirmed that staff had completed training on infection control and food hygiene. We saw that infection control audits that were carried out by the homes infection control lead on a six-monthly basis to reduce the risk of an outbreak. The registered manager told us there had been an illness outbreak in March 2018 at the home. They took appropriate action by contacting the public health for advice and support. The home was closed to visitors to minimise the risk of further infection. Residents showing symptoms of illness were isolated and barrier nursed, hand washing for staff and other residents was emphasised and there was increased cleaning at the home. The registered manager told us they had learned from the outbreak and had robust plans in place for dealing with future outbreaks of illness. These actions included deep cleaning the home post outbreak, restricting the movement of staff and identifying infection control champions which were in place at the time of our inspection.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of seven members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were appropriately professionally registered with the Nursing and Midwifery Council (NMC) to practice. A member of the home's administration team told us that the organisation monitored each nurse's NMC registration to make sure they could practice as nurses.

People and their relatives told us they felt there were enough staff within the home to meet their needs. Comments included, "I haven't found a problem", "There is adequate staff", "They [staff] come to me when I need them", "I visit regularly and there never seems to be an issue. There is always plenty of staff around", and, "Yes, I think so. They [staff] are always quick to come to me."

We observed there were enough staff on duty to meet people's care and support needs promptly. The registered manager told us that staffing numbers were arranged according to people's needs. Staffing levels were discussed at weekly 'Residential issues and Labour meetings' and in collaboration with people's relatives. At these meetings they assessed peoples care and support needs and decisions were made on the number of staff required to support them safely and effectively. Rotas were drawn up for each floor of the home. One member of staff told us, "There is enough staff to meet people's needs. The nurses and managers meet and if people need more staff to support them then staffing levels are increased." Another member of staff said, "The home is well staffed. If people's needs change and we need more staff then we

get them." We looked at the call bell response records and noted there were no significant delays in call bell response times. We also saw a call bell analysis conducted in December 2017 which analysed call bell response times and reasons for the call. It identified that during that period 69 percent of calls were care related requests.

There were systems in place to ensure medicines were managed, stored and administered safely and people told us they received their medicines as prescribed by health care professionals. Comments included, "Yes, they [staff] are very good. They give me my tablets in the morning and at night", "They give it me, they would make absolutely certain I took them. People here are very nice", "I get my tablets when I should, they come around and give me them", and, "It runs like clockwork. They make sure I have my medicines when I need them."

Medicines were safely managed. We checked clinical treatment rooms and saw that medicines were stored safely and securely. Clinical rooms were tidy, clean and well organised. Medicine trolleys were also well organised and there were opening dates of medicines recorded where needed. Medicines were disposed of safely through a monthly arranged collection service. Controlled Drugs (CD's) were stored in line with legal requirements and temperature checks were carried out by staff to ensure medicines remained at optimum temperatures and were safe to use. There were processes in place for people to manage the self-administration of medicines safely. We spoke with people who self-administered their medicines and they told us they were happy with the arrangements in place and the reordering of medicines was never a problem. Risk assessments were completed to ensure people were safe to self-administer and secure medicines storage was provided. Checks were conducted with people's consent to ensure they were able to safely manage their medicines and take them as prescribed.

There were robust arrangements in place for the administration of high risk medicines such as warfarin and for the management of health condition such as diabetes. We looked at people's Medication Administration Record's (MAR's) which listed people's medicines, doses and recorded when doses had been given by staff. We saw that these were completed correctly by staff with no recorded omissions or errors. We also checked insulin and blood sugar records for people who were diabetic and saw evidence of involvement from diabetic nurses and diabetic care plans that were in place to assist in the management of diabetes. Medicines were administered by nurses and senior care workers who were appropriately trained and who had their competency assessed to ensure the safe management and administration of medicines. The provider had a medicines policy in place which provided guidance for staff and included areas of medicines management such as safe administration, homely remedies and 'as required' medicines protocol and the safe storage and disposal of medicines.

Medicine audits were conducted on a regular basis to ensure safe practice and an external pharmacy audit was also conducted every two months. Daily medicines checks were also completed internally and a monthly compliance audit was completed, with one in March 2018 showing a high level of compliance with MAR chart checks on each floor of the home. We spoke with the clinical lead who advised that there had been no serious medicines errors in the last six months and any errors identified were mainly related to gaps in MAR charts.

