

## Sunrise Operations Sevenoaks Limited

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### Inspection report

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Date of inspection visit: 13 & 14 April 2015  
Date of publication: 01/07/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out an inspection at the service on 15, 16 and 22 December 2014 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015. The provider had not ensured people were protected from harm through the effective management of risks or making sure there were suitable and sufficient, trained and supervised

staff. People's needs were not assessed or reviewed, care plans maintained or care delivered in such a way as to ensure their needs were met. Action was not taken to address people's complaints and quality assurance systems were not effective in identifying shortfalls in the service. We issued five warning notices and asked the provider to take action to meet a further five breaches of regulations.

# Summary of findings

This inspection was carried out on 13 & 14 April 2015 and was unannounced. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service people received. Following our inspection in December 2014 the provider sent us an action plan to show how they intended to improve the service. They gave us a range of dates between February and April 2015 within which they told us they would meet various aspects of the regulations. During this inspection we found the provider had made significant improvements. People, their relatives and health and social care professionals who we spoke with told us about the improvements they had noticed.

Sunrise Operations Sevenoaks Limited provides accommodation, nursing and personal care for up to 102 older people. There were 78 people living at the service during our visit, some of whom were living with dementia. Some people had reduced or impaired mobility and used wheelchairs to move around. There were also people who lived independent lives, continuing to drive and come and go as they chose. Accommodation was provided over three floors with communal areas on each floor. The third floor, known as 'the reminiscence neighbourhood', was for people who were living with dementia which had progressed and impacted on their daily lives. The ground and first floors were known as 'the assisted living neighbourhood', some people who were living with dementia also lived on these floors. There was a passenger lift between floors and all areas of the accommodation were accessible to people who used wheelchairs.

The service did not have a registered manager. The previous registered manager had resigned in December 2014. An interim general manager was in place and a new general manager had been appointed. 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.

The majority of concerns people told us about related to the competence, commitment, knowledge and approach of agency staff. The provider was actively seeking to recruit more permanent staff. We have made a recommendation about this.

A minority of people were not satisfied with the overall communication in the service. They felt that they were not told about changes in a timely manner such as the recruitment of the new manager.

Residents and relatives' meetings had been held to inform people about changes in the service. People took part in focussed discussion groups about different aspects of the service such as meals and activities. This showed that people were consulted and their views taken into account in the way the service was delivered. We have made a recommendation about this

The provider followed safe recruitment procedures to make sure staff were suitable to work with people. There were enough staff employed in the home to meet people's needs and respond in a timely manner when people called for assistance. People told us staff spent time chatting with them as well as providing the care or treatment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Appropriate applications had been made to the local authority. Most of the staff had received training in MCA to make sure they understood how to protect people's rights. There were procedures in place and guidance in relation to Mental Capacity Act 2005 (MCA). People were asked for their consent before staff carried out any care or treatment.

The provider had taken steps to make sure that people were protected from abuse. The provider reported safeguarding incidents to us and to the local authority. Most of the staff had been trained in safeguarding people and all staff had access to information about how to report abuse.

Risks to people were identified and updated following any changes in their safety and welfare needs, including when they had experienced falls. Staff had the guidance they needed to take appropriate action to keep people safe. Medicines were administered safely so that people got their medicines when they needed them and as prescribed

Most staff had received the essential training and updates required. Staff had also attended training in caring for

# Summary of findings

people with specific needs such as Parkinson's disease. Care staff and nurses received the supervision, appraisals and support they needed to enable them to carry out their roles effectively. Staff told us that morale had improved because they felt supported by their managers and were involved in decision making through supervisions and regular team meetings.

People's weights were monitored and recorded regularly to make sure they were getting the right amount to eat and drink to protect them from the risk of malnutrition. People told us they were satisfied with the meals and that all the food was good. Staff made sure that people's dietary needs were catered for.

People were supported to manage their health care needs. Pressure ulcers were managed effectively to make sure these wounds were prevented. A GP told us they had seen significant improvements in the service in the two months before our inspection.

Ways to enable people living with dementia or other conditions, to remain as independent as possible, had been improved through dementia friendly signage and adaptations to the environment. Further work was required in this area. We have made a recommendation about this.

All the staff were kind, caring and patient in their approach and had a good rapport with people.

