

Sunrise Operations Bramhall II Limited

Sunrise Operations Bramhall II Limited (Stockport)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection.

The service does not have a registered manager. A home manager was in place and an application to become registered had been submitted to CQC in January 2015. 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.

Sunrise Operations Bramhall II (Stockport) is owned and managed by Sunrise Operations Bramhall II Limited and is part of the Sunrise Senior Living Group. The home is

Summary of findings

purpose built and is registered to provide residential and nursing care for up to 99 people. Accommodation is on three floors which can be accessed via stairs or a passenger lift. There were a number of communal areas of varying size that supported people spending time together in larger areas but also privately in smaller lounges. A separate 'reminiscence neighbourhood' providing specialised dementia care, was devoted entirely to people who were living with Alzheimer's or other forms of dementia. At the time of our visit 74 people were living at Sunrise Bramhall II (Stockport).

Staff training was available to help make sure that the care provided to people was safe to meet their needs. However a structured system of staff appraisal and supervision was not being followed to promote staff's professional development and assist staff to talk through any issues about their role, or about the people they provide care, treatment and support to with their line manager or supervisor.

Written information in some care records was not consistent and lacked information for staff to provide effective care.

Some people were not fully supported to maintain good health by receiving appropriate ongoing, nutritional healthcare and support.

Appropriate intervention was not put in place to promote and maintain people's skin integrity.

People's privacy and dignity was not always respected because their personal information was not kept confidential at all times.

The provider assessed and monitored the quality of care using an in house auditing system that was being completed regularly. The provider encouraged feedback from people using the service and their families.

Relevant training such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training was ongoing. The MCA and DoLS apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used only if they are in a person's best interests. These safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. Before a person receives any type of examination, treatment or therapy they must give their permission (consent). The manager demonstrated they had a clear understanding about this legislation. At the time of our visit two people were subject to DoLS.

The manager was proactively trying to recruit to vacant staffing positions to make sure consistent levels of appropriate staff was maintained at all times.

Medicines were stored, administered and returned safely and records were kept for medicines received and disposed of this included controlled drugs (CD's).

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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.

The staff we spoke with knew how to keep people using the service safe. They could identify signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The provider had effective systems in place to manage people's risks.

The environment had been maintained to make sure that appropriate facilities were safe for people to use and meet their individual needs.

People's medicines were managed safely by trained staff.

The provider had employed staff with the right qualifications and skills to work at the home.

Good



Is the service effective?

The service was not effective.

Improvements were needed to make sure that people's care records contained accurate information about their immediate and longer term needs to support them to maintain good ongoing healthcare.

Improvements were needed to make sure that people were monitored to protect them from the risks of malnutrition and involved in decisions about their nutritional needs.

Improvements were needed to make sure that people using the service and their families were involved in developing their care record where possible.

Requires Improvement



Is the service caring?

The service was caring.

People's care needs were recorded and staff followed the agreed care plan to deliver people's care.

During our visit we saw staff showing kindness and compassion to people using the service and their relatives. We saw that care being delivered was focused on meeting people's needs.

People being cared for in their room were routinely checked on and spoken with by staff as part of the person's daily care monitoring.

Good



Is the service responsive?

The service was not responsive.

Improvements were needed to make sure that people using the service and/or their representative, had consented to the care being provided.

Requires Improvement



Summary of findings

Improvements were needed to make sure that the provider ensured decisions about people's care and support were made in their best interest.

The home worked with professionals from outside the home so that people's changing needs were responded to.

Is the service well-led?

The service was not well led.

Improvements were needed to ensure that care records, some with identity photographs, were held securely and remained confidential.

The provider used an in house auditing tool to monitor incidents and risks.

There was a system in place to monitor the workforce to help make sure there were appropriate staff numbers on duty.

Requires Improvement



Sunrise Operations Bramhall II Limited (Stockport)

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 26 January 2015 and was unannounced. We made an announced visit to the home on 27 January to continue the inspection. The service met all of the regulations we inspected at our last inspection on 28 November 2013.

The inspection was carried out by two inspectors, one expert by experience (Ex by Ex) and one specialist advisor (SPA). Experts by Experience are people who spend time talking to people who use the service and observing the environment. They have first-hand experience of receiving care so they know which questions to ask to get as much information from the visit as possible. A SPA provides specialist advice and input into the CQC's regulatory inspection and investigation activity in order to ensure that CQC's judgements are informed by up to date and credible clinical and professional knowledge and experience.