Risks to people were identified, assessed and managed to help keep them safe. Assessments were conducted to assess levels of risk to people's physical and mental well-being. Care plans contained risk assessments which documented areas of risk to people, such as nutrition and hydration, pressure areas and wound care, falls, personal hygiene, behaviour and moving and handling amongst others. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. For example, we saw that where people were at risk through smoking, staff supported them to

safely store their lighter and assessed them to ensure they were able to smoke safely outside the home environment free from the risk of burns. Where people were assessed as requiring support to venture outside due to the risk of falls this was documented within their risk assessment to ensure appropriate support was sought. Where people were at risk due to their behaviours or placed others at risk we saw staff were provided with guidance to manage the behaviour, for example, by using de-escalation techniques.

Risk assessments were also completed for individuals specialised needs. For example, where people were at risk of choking as a result of their physical health care plans and risk assessments documented Speech and Language Therapists (SALT) guidance on the use of fortified and thicken fluids to ensure safe nutrition and hydration. Where people required percutaneous endoscopic gastronomy (PEG) feeding records were maintained to ensure the PEG site was managed and cleaned as appropriate. However, we did note that one risk assessment documented that the person was at risk of pressure wounds and required pressure relieving equipment in place but upon observation noted that their pressure cushion was not in use. We also noted that their wound care plan had several gaps in the recordings of when wound dressings were changed. We drew this to the registered managers attention who took immediate action to address these areas. Staff we spoke with were knowledgeable about people's needs and risks and demonstrated they knew what actions to take to ensure their safety and well-being.

Good

Is the service effective?

Our findings

There were mixed views from people about the menus on offer at the home and the quality of the food provided. Comments included, "Oh yeah you get the menu, I'm on a vegan diet low acid more alkaline. They [staff] think an omelette is a kind of plant", "The menu could be improved, never had a pork or lamb chop", "I think it's very good, I like it", "We don't always get cultural foods", "Very good food, excellent", "I don't care for fish steak and kidney pie, traditional foods we get here", "We have a meeting every so often so we can air our views", and, "Sometimes it's better than others. They [staff] do review it and we have meetings about the food. It does drop off then picks up again."

We visited the kitchen and observed it was clean and well organised. We noted that the Food Standards Agency last visited the service in May 2017 and rated them five stars. There were systems in place to manage risks in relation to people's nutritional and dietary needs. We spoke with the deputy chef and a kitchen assistant who showed us dietary notification forms that were completed when people started to use the service or if there was a change in their needs. These were then displayed on the kitchen board to ensure staff were aware of any allergies, any dietary modifications to the texture of foods or for health reasons any low sugar or calorie diets or dietary preferences. Care plans we looked at demonstrated that people received suitable foods and diets in line with their needs and wishes.

Rotational seasonal menus were in place and there were choices of meals provided daily; we noted mainly of an English faire variety, however each meal was balanced for nutritional purposes. We noted there was an absence of culturally diverse menus and when asked the deputy chef said the menu was planned centrally and people could ask for anything they wanted and it would be accommodated. We spoke with the registered manager who told us they were currently working on feedback received from people during 'dining council meetings' that were regularly held, to improve the diversity of food and menus prepared. They told us of events recently held which included cultural days involving cultural dress, music and foods.

We observed the lunchtime meal in two dining rooms within the home. We noted that people were free to eat their meals where they wished, for example in their rooms or communal areas. The atmosphere in dining areas was relaxed and there were enough staff to support people promptly when required. Staff communicated effectively with people about the choices on offer and used sample plates to support them in making their choice of meal. People had a choice of drink to accompany their meal for example, wine or a selection of fruit juices. Where required we observed staff supported people with their meals on a one to one basis and received their specialised diets where appropriate, for example soft or reduced sugar diets. We saw that people's independence at mealtimes was promoted through the use of adaptive cutlery. A range of hot and cold drinks, fruit and snacks were available throughout the day or night from the bistro on the ground floor and on other floors and people told us they could help themselves when they wished.

Pre-admission assessments of people's individual care needs and preferences were completed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments incorporated details about peoples' personal history to help develop care and support plans. Assessments covered areas such as emergency contact information, life story, things you

know about me, physical and mental health needs, communication and medicines amongst others. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed.