People's dignity was protected. People's information was treated confidentially.

People were assessed before they moved into the service to make sure the service was suitable for them. Reviews had been carried out of each person's needs to make sure they were receiving the treatment and support they needed. Staff felt confident they understood and could meet people's needs because they had up to date information about people.

Improvements had been made to the way activities were organised for people living with dementia to make sure they were meaningful for them. People enjoyed the wide range of activities on offer. People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service. There were links between the home and the local community. Children from the local school visited from time to time to provide concerts for people.

People knew who to talk to if they had a complaint. A log of written and verbal complaints was maintained together with the action taken to address any issues. People and their relatives told us that communication had improved. They spoke positively about the interim general manager and the improvements they had made.

Quality assurance systems had improved. Regular audits were carried out of all aspects of the service. Action plans were drawn up whenever shortfalls were found to make sure improvements were carried out.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People were protected from abuse or the risk of abuse.

There were enough staff employed in the home to meet people's needs. However there was still a heavy reliance on agency staff.

Risks to people's safety and welfare were identified and managed to make sure they were protected from harm.

The provider followed safe recruitment procedures.

People received their medicines safely and at the prescribed times.

**Requires Improvement**



### Is the service effective?

The service was effective

The provider met the requirements of the Deprivation of Liberty Safeguards. People were asked for their consent to care and treatment.

Most staff had the essential training and updates required. Staff received the supervision and support they needed to carry out their roles effectively.

People enjoyed their meals and had enough to eat and drink to support their health.

People were supported effectively with their health care needs. The environment had improved for people living with dementia.

**Requires Improvement**



### Is the service caring?

The service was caring

People were consulted about their own care. Their privacy and dignity was protected.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

**Requires Improvement**



### Is the service responsive?

The service was responsive.

People knew who to talk to if they had a complaint. Relative's complaints had been addressed in a timely manner. However, some people's complaints were not.

People's care plans had been updated to show any changes in their care and support needs and advice from health professionals.

**Requires Improvement**



# Summary of findings

Improvement was needed to make sure people were supported to remain as independent as possible through appropriate adaptations to the environment.

Improvement was needed to make sure people living with dementia were supported to take part in meaningful, personalised activities.

## Is the service well-led?

The service was well led.

Communication had improved and people and their relatives were informed about any significant changes in the service.

Quality assurance systems were effective in recognising shortfalls in the service. Action had been taken to make sure people received an improved service.

Records relating to people's care and the management of the service were adequately maintained. Further improvement was needed to ensure care plan files were presented in a way that was accessible to staff so that they had the information they needed to support people effectively.

**Requires Improvement**



# Sunrise Operations Sevenoaks Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 13 & 14 April 2015 and was unannounced. This was a focussed inspection to look at actions the provider had taken to make the improvements required following our inspection on 15, 16 & 22 December 2014.

The inspection team included three inspectors, an expert by experience and two specialist advisers, one of whom was a dementia specialist, and one who was a registered nurse. They advised us on aspects of nursing care and the quality of services for people living with dementia received. The team also included an expert-by-experience who had

personal experience of caring for older family members. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection including the provider's action plan, information from the local authority and our last report. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about. We looked at information relatives and the local authority safeguarding team had sent us about the service.

During our inspection we observed care in communal areas; We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We examined records including staff rotas; management records and care records for nine people. We looked around the premises and spoke with 34 people, 14 relatives, two care coordinators, the interim management team, two senior managers, three nurses, 14 care staff and two volunteers. We also spoke with a GP and two members of the local authority safeguarding team.

# Is the service safe?

## Our findings

At our last inspection on 15 December 2014, we identified breaches of Regulations 9 & 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulations 9 & 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff to keep people safe. People were not protected from abuse or from other risks to their safety and welfare. We issued warning notices and required the provider to make improvements by 6 February 2015. We also asked the provider to take action to make improvements to their recruitment procedures and the administration of medicines. The provider sent us an action plan stating they would meet the requirements of the regulations by 31 March 2015. At this inspection we found that improvements had been made in staffing levels and recruitment procedures. People were protected from the risk of abuse or harm.