Before we visited the home we checked information that we held about the service and the service provider. The provider completed a Provider Information Return (PIR) before the inspection. This is a document that requires the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR which included incident notifications they had sent us. Following the inspection we contacted relevant professionals and clinicians to obtain their views and the care provided at the home.

We spoke with 25 people living at the home, four relatives, one visitor, four registered nurses (RN), two house keepers, one chef, two kitchen assistants, one concierge, five health care assistants (HCA), the home manager, the deputy manager and, one activity coordinator.

We looked at the kitchen, the laundry and a selection of bedrooms. We reviewed records about people's care which included the care and medicine records for eight people. We also looked at a sample of staff training and supervision records and records relating to how the home was managed.

All of the people living in the reminiscence neighbourhood were unable to give their verbal opinion about the care and support they received, therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

During the inspection we saw how the staff interacted with people using the service. We also observed care and support in communal areas.

Is the service safe?

Our findings

All of the people we spoke with who lived in the reminiscence neighbourhood were unable to reliably give their verbal opinion about the service provided. However it was apparent from people's smiles that they were happy and familiar with the care and support being provided. We saw there were sufficient staff numbers to meet people's needs in this part of the home on both days of the inspection. People spoken with who lived in the main home area told us that they felt safe. One person said, "They monitor people coming in and out [of the building] that gives me confidence and people have to sign in and out. I go out into the gardens with a frame, and staff let me back in through the main reception", "Yes, safe, locks on all the windows, everything, as far as I can see.", "I feel safe in my room and occasionally staff will sit and chat."

When we asked people if they thought there were enough staff on duty and four people said, "I think so, it's satisfactory, sometimes it clashes, if I press the [nurse call] pendant and they are busy with someone else I have to wait for them.", "Sometimes enough staff, sometimes not enough staff", "When they are short staffed not many people come in [bedroom]", "At bedtime I press the nurse call button and staff come and I tell them that I'm ready to settle down for the night and they will turn the main light off, and the bathroom light off. I must stress that they are very busy and if there's a sudden need when two staff have to go elsewhere, if I have to wait for half an hour I suppose it's because they are helping other people", "Other times they [staff] will just pop in to ask how am I doing and I never know who it is, there are a lot of different staff and faces and sometimes I get the feeling they don't understand me, perhaps they can't speak English" and "Sometimes at night I'll wait a long time. On occasions I've got bothered about it so I've gone down the corridor but can't find a soul, I have found the concierge and he has rung for staff. They are all working damn hard".

We spoke with the home manager and deputy about staffing levels at the home and we were given a copy of the staff indicator tool. This tool helped the manager to staff the home appropriately according to people's needs and identified shortfalls in the staffing of the home. We looked at the staff rota written two weeks in advance which showed there were sufficient staff on duty to meet people's needs. We saw from the rota's we looked at that there were

sufficient staff in the home, including bank and agency staff to meet their staffing requirements. The manager was proactively trying to recruit to vacant staffing positions to make sure consistent levels of appropriate staff was maintained at all times.

Staff spoken with told us they contacted appropriate professionals, such as the general practitioner (GP) and district nurse to share information about people's risks when they were admitted to the home. 10 staff spoken with confirmed their understanding about their duty to share any concerns with the manager and appropriate authorities. We discussed with them about their awareness of the provider's whistleblowing policy and they confirmed that they would use it to report any concerns about the home and if they witnessed poor practice. We looked at recent records which showed staff had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate authorities.

During the inspection we noted there was a relaxed and friendly atmosphere amongst the staff and people who lived in both parts of the home. Some of the people living at the home were being cared for in bed or preferred to stay in their room and this was recorded in their individual plan of care. We saw that these people were being supported to eat and drink to maintain good health. Two people spoken with told us that their medication was not always given to them at the time they expected. They said, "Medication, oh yes once or twice very late at night, we've had it 9.30 to 10.00 pm perhaps at weekend very nearly midnight. It's breakfast, lunch, teatime and night, and they vary, you would expect it every 4 hours.", "No I don't get them when I think I should, it's usually around 8pm but this can vary".

