Care Quality Commission

Sunrise Operations UK Limited

Old Wells House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Old Wells House provides accommodation, care and support for up to 44 older people living with the experience of dementia. At the time of our inspection there were 41 people living at the service. This inspection was unannounced and carried out on 25 July 2014. At our previous inspection on 7 March 2014, we found the provider was meeting the regulations we inspected.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff working at the home understood the needs of the people. People and their relatives told us they were happy with the care provided. Staff were appropriately trained and skilled to care for people. They understood

Summary of findings

their roles and responsibilities as well as the values and philosophy of the home. Staff received supervision and an annual performance review. They confirmed they were supported by their line manager and received advice and direction where required. .Procedures and risk assessments were in place and used by staff to reduce the risk of harm to people and keep them safe. Procedures for Safeguarding adults from abuse were in place and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People and their relatives were involved in the planning of their care and were treated with dignity, privacy and respect. The care plans and risk assessments reflected people's health and social care needs. People had access to health care professional's for support and advice when required.

Meals were freshly prepared at the home and people's nutritional needs were assessed and monitored to make sure these were met. People were positive about the meals and relatives confirmed their family member was offered enough to eat and drink.

The provider had effective systems to regularly assess and monitor the quality of service people received. Relatives of people who used the service praised the manager and said they felt confident they could share any concerns and opinions and these would be acted upon.

The provider had effective systems to regularly assess and monitor the quality of service that people received. Following these checks, an action plan was developed and implemented to address the issues identified; these included updating care plans and booking staff on refresher courses. Relatives of people who used the service praised the manager and said they were approachable. Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. For example, a staff member said "The manager is amazing."

Staff spoke positively about the culture of the service and told us it was well-managed and well-led.

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?

Good

The service was safe. People who use the service and their relatives told us they thought the service was safe. Staff we spoke with knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The home had systems to manage risks to people's care. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. When people did not have the capacity to consent, the provider had acted in accordance with legal requirements.

Staffing levels were sufficient to meet people's needs and appropriate recruitment checks were undertaken before staff began work. Plans were in place for foreseeable emergencies and understood by staff.

Is the service effective?

Good

The service was effective. We saw people were involved in their care and were asked about their preferences and choices. Family members were consulted and felt involved in the care planning process.

People received care from staff who were trained to meet their individual needs. Staff were supported by managers to carry out their roles effectively. People's dietary needs were met and they received assistance with eating and drinking as required. People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about the needs of people who used the service. During our inspection we saw staff were kind and compassionate and treated people and their families with dignity and respect.

People were given the opportunity to make decisions about day to day activities and given choices about what they would like to eat and their daily routine. Staff enabled people to express their views about their care. Future wishes such as end of life care were included in their care records. There was a choice of activities for people to participate in if they wished.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met. Where they were able to, people consented to their care. For those who could not, the home made sure proper steps were taken so that decisions were made in their best interests.

Staff responded quickly and appropriately to people's needs. Activities were available for people and they were supported to maintain social contacts.

Summary of findings

Is the service well-led?

Good 

The service was well-led. The manager interacted well with people who used the service. Relatives of people who used the service said the manager was approachable and accessible. Staff spoke positively about the culture of the service and told us it was well-managed and well-led. Staff knew their roles and responsibilities.

There were regular team and handover meetings, which provided an opportunity to discuss concerns and areas for improvement. The provider had effective systems to regularly assess and monitor the quality of service people received. There was evidence that learning took place where required and appropriate changes were implemented.

Old Wells House

Detailed findings

Background to this inspection

Our inspection team was made up of an inspector, a specialist nurse advisor specialising in frail older people, people with dementia and those with end of life care needs 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

Before our inspection we reviewed information we held about the provider, including the last inspection report and the provider's information return (PIR). This is a form submitted by provider giving data and information about the service. The last inspection report of 7 March 2014 showed that the service was meeting all national standards covered during the inspection. We spoke with a member of a commissioning team from a local authority that commissions the service. They gave positive feedback about the service.