The home environment was suitably adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was available for people who required it such as walking frames, wheel chairs, hand rails and lift access to all floors. People living with dementia were cared for in the reminiscence environment adapted to their needs. We saw it was designed to promote engagement and wellbeing using decorations, sensory equipment, appropriate picture signage to aid orientation and was furnished with pictures from a bygone age and tactile wall coverings for people to touch. People also had access to an outside terrace area which included seating and planted flowers.

Staff supported people to access health and social care professionals when required and monitored their health to ensure their wellbeing. People told us they had access to health and social care professionals when required. Comments included, "I see the doctor if I need to", "Oh yes, the staff make sure I get to see the doctor if I'm not well", and, "I can see the doctor, optician and dentist if I want. They do visit me." Care plans documented that people were referred to health and social care professionals when required. Records from visiting GP's and other health professionals were retained in people's care plans so staff were aware of people's presenting needs.

During our inspection we spoke with a visiting GP, chiropodist, palliative care nurse and an audiologist. The GP told us the home was very well organised and coordinated. They received a fax from the home before their visit that referred patients they needed to attend to and described the medical issues to be addressed. They told us that a designated nurse went with them to meet each patient and they had everything in place before they got there. They said the nurses were very good at dealing with end of life matters and medicines. They said nurses and care staff were competent and caring in their approach to people. They also said that feedback from patients about their care was positive. A visiting chiropodist commented, "I come here every week to attend to the residents foot care needs. Staff deal with issues right away. The residents always appear to be well looked after. The registered manager is very good and very approachable." A visiting audiologist told us their team regularly visited residents to carry out hearing tests and assessments and provided prescriptions as required.

Staff were aware of the importance of obtaining consent and told us they sought consent from people when offering support and always respected their wishes. One member of staff commented, "I would always encourage people to do as much as they can for themselves. I wouldn't force residents to do anything if they didn't want to." People told us staff sought their consent and respected their wishes and independence. One person said, "They [staff] always ask me before doing anything. They ask me what I would like help with, what I would like to eat or drink and what I would like to do. They ask for my opinion about everything really."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. A member of the homes administration team told us that all new staff including experienced staff, were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff told us they received regular supervision and an annual appraisal of their work performance. Records confirmed that all staff received regular supervision and, where appropriate, an annual appraisal with their line manager. Two members of staff told us that managers were very vigilant with training. They said they had a training tracker in place which lets them know when they need to complete any training courses. They said that that's how they make sure they are all up to date with training.

The homes administration team showed us records confirming that staff had completed training on topics such as moving and handling, falls prevention, basic life support, fire safety, food safety, health and safety, allergens, fluids and nutrition, infection control, equality and diversity, safeguarding adults and the MCA and DoLS. Nursing and senior care staff had also completed training on the administration of medicines. We saw that competency assessments had been completed by senior staff before they could administer medicines to ensure safe practice. Nursing staff had also completed training on topics such as wound care, pressure ulcer prevention, diabetes and venepuncture. Two members of staff told us that dementia awareness training had helped them to understand people's needs better. They said the training provided them with lots of examples of how people living with dementia might be feeling, how they might present behaviours and provided them with an understanding of how the person should be supported.

Good

Is the service caring?

Our findings

People and their relatives told us staff were friendly and caring and they were provided with information about the service when they moved into the home. Comments included, "They [staff] are very pleasant, very nice. They have a nice manner and cheery smiles", "Staff are kind, patient and caring", "I find them [staff] very nice", "Oh yes, they are very caring. I remember when I first came, they were ever so nice and gave me lots of information", and, "Whenever I visit the staff are always very friendly. Yes, we got information before mum moved in, it told us all we needed to know." The registered manager told us that people received a copy of the provider's 'Residents Handbook and Information Guide' on admission. This provided them with information on the provider's principles of service, registered manager and staffing team, accommodation details and facilities, dining and housekeeping, activities and outings, residents council and wellness services and quality assurance systems amongst others.

People's diverse and cultural needs were assessed and documented as part of their initial assessment. Care plans included information about people's cultural requirements and spiritual beliefs and staff told us they were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. One member of staff said, "We respect people's diverse needs and cultures and would expect their care plans to be tailor made to meeting their needs." Another member of staff told us, "We have had Lesbian, Gay, Bisexual and Transgender (LGBT) people living here, we support them as we would everyone else, people are free to make choices about their lifestyles and we treat people the same, with respect and dignity." A third member of staff commented, "Some people like to go to church on Sundays in the mini bus. Everything is pre-planned to meet their religious needs."