The MAR sheets that we looked at showed confirmed people had been given their medicines at the prescribed time. We observed part of a medicines round and saw that people received the correct prescribed medication on time. We advised the manager that two people had commented about receiving their medicines later than they expected. The manager was unaware of this and told us that they would speak to both people to find out why this had happened and to make sure there was no reoccurrence. We saw specific pharmacist and general practitioner (GP) instructions had been followed during the administration process. Other special medicine instructions for people

Is the service safe?

were being followed and administered in a timely manner. All medicines were stored safely and records were kept for medicines received and disposed of this included controlled drugs (CD's).

There was a medicines policy in place which detailed the practice and procedure for medicines handling. We looked at the medicine administration record (MAR) sheets for 15 people and found that records had been signed to confirm medication had been administered by staff. However we found that a running total of medicines was not entered on all of the MAR we looked at. We noted that the provider had not followed the service's medicine's policy to make sure that remaining medicines stock balance is checked and recorded on the MAR sheet after the last administration for each medication for each day. We checked a sample of the medicines stock and they balanced with records held. The manager acknowledged this as an oversight and told us they would ensure that the medicines balance were fully checked and completed in future.

The home accommodated equipment to keep people safe and we looked at people's mobility aids and other equipment, such as bedside protectors and pressure relieving equipment and saw that these were clean. We saw that all communal bathrooms were clean. We saw staff following the home's infection control policy and observed staff wearing protective clothing such as gloves and disposable aprons. We saw that staff used antibacterial hand gel prior to providing care to people to prevent the risk of cross infection .

We noted that was decorated to a good standard and communal soft furnishings were in good condition. The manager told us that maintenance work was ongoing to help make sure areas of the home were safe for people to use. Staff kept entrances and exits to the home secure to so that they could monitor who came in and left the building. There was a concierge on duty during the day and night and at weekends to greet people and ensure that people signed a visitors book when entering and leaving the building. We saw records that showed the provider had effective procedures that helped to ensure any concerns about a person's safety were appropriately reported such as whistleblowing.

There was an effective recruitment and selection procedure in place which included a robust methodology around interviews for senior members of staff, which happened over 4 days. We looked at 10 staff recruitment files and found staff had been recruited in line with the Regulations which included pre-employment checks and making sure Registered Nurses personal identification number (PIN) was authentic and up to date. The manager told us that the home had a bank of people employed by Sunrise, often referred to as pipeline staff and they also used agency staff.

Following the inspection we contacted relevant professionals and clinicians to obtain their views about the staffing levels and care provided at the home. No concerns were raised from the local authority, GP's or Clinical Commissioning Group (CCG).

Is the service effective?

Our findings

All of the people spoken with told us that they had not seen their care file and didn't know what had been written about them. One person said, "I haven't seen my care file, they haven't asked me to look at it". Two people told us that they had not been consulted or asked to make decisions about their care.

People's care files included risk assessments for pressure care, falls, personal safety, mobility and nutrition. Records showed that people had access to healthcare professionals, such as GPs, dieticians, district nurses, dentists and opticians. Care records and risk assessments had been reviewed monthly or more frequently when people's needs changed. Staff had made appropriate referrals and developed individual care records, which were being followed to support people's needs. We looked at the care records for three people in the reminiscence neighbourhood and five people in the main home.

We found that the care records in both areas of the home had an up-to-date risk assessment which reflected how people's specific risks were identified and managed. All of the staff spoken with were able to discuss their knowledge about the details in people's care records and how to provide effective care. Care records for people living on the reminiscence neighbourhood were person centred, up to date and contained sufficient information for staff to meet people's needs. A dementia tool was in place to make sure the care provided was person centred and preferred activities and lifestyle were fully integrated into the care plan. Adequate information about an individual with dementia is considered a fundamental requirement to developing and delivering person-centred care.

People had their weight monitored on a monthly basis and the care records had a section on dietary intake and information. A quality indicator included reference to those who had lost weight in excess of 2kg in the month. The deputy manager confirmed that people's weight loss, trends were monitored and noted. We saw that some people had food and fluid monitoring charts in place. The manager told us that these would be completed at mealtimes and on checking we saw that they had been completed for some people. We noted that the catering staff had people's dietary requirements on a board in the kitchen to help make sure people's dietary needs were met and incorporated into their menus.