People told us they felt safe at the service. They had noticed more staff around, “There is always someone around to help if you need them”, “It became apparent in late last year that there weren’t enough staff, but they have upped it tremendously since and they are still trying to increase their staff numbers” and “Staff have time to stop and have a chat now”. Some people told us there were still, “Too many agency staff, its worse at weekends”. Relatives told us they felt their family members were safe and they had noticed there were more staff.

Staff told us “it’s a million times better as we have a lot more staff”. The provider was actively recruiting staff. Recruitment was on-going but as there were still some vacancies, agency staff were being used to ensure there were enough staff on duty each shift. Permanent staff raised concerns about the knowledge and commitment of agency workers and told us they did not always attend handover meetings or read care information. This meant that there was a risk that people would not always receive safe or appropriate care.

Rotas showed that staffing levels were sufficient to meet people’s needs. There were no gaps apart from two over the Easter bank holiday, when staff had called in sick at short notice. There was a lot of use of agency staff; some days were almost completely staffed by agency carers. Some people commented on the high use of agency staff, particularly at weekends. They said, “They are not as good

as the permanent staff” and “They don’t have the same level of commitment to the job”. The provider used the same care and nursing agencies and the same agency staff were mainly used to promote consistency for people.

**We recommend that the provider ensures agency staff have the knowledge and skills to meet people’s individual needs.**

Managers told us and records showed that people’s dependency levels were continually assessed and analysed to show how many members of staff were needed to meet their needs. Staff told us they were able to give people the attention they needed and could respond promptly when people called for assistance. A GP who visited people at the service every week confirmed that improved staffing levels were evident in the level of care people were receiving. We carried out observations in communal areas during our inspection. There were always staff present when there were people in communal areas.

The provider had taken steps to protect people from abuse or the risk of abuse. Most staff had received safeguarding training. Social care professionals from the local authority safeguarding team told us they felt the service had improved. Incidents where people had caused harm to themselves or others had reduced in the two months before our inspection. This showed that the steps the provider had taken had been effective.

At our last inspection some people presented behaviours that placed themselves or others at risk of harm which staff were unable to manage effectively. The provider had taken action to minimise risk of harm to people. Where some risks had been assessed as high and unable to be managed safely, the provider had worked with people and their families to identify alternative accommodation. Some people had already moved out and some had moved from the assisted living floors to the reminiscence floor where the environment was smaller and staffing levels were higher. Most staff had received training in managing behaviours that challenged the service. The atmosphere throughout the service was calm and relaxed and no one was distressed or agitated.

People had been protected from harm through risk management strategies that had been put in place in response to incidents. There were up to date assessments in place to ensure that risks to people’s safety and welfare were managed. There were risk assessments for personal



## Is the service safe?

emergency evacuation, for people who were at risk of falling, choking, pressure sores as well as environmental risks such as using kitchen equipment. However, not all risks had been formally documented. For example staff were knowledgeable and confident in supporting one person who chose to sleep in a chair rather than a bed. There was no assessment in place to show to show that any risks to the person had been considered.

Where individual risks, such as the risk of falling or choking had been identified, staff had sought advice from relevant professionals and taken action to reduce risk. For example, pressure alert mats were used for a number of people who were at risk of falls. These are floor mats which are linked to the call bell system to alert staff in the event of a fall. The number of falls had significantly reduced since our last inspection.

There were accurate records for the reporting of accidents and incidents and clear procedures for identifying patterns or when a person's risk level had increased. We saw from records and from attending a staff handover, that accidents and incidents were recorded, discussed and action taken according to lessons learnt. For example, one person identified as being at risk of falling at night, had their care reviewed and new "comfort checks" introduced throughout the night. Another person was having their room and equipment assessed in order to promote their safety.

The provider had taken steps to protect people from the risk of pressure wounds and the number had halved. Nurses told us about recent training on wound care which seven registered nurses had attended. There were specialised mattresses and beds for those who were at risk of developing a pressure injury. Once a risk was identified,

pressure relieving mattresses were made available immediately for people. The GP was satisfied with the improvements the service had made in relation to pressure wound prevention and treatment for patients.

The provider had taken action to ensure that all staff were safe and suitable to work with people at the service. Staff files showed that new staff had full employment histories. Staff files were well ordered and showed that all the necessary checks had been carried out before staff started working with people. Each file had a checklist at the front which showed when documents such as references and Disclosure and Barring Services (DBS) checks had been received. Relevant dates, such as interview and employment start dates were also recorded. The provider followed safe recruitment procedures.