Throughout the course of our inspection we observed staff treated people in a caring and respectful manner. For example, we saw one member of staff supporting a person who was displaying signs of confusion and anxiety. They offered them friendly reassurance and encouragement as they walked together towards the persons room where they sat and continued to offer reassurance and comfort until the person became calm and relaxed. We saw staff in the reminiscence community showed patience and understanding to people when supporting them to participate in group activities. One member of staff was very caring in their approach and attentive to people's needs using touch, smells and facial expressions to interact and communicate with individuals effectively. We noted that people had access to outside space and tendered gardens, garden games and garden furniture for people to enjoy when the weather permitted.

Staff knew people they supported well and had good knowledge of their personalities, behaviour and communication needs. They were aware of individual's daily routines, preferences, life histories, family and the things that were important to them. Staff we spoke with told us knowing individual's personal histories and preferences helped them to develop good relationships with people and their relatives. One member of staff told us, "It's really important that people's care records are kept up to date and reflect their needs as this makes sure we are best equipped to support them. We have a new computer care plan system that allows us to update people's records instantly. We use touch screen tablets that are on display all around the home." We saw that paper care plans and records were kept securely in staff offices and office doors were locked to maintain security and confidentiality. Electronic tablets displayed around the home were

only accessed by authorised staff to again maintain security and confidentiality.

Staff we spoke with told us they encouraged, supported and maintained people's independence as much as possible by supporting them to manage as many things as they could safely for themselves. One person told us, "My little bit of independence that I have is important to me and the staff know that. They are there if I need them but they do support me to maintain my independence." A member of staff said, "Sunrise place a lot of emphasis on independence and dignity and care. We have had a lot of training on preserving people's dignity. I make sure that doors are closed and curtains are drawn so people receive personal care in private. I cover them up to maintain their dignity and I always tell people what I am doing." One person told us, "I get washed every morning they're [staff] always chatting to me and making it relaxed. They cover me up when they are washing me with towels to maintain my dignity." Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner and knocked on people's doors before entering their rooms respecting their privacy.

People were supported to maintain relationships that mattered to them and visitors told us they were made to feel welcomed when they visited the home. Comments included, "Staff are very friendly and always say hello when I visit", "I visit at all times and its always the same, staff are friendly", and, "Whenever I have visited staff have always been polite and friendly. They have even offered me afternoon tea." Throughout the course of our inspection we observed people were free to come and go as they pleased with no restrictions placed upon them.

Good

Is the service responsive?

Our findings

People received care which met their individual needs and preferences. Personalised care plans were in place and developed based on assessments of people's needs and risks. Care plans documented the support people required and contained guidance for staff to support people appropriately in areas such as personal care, mobility, nutrition and hydration, skin and wound care, communication and sensory impairment, medicines and end of life care amongst others. Care plans evidence involvement with people and their relatives where appropriate documenting information in relation people's likes and dislikes and life history. One person told us, "Yes I'm aware I have a care plan and I am involved in any decisions made about my care." A visiting relative commented, "They [staff] are good at letting us know if there are any changes in our loved one's care. They ask us for our thoughts and feedback on how they are doing. We are very happy with the care." We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to ensure people's needs and wishes were met. Daily records were kept by staff about people's day to day well-being to ensure that people's planned care met their needs. Care plans were reviewed on a regular basis to help ensure they remained up to date and reflective of people's current needs.

People's diverse needs were supported and respected. Care plans included details about people's needs in relation to age, disability, gender, race, religion and sexual orientation. However, we did note that some care plans lacked detail in areas other than religion. We spoke with the registered manager who told us that they were in the process of fully implementing a new computer based care planning system which did not always allow for equality and diversity issues to be greatly explored. They told us this was an area they were currently working on and they were also hoping to make the care planning system more holistic and pictorial especially for those living within the reminiscence community. We saw that staff had completed equality and diversity training and were aware of people's cultural, religious and personal needs.