However, from the five care records that belonged to people in the main home we saw that written information about people's care was inconsistent and lacked enough detail to make sure their needs were being fully met properly. For example a person's care plan stated "I am at risk of malnutrition and need to eat more". Although there was a weight monitoring record for the person it had not been completed at regular intervals to make sure that action would be taken if their weight presented a risk to their health. Staff told us they knew to contact the GP and/or dietetic service if there were further issues or concerns.

We looked at the person's nutrition plan developed by a dietician which included fortified drink supplements and an enriched diet. This information had not been transferred to the person's main care plan. A food intake chart had not been completed in January for 11 days. Daily written notes showed that staff had observed the person had 'attended meals' and 'was assisted to the dining room'. A monthly review and risk assessment form had been completed 10 days prior to our inspection. A malnutrition universal screening tool (MUST) was in place but this had not been completed. There is a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Another care plan that showed a person had developed pressure sores and photographs taken by staff showed where these were located on the person's body. Written information included a description "sore on back". A body map chart had not been completed for the sore on the person's back, however another body map had been completed to show a pressure sore had developed on the person's arm but there was no photograph in place. Written instructions told staff to, "be aware of sore, pressure damage". We visited the person's bedroom and saw that a repositioning chart was being completed by staff. We saw that equipment to protect the person from the risk of falls such as a crash mat and sensor mat were in place and the person had a profiling bed to prevent the risk of pressure area sores. Whilst we saw that these records were checked, up to date and staff had been instructed to "turn every two to three hours, discourage from scratching, change dressing every three to four days, ensure a balanced diet", we noted that records kept did not measure the changes to each pressure area and specialist advice had not been sought from a tissue viability nurse. There is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

We saw that speech and language therapy (SALT) assessments had been completed by an appropriate professional. The speech and language therapy service provides assessment and treatment for people who have swallowing or eating and/or communication difficulties. People who did not have their own dentist used the local NHS out of hour's dental service for urgent treatment.

Four of the five care files we looked at did not contain the persons profile photograph to help staff identify the person and contained only a brief personal history. We spoke with the manager and deputy manager about the lack of personal histories in people's care records. They advised us that they would address this as a priority following the inspection. Understanding the person within the context of their personal history would help staff develop appropriate care strategies.

A system of staff appraisal and supervision was not always followed to promote staff's professional development and assist staff to talk through any issues about their role, or about the people they provide care, treatment and support to with their line manager or supervisor. Staff told us, and training records showed they received regular training to make sure they stayed up to date with the process for reporting safety concerns. New staff received an induction and mandatory training elements were completed prior to them starting work at the home. Much of the learning was done via e learning (computer based). The induction included a probationary period of 90 days in which a learning pack was completed. When new staff started working at the home each they were given a "buddy", also during this time they were supported with close supervision and shadowing.

There was a training plan in place and the company had a training team and a named link trainer responsible for the

delivery and monitoring of staff training. Staff spoken with told us that training was always available for them to develop their skills and knowledge in specialist areas. According to the home's policy all staff should receive one to one supervision six times a year. However this was reported by staff to be 'a little ad-hoc' and some people said this was not happening. The company has a corporate approach to staff supervision and appraisals and only those who had completed the company training could provide this support to staff. Two staff spoken with told us that their annual appraisal and performance was linked to a pay uplift. They said, "We haven't had supervision recently because we have staff vacancies and we don't have enough time to do supervision. We have to fill in [work] where we're needed". The manager and deputy confirmed that some staff had not received regular supervision and could not confirm the arrangements for nurses to receive clinical supervision. There is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw records to show that relevant staff training such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training was ongoing. The Mental Capacity Act allows restraint and restrictions to be used only if they are in a person's best interests. These safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way.

Before a person receives any type of examination, treatment or therapy they must give their permission (consent). The manager demonstrated they had a clear understanding about this legislation. At the time of our visit two people were subject to DoLS.

Is the service caring?

Our findings

We asked people who lived in the main part of the home if they were treated with kindness and compassion by staff. People told us they felt they were, for example people commented, “Majority of the time, as I see it no problems”, “From what I’ve seen very much, I would say so, there’s nothing that would cause us concern”, “Pretty good here, being so large the doctor is in every day and staff have a good relationship with him” and “We get some private time, yes they are very good; no problem”.