People were given their medicines as prescribed and intended by their doctor. Some people were prescribed medicines, including sedatives or pain relief medicines 'to be taken as required'. There was individual guidance for all the people that needed medicines 'as required'. This ensured a consistent approach was taken in deciding when to offer the medicines. Medicines were given at the right time. We observed and nurses described how they prioritised medicine rounds to make sure that people whose medicines should be taken with food were protected from harm. The medicine administration records for all the people who were on prescribed medicines were correct.

Plans were in place in case of emergencies. Plans provided guidance about what staff should do if an emergency occurred. Emergency plans included procedures to follow in case of a fire or accident. The premises were clean and free from clutter so that people could move around safely.



# Is the service effective?

## Our findings

At our last inspection on 15 December 2014, we identified breaches of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. Staff did not have all the essential training, supervision and support they needed to provide effective care and treatment. We issued warning notices and required the provider to make improvements by 6 February 2015. The provider sent us an action plan stating they would meet the requirements of the regulations by 28 February 2015. At this inspection we found that improvements had been made in staff training, support and supervision.

People told us they did not know who most of the staff were or what they did. One person said, "You don't get to know any of the carers and if I didn't feel too good I wouldn't know who to speak to as I don't know who the staff are. I'm not impressed."

Staff said that since the last inspection "Training has improved hugely", they commented that the majority of it was undertaken as e-learning. Core and specialist training for staff had either been completed or scheduled and the staff training schedule showed that completion of training in safeguarding, Health and Safety, Mental Capacity Act and dementia was monitored. On the job training and oversight was provided by nurses. However there were no formal records to evidence competence in some specific care tasks. Care staff had not received training on end of life care or catheter and colostomy bag care. Further training was planned to make sure staff understood how to provide appropriate care for people with specific needs.

Since our last inspection 94 % of staff had received one to one supervision with their line managers. Nurses were provided with opportunities to attend further training at regular intervals such as tissue viability. Nurses attended regular clinical meetings and told us they found their clinical supervision supportive and useful in their work. Appraisals were carried out with each member of staff on the anniversary of their appointment. Appraisals were used to review staff performance and identify and additional training or support staff might need to carry out their roles effectively. Staff told us they felt well supported by their managers. Regular staff meetings had been introduced to support and provide information to staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management team understood when an application should be made. They knew how to submit one and were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Applications had been submitted for Deprivation of Liberty Safeguards (DoLS) for relevant people in accordance with current guidance. There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements.

People's mental capacity had been assessed where appropriate and staff were aware of the restrictions which had been applied to keep people safe. Applications had been made to the local authority when required to request best interests decisions if people had been restricted for their safety. This applied to people who were not able to leave the service without support because they would not be safe because of conditions such as dementia. The provider had fitted coded locks to external doors and to doors to the reminiscence floor. People were asked for their consent before staff provided care and support.

People told us the food was good. One person told us the food had much improved with "better quality ingredients". A relative commented, "I have a meal every week there and it's one of the best meals I have, it's always tasty, well presented- restaurant quality." "The meal is a highlight of the day and the waiting staff go out of their way to make it special." We observed the lunchtime meal. Menus were displayed at each table and on the notice board which included alternatives such as sandwiches, baked potatoes or omelettes. Some people had pureed meals; they were attractively set out on the plates and looked colourful and appetising. People who needed support to eat and drink had a member of care staff with them throughout the meal; staff gave people their full attention and were chatting with them.

Staff monitored people's weights to identify any risks or malnutrition and ensure that action was taken to protect people. Nurses told us that nutritional supplements were prescribed through the GP if needed. The chef knew which people needed additional support with their nutrition and fortified meals to increase the calorific value for people who were at risk of poor nutrition.

## Is the service effective?

People told us they had regular access to medical attention. A GP told us that communication between the GP surgery and nursing staff had improved significantly in the last 2 months. They had no concerns about their patients and that staff alerted them promptly when there were any concerns about people's health. People who were more independent were supported to manage their own health care needs. Nursing staff provided general health care and specific treatment where needed to support people to maintain their health. Each person had a monthly 'wellness check' to monitor their general health and identify any signs of illness. People were supported to see a doctor whenever they needed to.