Representatives from local churches visited the home on a regular basis and held services for people that wished to attend. We saw activities and events were held which celebrated different cultures. One member of staff told us, "People are quite diverse here. We have people from all around the world including Italy, America, the Caribbean and Ireland to name just a few. We have an international day each year which everyone enjoys. The staff and residents dress up in their national dress and the kitchen staff prepare foods from around the world. The staff regularly bring in foods from their cultures for other staff to try and we engage the residents in this too." The home environment assisted in the promotion of people's independence and in meeting their needs safely and equipment was readily available for people when needed. For example, pictorial signage and memory boxes were in place to aid orientation and the use of wheelchairs and walking aids to support safer mobility around the home.

Staff worked well with other professionals to ensure people's needs and preferences were met. For example, care plans and records showed that staff worked with visiting GP's, speech and language therapists and with local hospices to ensure people's end of life care needs were respected and met. Staff provided responsive support to people at the end of their lives and care plans included information about their end of life preferences where they had chosen to discuss this. We saw that some people had Do Not Attempt

Resuscitation orders (DNARs) in place where they, or their relatives where appropriate had agreed with a GP that this was in their best interests. The home had an accreditation from the Gold Standards Framework, which is a nationally recognised standard in the provision of end of life care. Staff held regular meetings with the local hospice team to review people's end of life needs in order to ensure the appropriate level of support would be available in a timely manner when required. A visiting palliative care nurse spoke highly of the end of life care provided at the home. They told us, "I feel the service has improved a great deal and staff seek appropriate advice when needed. They are very good at attending training which has improved the palliative care."

People told us they felt activities on offer at the home were good. Comments included, "Yes I enjoy the activities. We have people and entertainers that visit", "I like the quizzes and puzzles", and, "I really enjoy going out. The day trips we have are very good, we all have fun." A member of staff told us, "The activities here are brilliant, the residents are always doing things. I sometimes arrange bingo and exercise classes on this unit. A choir from a local school attends for festivals such as Christmas and Easter. There are pottery classes, picnics, bus and boat trips. I was sad that I didn't get to go on a recent boat trip in Brighton."

There was a range of activities offered to people to support their need for social interaction and stimulation. The home employed a head activities coordinator and ten activities staff that supported them. We spoke with an activities coordinator who told us, "We have a resident's council meeting and all heads of departments attend. If people don't like what is planned then we can change the activities to suit. We do things like exercise and bus trips twice a week, we added an additional trip last week to box hill and had a picnic with teas and coffee. We have a pottery group who went to the Tate Modern." There was a programme of activities in place and information on daily activities held was displayed around the home so people were aware and could participate if they so wished. Activities included games and puzzles, baking, quizzes, memory lane, cheese and wine socials, exercise classes, pottery, choir and singing, knit and natter, Indian head massages, afternoon movies and bowls amongst others. There was sensory equipment in place within the reminiscence community and planned trips out to local attractions such as country parks, museums and seaside resorts. During our inspection we observed a group activity on the reminiscence unit. People were baking cakes for afternoon tea and appeared happy and engaged in the activity and with the staff facilitating.

People and their relatives told us they were aware of the provider's complaints procedure and had confidence that any issues they raised would be dealt with appropriately. One person said, "Yes I am aware of who to speak with. If I have any concerns I tell the receptionist who sorts things out." Another person told us, "I would tell the manager if I wasn't happy. I have raised a few things before and they have sorted it." A relative commented, "I would always speak with the manager if I had any concerns. I feel confident that they would deal with my compliant properly."

There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The policy included information on what people could expect if they raised any concerns, details of the timescale for responses and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There was a complaint's monitoring tool in place which enabled the registered manager to evaluate the complaints process, monitor complaints received and to share any learning with the staffing team.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. They were an experienced home manager and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of the needs of the people using the service and the needs of the staffing team. Throughout our inspection we noted that the registered manager was visible and available within the home to people, their relatives, visitors and staff.

People and their relatives spoke positively about the care they received and were complimentary about the management of the home stating they were available and staff were kind. Comments included, "Oh yes the manager is very friendly. Everybody talks to everybody here", "I see the manager walking about, they do come and speak to me and say hello", "I think it's well run, reasonable and efficient", "Staff are so caring very caring. People are not in distress and I feel completely safe, I've got no criticism", "I'm very keen on the nursing staff, although no one ignores anyone here", "I think it's really good, staff are attentive and there's always care staff around. They always say good morning and say hello that's very nice and I'm made to feel welcome", "The staff are completely fantastic, nurses are outstanding, catering staff super doper and I feel like they are family members, we love them to bits."