We were unable to gain people’s reliable verbal opinions on the service they received at the reminiscence neighbourhood because of their health conditions. However, we considered people’s overall experience of the service by using a short observational framework for inspection (SOFI). SOFI is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. Through the use of SOFI we perceived people were mostly satisfied with the care and support provided. We saw staff and people who lived in the reminiscence area interacting well with each other and people were given regular attention and support from staff.

Staff spoken with and records confirmed that staff had been trained in how to respect people’s privacy and dignity,

and understood how to put this into practice. From the five care records we looked at planned care was person centred. The plans addressed areas such as communication, tissue viability, maintaining a safe environment, personal hygiene, sleep, elimination, and mobility and addressed the person’s privacy and dignity.

The home did not have a specialised end of life care programme supported by training. However at the time of our inspection eight people were known to be nearing the end of their life and were being regularly supported, assessed and reviewed by nursing and medical staff, including a GP. This was done to help make sure people received appropriate treatment to help make sure they could live and die in the place and the manner of their choosing.

We saw staff asking people where they preferred to sit in communal areas and assisting them to fulfil their choices. We also saw staff speaking to people in a kind, comforting and sensitive manner throughout the inspection. Staff were polite and respectful when they talked to people.

Staff knocked on doors before entering people’s individual rooms. There was a relaxed atmosphere in the home. People had free movement around the home and could choose where to spend their recreational time.

Is the service responsive?

Our findings

People spoken with told us they were happy living at Sunrise Bramhall II and felt they were well supported by the staff. One person said, “Yes I think I’m looked after and there are no restrictions for my son’s visiting times”. People told us they knew how to complain and would, “tell family and they go and tell management, which changes every year”, “Don’t think I need to be told, I know who is on the care and nursing side and I just tell the Concierge”. “Any meetings or changes I get a letter through the post”.

From the care records we looked at on both units we saw that people had received visits from or had visited healthcare professionals such as the GP's, chiropodists, opticians, district nurses and dentists. The care records indicated that people had attended hospital appointments and received coordinated care and support.

During the inspection we saw people moving freely around the home using mobility aids such as wheelchairs, walking frames and walking sticks to promote and encourage their independence. We saw that people who were unable to mobilise independently received care and support which was delivered discreetly and sensitively by staff. We saw staff asking people their preferences when meals, snacks and drinks were being served throughout the day. Staff were seen checking on particular people who could not verbally communicate. In these cases other communication methods were used such as holding the person’s hand, using hand gestures and direct eye contact to help to improve communication and indicate they implied consent. In each situation staff were responsive to people’s individual characteristics so that their needs would be met based on best practice, professional guidance and in the person’s best interest. It is essential that wherever possible people give their consent but also fully understand what they are consenting to and the implications of this.

We looked at the day and night records of five people and saw that staff had noted their observations of people during the day and at night. We saw that written night records were brief and repetitive. For example, staff noted that people “hadn’t requested any assistance”. This statement had been written frequently in the night records

we looked at. This showed that people were still receiving routine night checks and the risk of incidents being repeated was not reduced to a minimum. There is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw information about how to complain or comment was displayed on the home notice board to guide people about how they should make a complaint. There was a system to monitor and investigate complaints. Complaints raised had been addressed and resolved following the organisation’s procedure. People spoken with told us they were confident their complaints would be taken seriously.

The manager told us that a resident survey had been carried out for differing topics and these were used to inform the senior managers. The last survey was carried out last year and looked at the home’s menu. This information was used to inform and review the menu and food served”. We looked at a copy of the 2014 Sunrise Senior Living – ‘Your Voice Counts’ staff survey. The results were shared with the staff team to improve the care provided. Records seen showed the provider was responsive to the feedback from people using the service and their families through planned resident’s and relative’s meetings.

We saw staff asking people where they preferred to sit in communal areas and assisting them to their chosen seat. We also saw staff speaking to people in a kind, comforting and sensitive manner throughout the inspection. Staff were polite and respectful when they talked to people and we saw that staff knocked on bedroom doors before entering their room. There was a relaxed atmosphere in the home and staff spoken with told us they enjoyed caring for the people using the service.

People had free movement around the home and could choose where to sit and spend their recreational time. People being cared for in their room were routinely checked on and spoken with by staff as part of the person’s daily care monitoring.

There was a diary of planned activities displayed around the home and opportunities for people to pursue their own hobbies or go out independently or with assistance.

Is the service well-led?