The provider had made some adaptations to the premises to create a more suitable environment for people living with dementia on the Reminiscence floor. Lighting in communal areas had improved by the introduction of LED lights so these areas were lighter and brighter for people who used them. Seating had been rearranged in the lounges and the piano moved to smaller lounge to help encourage a particular person to play and not disturb

others. Some dementia friendly signage had been put in place. Toilet doors had been painted green and had signs; however there were no signs from the lounge, dining room or corridor to signpost people to one toilet. Signs to the other toilet stopped halfway along the corridor and did not stand out well enough from existing décor to be useful. There were no signs in communal lounges, or the dining area to help people find their way to other areas. Some work had been done to individualise people's rooms by the use of door knockers and door numbers. The signs and knockers were at a height that may not suit the majority of residents to find useful because people living with dementia often have a 'downcast' point of view. New plain carpeting was on order to replace the patterned carpet which people living with dementia might find confusing, to make sure people could walk around comfortably and safely.

**We recommend that improvements in the environment for people living with dementia are continued in accordance with published research evidence and guidance.**

# Is the service caring?

## Our findings

At our last inspection on 15 December 2014, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. People were not always treated with dignity and respect. The provider sent us an action plan stating they would meet the requirements of the regulations by 28 February 2015. At this inspection we found that improvements had been made in staff training, support and supervision.

People reported dissatisfaction with some of the agency staff used. They said, “Empathy is missing with many”, “They can be quite brusque, not like the permanent staff”, “With agency you can’t make those long term relationships.” and “There is indiscriminate use of agency and it continues today”. This view was balanced by other people who said the care was good. People told us that they were treated with kindness, respect and compassion. They told us they were aware that efforts were being made to reduce the number of agency staff and said, “Staff on the whole are very good”, “Some of the staff are really caring and attentive”, “The staff on the ground are good, they do care and do try” and “They are very kind and helpful”.

Staff took time to talk with people, not just when they were carrying out support tasks with them. Staff greeted people when they passed in the corridor, and most staff greeted people by name, with a friendly chat or smile. There were lots of smiles and affection between people and the staff who were caring for them. Staff consistently supported people in a calm manner with patience and kindness and spoke respectfully.

Care plans and reviews showed that people and their relatives had been involved in planning their care and informed about the service. Relatives confirmed that they had been involved in new assessment and care planning for their family members. One relative told us, “Since the last inspection there has been a definite change for the better. Care plans have been updated and we sat and

reviewed them.” One care plan included hand written comments by a person’s daughter and another care plan had handwritten amendments required by the person themselves. Care plans were signed by the person concerned or their relative to show their agreement.

People told us they were treated with dignity and respect. Staff knocked on people’s door before entering and called people by their preferred name. Some care plans showed that people had requested female carers to support them with their personal care. This was not always written on the daily assignment sheets that carers referred to, which meant that people’s choice about who they wanted to support them might not be respected. Nursing staff made sure that any treatments people needed were carried out in private. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. People’s information was treated confidentially.

People were encouraged to maintain their independence. A relative described how positive encouragement by staff had improved their family member’s mobility so they had become more independent since moving to the service. People who were able to were supported to manage their own medication and undertake elements of their own personal care. Adaptations in the environment and equipment such as adapted eating utensils supported people to remain as independent as possible in the activities of their daily lives.

Some people told us how they were able to go out whenever they wanted to and how the chef made them sandwiches if they were out during mealtimes. Relatives told us they were able to visit their family members whenever they wanted to. People were able to receive visitors in their own rooms and other areas of the home and spend as much time with them as they wanted to. There was a private dining room where people could celebrate special occasions and have a meal with family and friends. People had the opportunity to attend church services which met their need to practice their chosen religion and worship.

# Is the service responsive?

## Our findings

At our last inspection on 15 December 2014, we identified breaches of Regulations 9 & 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulations 9 & 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans did not contain sufficient information to allow staff to deliver personalised care and some care plans were incomplete. There was a lack of meaningful activities for people living with dementia. We issued a warning notice and required the provider to make improvements by 6 February 2015. We also asked the provider to take action to make improvements to their handling of complaints. The provider sent us an action plan stating they would meet the requirements of the regulations by 31 March 2015. At this inspection we found that improvements had been made in care and activities. Systems for handling complaints had also improved.