Some of the people living at the home had dementia and they were not fully able to tell us their views and experiences. Because of this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing care and support in communal areas. We looked at all areas of the premises, including some people's bedrooms (with their permission). We also spent time looking at records, which included eight people's care records, five staff records and records relating to the management of the home. We spoke with six people who were using the service and two relatives, one health care professional, six members of staff and the manager.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. The manager and the deputy manager told us they and all staff had attended training courses on safeguarding adults from abuse. The training records we looked at confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records for people who were using the service had an up-to-date risk assessment. These assessments were different for each person as they reflected their specific risks. People had management plans for risks that had been identified. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

A person using the service said "I haven't had any reason not to feel safe." Two relatives told us they both felt that their relatives were safe and had never had any cause to be concerned about them. The staff involved people and their relatives and other health and social care professionals as appropriate in the needs assessment process. Two relatives told us they had been consulted about their relatives' care needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Care records showed where it was likely that a person would be deprived of their liberty, a referral to the Local Authority DoLS team had been made by the provider. The provider had notified CQC of the application made and the outcome. Relevant staff had been trained in the Mental Capacity Act 2005 and DoLS. Staff we spoke with told us they had received training in these topics and were confident in the meaning of the Act and the ways in which people's liberty could be restricted, such as the use of bed rails and locked doors. They were aware that this could only happen after best interests' decisions have been made.

We looked at five staff recruitment records and found that safe recruitment practices were being followed and that the relevant checks had been completed before staff worked at the home. These checks included criminal records checks, references and proof of identification.

We looked at the people's dependency assessment record and the home's staffing roster to determine staffing levels. The manager told us that staffing levels were evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or they needed to attend healthcare appointments, additional staff cover was arranged. Two relatives of people who used the service told us there were enough staff to provide the care and support that their relatives needed. Staff told us there were always enough people on shift and said that if there was a shortage, for example due to sickness, managers arranged for replacement staff.

During the inspection we saw all communal parts of the home and some people's bedrooms. We found the premises and equipment were safe and well maintained. Regular visual checks made sure any problems were quickly identified and put right and servicing and maintenance records were up to date. There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents or fire. The care records that we looked at each contained a personal emergency evacuation plan. Staff we spoke with were aware of actions to be taken in the event of emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care.

Good

Is the service effective?

Our findings

Staff training records showed they had completed an induction programme and training in areas that the provider considered mandatory. This training included moving and handling, safeguarding adults, infection control, food hygiene, fire safety awareness, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and emergency procedures. Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. They were able to speak confidently about care practices they delivered and understood how they contributed to people's health and wellbeing. One person told us "if I ask something and they don't know they go away and then they come back to me." Another person said "I like this place very much, staff try very hard."

Records showed formal supervision of all care staff was up to date and was in line with the provider's timescale. We saw that at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. All staff we spoke with during the inspection felt supported by their line manager and said they always received advice and direction when they requested it. The staff records we looked at included evidence of annual appraisals taking place for all staff who had completed one year in service and that specific learning and development needs had been discussed. This showed staff were supported to meet people's needs.

Our observation during lunch time showed people had a good experience of lunch. For example, they were offered choices, allowed time to finish their meals at their own pace and encouraged and supported to eat and drink, if necessary. People were offered three courses at lunch time with a range of alternatives including lighter lunches and a vegetarian option. People were offered a selection of drinks, including wine with their mealWe saw there were enough staff to support people with their meals in communal areas and their bedrooms. .

When people at the home required additional support regarding their diet external professional advice had been sought. A care plan had been created to record the needs of the individual, and a record maintained on a daily basis to show food and drink intake. A relative said "my relative did not eat much and had lost weight so was given nutrition supplement drinks." Another relative told us "my relative was offered enough to eat and drink". A person using the service said "I'm surprised at the lovely food we do get." Another person told us "the catering department have responded to one or two suggestions I have made."

People were supported to maintain good health and had access to external healthcare services. The staff we spoke with were aware of people's health and social care needs and how this care should be delivered. During the inspection we reviewed eight people's care records. Care plans were in place that showed people had a wide range of health and social care needs and had access to external healthcare professionals' support when required. For example, dentist, GP, speech and language therapist, opticians, district nurses, chiropodists and hospital. A health care professional told us on occasions they visited the home they found the staff to be knowledgeable and helpful and they had no concerns about the quality of care provided to people using the service. We saw care files included records of all appointments with health care professionals. Two relatives said that they were aware of the healthcare professionals their relatives had access to.

Good

Is the service caring?

Our findings

The people and their relatives we spoke with told us they were happy with the care and support they received at the home. One person said "I am quite happy here." Another person told us "staff are not helpers. They are our friends." A third person said "if staff don't do what I like, I pin them down and tell them." Two relatives both told us they felt staff treated their relatives with "compassion and respect."

We observed care and saw that staff engaged positively with people who used the service. We spent time in the communal areas and observed staff interacting with people who used the service. We saw staff were attentive towards people and ensured that they made time for them. We observed how people were being supported and cared for during and after lunch. The atmosphere was relaxed and unrushed, we heard members of staff ask people if they were ready to eat, if they liked the food they were eating, if they wanted a drink or if they wanted anything else.