Staff told us the registered manager was a visible presence within the home, offering them support and leadership. They told us there was a strong sense of teamwork promoted by the registered manager who was always approachable. Comments included, "I love working here. Team work is very good, we all help each other. I believe the staff are all happy working here and that is good for the residents", "I love working here. It's a good company to work for. We get the best training so that we can give the best care", "The manager is very visible, she walks around every day and asks us and the residents if everything is alright", "I love my job, the residents are great, we give care with a passion, it's like a hotel here and a big family", and, "I like working here, it can get busy. The managers are very supportive. There is a very good understanding with care staff and all departments within the home. The 'huddle meetings' help with communicating team work."

Throughout our inspection we observed staff working well as a team communicating clearly and offering each other support where needed. We saw there were effective lines of communication within the home providing staff with the opportunity to meet and communicate on a daily basis. Staff told us they regularly attended team meetings. One member of staff said, "There are town hall meetings once a month. Everyone attends from all departments and we talk about teamwork and we can make suggestions for improvements to make things even better for the residents." Staff told us and we observed that daily 'huddle meetings' were held and attended by heads of departments, for example nurses, kitchen staff and activities coordinators. The focus of the meetings was to consider and communicate what needed to be done at the home in terms of team work and planning for the day.

A member of staff told us that daily handovers took place twice each day on each unit. Issues discussed at the meeting included people's needs, appointments with health care professionals, if they had a visit from a

GP and any advice that had been given and activities such as entertainment at the home or trips out in the minibus. They also talked about any concerns they had and any incidents or accidents or falls discussing what they needed to do to prevent these from happening again.

There were systems in place to ensure management support was always available to staff when required. The providers management team shared an on call manager rota which enabled staff to be supported when required out of normal working hours and during weekends. The registered manager told us the on call manager is required to provide a written report and to conduct a "walk around" of all departments within the home. Any concerns identified would then be escalated to the registered manager for that service so issues could be addressed.

There were systems in place to recognise, acknowledge and applauded when staff did their job well and or went the extra mile to make a difference. One member of staff told us and showed us that when staff received compliments from people, relatives, other staff or managers about their work, their names were added to the 'heart and soul' board. The homes administrator then reviewed the compliments at the end of each month and a member of staff with the most compliments would receive a gift such as chocolates or flowers. Another member of staff said, "Team work is great. You can rely on care staff, senior care staff, nurses and the managers, we all help each other and it's nice that we give each other recognition when we do things well."

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to do this effectively. Records we looked at showed that regular checks and audits were conducted in a range of areas to ensure the service was managed appropriately and people received a good standard of care. Audits were undertaken by senior staff, management and governance staff from the providers head office. Audits focused on areas such as accidents and incidents, safeguarding, medicines, infection control, home environment, health and safety, care plans and call bell response times amongst others. For example, we saw that a daily review of call bell response times was undertaken and shared at huddle meetings each morning so staff could address any issues of delayed responses. As a result, we also saw that a 'porter pilot' was put in place to work with the care team helping to transfer people in wheelchairs or to assist those who required support when mobilising. This saw an improvement in call bell response times as care staff were freed up to deal with more urgent requests and more people were spending time in communal areas.

The deputy manager and clinical lead told us they completed a monthly provider Quality Indicator audit that covered areas such as nutrition, infections, pressure areas, hospital transfers, DoLS and information about complaints raised. We looked at the quality indicators for May 2018 audits following visits from the providers director of operations and regional head nurse of care, which showed good outcome across all CQC key lines of enquiries.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. Records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The registered manager told us they were approached by a speech and language therapists team who suggested starting a talking group to meet the needs of people who had speech impediments. They told us the group started to meet last year and people who attended spent so much time talking with others which helped. They said families now have quality time talking to their loved ones when they visit.

There were systems in place to ensure the provider sought the views of people and their relatives through regular residents and relative's meetings, annual surveys and through the use of comments and suggestions

boxes. We looked at the results of the survey conducted in the summer 2017 which were positive. Results showed that 93 percent of people would recommend the service, 93 percent said there was a variety of food, 73 percent said management were responsive to suggestions and concerns, 91 percent said staff know about the residents and 95 percent said they were treated with courtesy and respect by staff.