Most people told us they had no complaints about the service. One person told us they had recently made a complaint but this had so far not been acknowledged. Other people made comments such as, "I must say it's very, very nice here, we never have any problems". "No, nothing to complain about" and "Everything is fine, if I have any problems the staff sort it out". Whilst two relatives told us they were not satisfied with the response they received, their complaints were responded to in a timely manner. Other relatives said, "Whenever there is the slightest issue, we know we can bring it to the attention of staff and they will deal with it." "I just speak to the care coordinator and the matter is dealt with straight away" and "(The interim manager) has made a real difference, one word to her and it's sorted".

There was a complaints policy and procedure in place and a system for handling complaints including recording complaints electronically. This ensured records could be reviewed by senior managers. Although there were mixed views about how complaints were handled, records showed that people's complaints were taken seriously and action was taken address people's concerns. The majority of complaints people raised with us concerned the use of agency staff. One person told us they were aware of the limitations that a high use of agency staff had, "Because they have to use agency, those staff don't know the

individuals, You can't switch that on, this will improve, it is improving". Complaints records showed that verbal and written complaints were logged and responded to in a timely manner.

Assessments of people's needs were carried out before they moved to the service to make sure it would be suitable for them. Nurses told us that people who were considering moving to the service were thoroughly assessed and that people were located in the correct unit, which had "Improved the home immensely". Pre-admission assessments were completed with details about people's medical histories and needs. Decisions about whether the service would be able to meet those needs were made by senior staff before people were offered care, treatment and accommodation.

Some people had moved to other services since our last inspection. Staff told us the reduced numbers allowed more time for new people to adapt and for staff to provide time and support to help them settle in. A GP confirmed that the service had improved and they were satisfied that the service was able to meet people's needs.

Comfort check charts had been introduced for people who were nursed in their rooms. These charts were kept in people's rooms for staff to complete when they had provided care such as repositioning the person and giving drinks. These were completed at various intervals between one and three hours according to people's individual needs. This ensured that people who remained in their rooms were checked regularly and were not socially isolated.

People told us "The time of response to the call bell has decreased tremendously. It's never more than 10 minutes" and "I never have to wait long if I press my bell they are very good". Staff confirmed they were able to provide the support people needed and respond when people to people in a timely manner when they requested assistance. Records showed that people were responded to quickly, usually within two or three minutes. Any delays of more than 10 minutes were investigated to make sure that people did not have to wait too long for the support they needed.

Each person had a care plan, called an individualised service plan (ISP). Each person's care plan had been reviewed with them, and their relatives if appropriate, to make sure the information was up to date. Care staff were

## Is the service responsive?

provided with 'assignment sheets' at the beginning of each shift which provided a summary of the care for each person they would be supporting. The assignment sheets had been reviewed and updated. Staff were assigned named people and worked in teams which were allocated to groups of people according to their individual needs and the level of support they needed. Staff told us this system was "Working better" and less time was wasted trying to find someone to help with clients".

Since the last inspection an individualised information chart had been placed, with their permission, on the back of each person's bedroom door. This "Twist and Turn Chart" included individual preferences and care needs. Staff told us that they found this useful.

Staff commented that people were receiving "More dignified care". Staff understood and were able to describe people's individual needs and choices. A relative described how their family member had been confused about the time of day. They told us the service had responded to his needs and request by specifically cooking him breakfast. Another relative said, "It's evident that staff are now more familiar with people's care needs."

Care plans and associated records showed that people's changing needs were responded to and advice was sought from community health professionals when needed. The Speech and Language Therapists team (SALT) had provided advice. Records and our observations showed that the advice was implemented through the provision of soft or pureed diets for people who had difficulty swallowing. However one person who had been assessed as being at risk of choking, in need of a soft diet and observation, had not had this information shared appropriately and it was not written on the staff assignment sheet. This meant that not all staff providing care had the right information to make sure the person's needs were met. This incident was shared at the staff handover meeting to make sure all staff were aware of the SALT instructions.