People were well presented and we saw staff assisting people to adjust their clothing to maintain their dignity. Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes people wanted to wear or what they wanted to eat. Throughout the course of our inspection we observed staff speaking to people in a respectful and dignified manner. One person told us "Every single staff going through says hello." A relative said staff treated people, "with compassion and respect."

Relatives told us they were kept informed by the staff about their family member's health and the care they received. People were given the opportunity to make decisions about day to day activities and given choices about what they would like to eat and their daily routine. The care plan files we looked at described people's likes, dislikes and daily routines. Staff were able to tell us each person's preferred form of address. Where people had capacity they were involved in decisions about their care. Some of the care plans we looked at included advanced care plans where staff had discussed end of life care wishes with people and relatives. For example, where possible, this was done with the person living in the home but, if they were unable to make decisions about their care, appropriate people were involved, for example their relatives and GP. A relative told us they had, "been involved in a discussion about an end of life care plan" for their relative.

Good

Is the service responsive?

Our findings

The care records we looked at included a 'moving in and getting to know you plan'. This involved a number of pre-admission visits starting with a coffee morning then staying for lunch and then a full day. The plan aimed to give a smooth transition for the individual to help minimise disorientation and any distress. This also gave staff the opportunity to get to know the person. People were given the opportunity to personalise their room according to their wishes. The bedrooms we saw confirmed this.

Staff completed a comprehensive needs and risks assessment for each person, which included their mental health and physical needs, psychosocial support and the capacity to make decisions. The assessment process then informed the care planning process. We saw health and social care professionals worked together in line with people's specific needs. These records demonstrated how external health and social care professionals had been involved in people's care to encourage health promotion and ensure timely follow up of care and treatment needs.

People's care records included detailed information and guidance for staff about how people's needs should be met. For example, there were steps and prompts for staff on how to support the person with bathing and going to bed. We saw the information in the care records had been reviewed and reflected as and when their needs had changed. All people we spoke with told us they were able to make choices about when they got up or went to bed, when they had a bath or shower, and about their choice of meals and snacks. The relatives of the people told us they were involved in planning their relatives' care.

Staff gained consent from people about the care, treatment and support they received. Some people's care records included formal capacity assessments had been completed in line with the Mental Capacity Act 2005 Code of Practice. Where people were assessed as lacking the capacity to make these decisions, a best interest decision making process was followed with family members and relevant health and social care professionals. We saw examples where people's capacity had been assessed in relation to locked doors.

There was a system for reporting any concerns raised by people or their relatives. Records showed concerns raised by family members had been responded to by the provider in a timely manner. The relatives of two people using the service told us they knew how to make a complaint if they needed to. They were confident that the service would respond appropriately to their concerns. All people we spoke with confirmed this. For example, one person told us, "I haven't any complaints." Another person said "I've complained about clothing and toiletries disappearing and discussed how this can be rectified."

People chose activities they wanted to participate in and staff respected their choices. We saw there were detailed plans of activities, which included a range of physical activity and mental stimulation. There were regular minibus trips to and around places familiar to people who used the service. The home had Roman Catholic and Church of England services to support people's spiritual needs. A visitor told us there was, "always some activity going on and people seem happy."

Good

Is the service well-led?

Our findings

The home's values and philosophy were clearly explained to staff through their induction and training. There was a positive culture at the home where people felt included and consulted. People commented positively about the staff and manager. The atmosphere in the home was calm and staff were approachable. Two relatives told us they felt confident they could share any concerns and opinions and these would be acted upon. One person who was using the service said, "staff are very approachable". Another person told us "staff try hard and do their best."

The service had a registered manager in post. There was a clear management structure at the home. Staff were aware of the roles of the management team and they told us that the managers were approachable and were regularly present in the home. The registered manager knew the details of the care needs of people. Staff felt supported by the manager and they understood their roles and responsibilities. A staff member ensured that best practice was "passed down to staff via the manager." A second staff member said, "I'm proud of the quality of care the home provides to people, I get support from my manager whenever I might need."

The provider had effective systems to regularly assess and monitor the quality of services received. These included regular audits of pressure sores, nutrition, infection control, falls, complaints, health and safety and medicines. There was evidence that learning from these audits took place and appropriate changes were implemented.

The management team involved people, their families and staff in the assessment and monitoring of the quality of care. We saw records of catering council meetings in relation to food menu, family and staff meetings. We saw families and staff had been asked to share their experiences, so that areas for improvements could be identified and addressed. For example, do not attempt resuscitation (DNAR) forms had been completed and procedures had been updated.

Records showed staff recorded incidents which happened at the home. The manager used this information to investigate, monitor and took appropriate action where required. For example, when a person had falls, district nurse support was sought and risk assessments and care plans were updated to reflect the change of need.