Our findings

The service did not have a registered manager. A home manager was in place and an application to become registered had been submitted to the Care Quality Commission in January 2015. It is a condition of the provider's registration that a registered manager is in place. We are following this up outside of the inspection process.

A notice board in the main home's reception advertised various activities including the scheduled shopping trip, however this had been cancelled because the home's mini bus had been vandalised again. People spoken with told us that this had occurred three weeks earlier. One relative said, "My mother has missed out on trips which she really enjoyed, for the past three weeks". Two other people told us they were disappointed not to be going out [again]. The manager told us that a private taxi service would be used should there be future problems with transport.

The home had a system of quality indicators and the provider monitored the quality of the care provided by completing regular audits which were collected once a month. They included key areas such as, pressure damage, nutrition screening, Infections, accidents/Incidents with injury, medication accidents/Incidents without injury, restraint, transfer to hospital, notifications to CQC, complaints and compliments. The deputy manager collected the data weekly for these key areas including issues of concern or questions. The information was discussed with the general manager and fed into the organisation's quality team followed by a monthly governance meeting where action was evidenced and reported on.

There was an annual audit plan in place which was carried out by the quality team. Information was also passed to the Local Commissioning groups and CQC and was made available on request to other relevant authorities. In addition, an annual audit calendar included the following eight key areas; tissue viability in July, nutrition in May, infection control in December, key lines of enquiry (KLOE) in February, July and November, medication in April and October, care records in March and September, reminiscence care in August and falls were audited in January. The audits were regularly evaluated to continually improve how care was delivered and to achieve overall improvement in people's healthcare and wellbeing.

All of these audits generated an action plan which was completed when improvements were identified. Records showed that the manager recorded incidents that happened at the home including accidents, safeguarding incidents and incidents that prevent the service from running normally. Improvements had been made to make sure that the provider notified us of any events as required. Recent improvements to systems that monitor risks had been carried out to help make sure that risks to people were minimised.

We saw records that showed the home held separate meetings for people using the service and relatives. We were concerned that private and confidential information relating to the care and treatment of people was kept on a shelving unit in an unlocked office which was accessible and clearly seen by staff, people using the service and visitors to the home. We saw that most of the care records in the main home, some with identity photographs, were stored in an unlocked room, and could be easily accessed by people using the service. There is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found a person's body map record had been left on a corridor table outside a person's room. The record highlighted the location of the person's skin sores. We advised the manager that this record had been left on the table throughout the second day of our inspection. The manager told us they would address this immediately to make sure the person's privacy and dignity was protected. There is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff used a variety of systems to communicate information to each other about the care provided. For example, they had mobile phones and pagers that were linked to a central call system in the home. A central alarm board also indicated if a person buzzed for attention. We observed a morning staff handover on the reminiscence neighbourhood and noted that staff shared information about any changes that had been implemented in response to people's changing needs.

All of the staff spoken with were aware of the role of the management team. They told us that the manager and deputy were approachable and were regularly present in the home. The values and philosophy of the home were clearly explained to staff through their induction programme and training. A member of staff told us they

Is the service well-led?

had worked for the Sunrise since it opened, and they were very happy working for them. They felt able to use their initiative and said, "I love working with the residents and it is a great team to work in. I hope the new manager will fits in well".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <p>We found that the provider had not protected people against the risk of unsafe practices because a structured system of staff appraisal and supervision was not being followed to help staff to meet the professional standards needed to continue to practise.</p> <p>This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	<p>How the regulation was not being met</p> <p>We found that the provider had not protected people against the risk of inappropriate care because person-centred care, treatment and interventions were not in place to promote and maintain people's skin integrity.</p> <p>This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Treatment of disease, disorder or injury	

Action we have told the provider to take

How the regulation was not being met:

We found that the provider had not protected people against the risks associated with inadequate records governance because people's care records were not being held confidentially at all times.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

How the regulation was not being met:

We found that the provider had not protected people against the risk of inappropriate nutrition because people were not fully supported to maintain good health by receiving appropriate on going nutritional healthcare and support.

This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 (1) (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Meeting nutritional and hydration needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

How the regulation was not being met:

We found that the provider had not protected people against the risk of unsafe practices because people were still receiving routine, inappropriate night checks and the risk of incidents being repeated at night was not reduced to a minimum.

This section is primarily information for the provider

Action we have told the provider to take

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.