People told us they were able to choose how and where they wanted to spend their time and those who were able to could come and go as they pleased, pursuing their own interests and activities. Staff understood how to offer choices to people who were not able to communicate. They described how they showed people different items of clothing so they could choose what to wear. The interim manager told us that people were asked if they had a preference of male or female carers to support them with

their personal care needs when they moved to the service. However this information had not been included in people's individual assignment sheets or on the charts in their rooms so not all staff were aware of each person's wishes.

**We recommend that systems are reviewed to make sure staff have all the information they need provide care that is responsive to people's individual choices and protects their health and wellbeing.**

A range of activities were offered in the home and outside in the community for people who were able to take part. A group of people on the assisted living floors told us how much they enjoyed the activities, noting particularly the flower arranging. Another group of people told us about the jazz club which they ran themselves. One person told us they enjoyed the scrabble another person said, "I'm much happier here than living on my own. I was lonely. Coming here, there are activities, staff and other residents with whom I have become friendly". A relative spoke warmly of the activities team saying they were very person centred and told us they felt "The last inspection was unfair on the activities team and that many people at Sunrise value the group activities." They went on to say their family member "Loves rowing and the activities staff went on the internet to learn about rowing so that they could speak to him about it."

The service had access to an adapted minibus, which meant that people were able to take part in outings. There were a number of different communal areas around the home where people could take part in activities of their choice. Activities included film shows, opera/ballet club, quizzes, team scrabble, music and comedy, Pilates and 'keep fit'. There was an activities room where people could access a computer. A group of people were engaged in doing a crossword in the 'bistro'. Ministers from a local church provided services in the home for those who wished to take part.

Following our inspection in December opportunities for people who lived on the reminiscence floor had increased. Activities were left out for residents to interact with such as a jigsaw, baskets of fabric samples, large playing cards, hats, scarves and clothing. An office area has been set up for clients to use with an old fashioned typewriter and telephone. A planting table and planters are in use on the patio/balcony area planted with flowers and some vegetables.

## Is the service responsive?

All care staff had been tasked with planning and delivering activities. The reminiscence co-ordinator had provided a list of suggested activities to inspire staff, which they were encouraged to add to. Staff were visible in the lounge and dining room at all times and the atmosphere was calm and relaxed. During our inspection staff were engaged in one to one hand massage, reading the newspaper, singing, flower arranging and a quiz. They described other activities that had taken place such as pre-dinner drinks on Sunday, walks, dancing and cake decorating which visitors confirmed. The reminiscence co-ordinator was enthusiastic about her role and told us about individual forms which were being introduced to support the implementation of individual activity plans for each person. Staff told us they found their work more interesting since they had been asked to engage people in activities.

The reminiscence co-ordinator has begun to hold regular meetings for relatives. The first meeting that took place at the end of January, was attended by approximately 20 relatives. The minutes showed that people were provided with an opportunity to express their concerns in the light of the recent inspection report. Other topics discussed included communication, laundry, staff turnover and activities. Meetings will be held every two-three months. Other residents and relatives meetings had taken place on the assisted living floors for people and their relatives to ask questions, make suggestions and receive information about changes that were happening at the service.



# Is the service well-led?

## Our findings

At our last inspection on 15 December 2014, we identified breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems for assessing and monitoring the service were not effective. We issued a warning notice and required the provider to make improvements by 6 February 2015. We also asked the provider to take action to ensure that accurate and up to date records were not maintained regarding people's care and treatment. The provider sent us an action plan stating they would meet the requirements of the regulations by 28 February 2015. At this inspection we found that improvements had been made in quality assurance and record keeping.

The management team had undertaken audits of all aspects of the service and had been proactive in identifying areas that required further development such as care plans and records. Staff told us that since the last inspection the management team had introduced some new systems that were working well. There needed to be further work on the recording systems and care plans.

Although individual care records had been redesigned to include more information, some still did not accurately reflect people's needs. Staff and others did not always have access to reliable information to enable them to provide the care and treatment people needed such as their preference in relation male or female carers and dietary needs.

The provider had reviewed recording systems and new documentation for each person had been introduced to make sure records were accurate and up to date. Staff described the new comfort sheets as, "Easier and quicker to complete which has made a big (positive) difference to the paperwork" allowing more time to spend with people. Nurses told us their new communication book was working well for nurses to make sure that information about changes in people's health or treatment was passed on quickly and efficiently.

The senior management team showed us how they were already in the process of redesigning care plan files so that information would be more accurate and accessible. A Support Manager for Care and Quality had been specifically

tasked with redesigning care plans and assignment sheets. They told us that they would be working with staff to embed the new system which was designed to enable staff to provide a more individual service to each person.

Some people were not satisfied with the overall communication in the service. They were not aware of action plans that had been developed and were not able to identify who the management team were. A new general manager had been recruited, their first day in the service coincided with the first day of our inspection. Some people were not aware of the appointment until the new manager introduced themselves to people. Some people remembered the interim manager telling them about it over lunch one day. People told us that updates about the service were usually provided verbally rather than in written format. Minutes from meetings were recorded and the provider told us that these were circulated to ensure people had a written account of verbal communications made during meetings. This ensured that people who were not present at meetings, and were able to read the minutes, could refer to them. People told us there was a newsletter periodically but this was not very useful and did not provide information about staff or other changes.

**We recommend that communication is reviewed to make sure people receive the information they need in the way they need it.**

Most people told us that in their opinion the service had improved. One person told us they talked

to the management and felt they were well informed about the plans to recruit more care staff, and the plan to reduce dependence on agency staff. Other people commented generally on the improvements in the service.

Relatives also told us they felt that the service had improved and they had regular contact with the management team. They said, "Of late things seem to have improved", "He (family member) is getting a better service now than he was before", "Since the report (CQC inspection report) I've noticed an improvement", "My view of the home is improving because the manager (interim manager) has been communicative and has regularly discussed things with me." "I didn't find the last inspection report until quite recently and went through it agreeing with all the points but things have since improved", "They have taken action, for example they have changed the layout of the hall to try and meet my father's needs" and "Kitchen, maintenance,



## Is the service well-led?

activities and care staff are brilliant”. Commenting on staffing levels and communication relatives told us, “Both are getting better, there has been a marked improvement in both”; “There has been a massive change in terms of the availability and accessibility of management staff. Before we didn’t know who to talk to and now we do”, “I am confident that I could speak to management as that’s the culture.” and “In the last few months everybody in the hierarchy has gone out of their way to make contact. There has been a massive change.”

One relative told us that when they had learnt of the last inspection report they immediately spoke with the interim manager who asked for their views and feedback. The relative told us that as a result of their feedback about people not knowing who was who, the manager took action. A sign was placed on the front desk saying who the duty manager was; photographs of staff were displayed with names and roles and the management team introduced themselves and others to people and their relatives. This showed that the provider took account of people’s views.

Since our last inspection a member of the senior management team had been covering the general manager role. People spoke positively about the interim manager and credited her with the improving service. People said, “She has made a lot of difference, a lot more communication” and “Management are a lot more visible”. Staff told us that since the interim manager had been in place the home had felt happier, calmer and more organised, and they had more time to spend with people. All the staff we spoke with told us that morale among the staff team had improved and staff were feeling valued as members of the team. Staff on the reminiscence floor told

us that, since the reminiscence co-ordinator had been in post, there was more training available, more meetings, new charts and guidance on what to write, and they were kept up to date with any changes in the service.

Staff were clear about their roles and who they were accountable to. They knew who the management team were and felt they were involved and were listened to. A new assisted living coordinator had been appointed to manage the assisted living floors. They told us the provider had responded immediately when they had requested for their office to be relocated to a more central position. This meant that the assisted living coordinator was easily accessible to people and their relatives. Staff told us that they had meetings in which they were encouraged to make suggestions and raise any concerns which were listened to. Incentives were offered to staff to ‘recommend a friend’ to work at the service as part of the drive to recruit more permanent staff.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. Staff were encouraged to come forward and reassured that they would not experience harassment or victimisation if they did raise concerns. Staff told us they would be confident to raise any concerns with the management team.

Electronic systems were in place to alert senior managers to issues at the home such as incidents and accidents. Action was taken promptly in response to accidents and incidents, this was evident in the way people’s individual risks were assessed or reviewed immediately following falls or other untoward incidents. Learning from any incidents took place. This was evident in the reduction in the number of falls, safeguarding incidents and pressure wounds.