Sunrise UK Operations Limited

Sunrise of Fleet

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

Summary of findings

Overall summary

This inspection took place on 29 and 30 October 2018 and was unannounced.

Sunrise of Fleet is a 'care home'. People in care homes receive accommodation and nursing or personal care, as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This care home is run by two providers; namely, Sunrise UK Operations Limited and Sunrise Senior Living Limited. These two providers have a dual registration and are jointly responsible for the services at the home. This report is in relation to Sunrise UK Operations Limited. A separate report has been produced for Sunrise Senior Living Limited.

Sunrise of Fleet accommodates up to 78 people in one building over three floors. The first two floors were designated for 'Assisted Living', where people had a range of care needs but could carry out various aspects of daily living independently. The top floor was the 'Reminiscence' community, which had been designed as a living space suitable for people living with dementia. There were 70 people living in the home at the time of inspection. People living at the service were older people, some of whom were living with dementia.

The home had a registered manager. 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 registered manager was supported by a deputy manager and a coordinator for the 'Assisted Living' and 'Reminiscence' communities.

People experienced care that made them feel safe and were protected from avoidable harm and discrimination. When concerns had been raised, thorough investigations were carried out, in partnership with local safeguarding bodies.

Risks were assessed, monitored and managed effectively. Staff were aware of people's individual risks and how to support them to remain safe. People were involved in developing support plans to manage their own risks, which promoted their freedom and independence.

There were sufficient staff to respond quickly and provide safe and effective care to people. The registered manager operated a robust recruitment process, based on relevant pre-employment checks, which assessed the suitability of candidates to support older people and those living with dementia.

People's dignity and human rights were protected, whilst keeping them and others safe. Staff supported people who experienced behaviour which may challenge sensitively and effectively.

The provider proactively reviewed all accidents and incidents and acted to reduce the risk of a future

recurrence.

People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed. People's medicines management plans were reviewed regularly to ensure continued administration was still required to meet their needs.

High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

The provider and registered manager ensured staff had an effective induction, ongoing training and support to maintain necessary skills and knowledge to support people effectively.

People were supported to eat and drink enough protect them from the risk of poor nutrition and dehydration. Risks to people with more complex nutritional needs were promptly referred to relevant dietetic specialists.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The registered manager consistently referred people to external services when required, which maintained their health.

The home had been designed to promote the independence and safety of people who live with dementia, which helped to reduce some of their symptoms like disorientation and confusion.

The registered manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

People experienced meaningful relationships with staff who knew about their families and life histories. Staff consistently treated people with compassion, kindness and respect.

Staff spoke about people with pride, passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives consistently reported that staff interaction with their loved ones had a positive impact on their well-being and happiness. People were supported to follow their interests and hobbies, and enjoyed the wide range of activities provided at the home. This protected them from the risk of social isolation and loneliness.

Staff were patient and unhurried when supporting people and encouraged them to take their time and not to rush. Staff consistently treated people with respect and dignity.

Staff supported people to maintain close links with their loved ones and understood the importance of celebrating important milestones.

People's choices and independence were promoted by staff supporting and encouraging them to do things themselves. People were actively encouraged to carry on their familiar routines, such as visiting friends or local shops.

People actively contributed to their care planning and experienced care that was flexible and responsive to their individual needs and preferences. People received care and support that reflected their wishes, from

staff who understood how to promote their independence and maximise the opportunity to do things of their choice.

Care plans were personalised and contained information such as the person's life history, preferences and interests. People living with dementia had assessments relating to memory, cognition, mood, interactions and behavioural tendencies. It was noted that some plans lacked detail, or contained conflicting, out of date or repetitive information. The deputy manager had begun to review these care plans, since their return from a secondment.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. People and their relatives knew how to complain. The registered manager used concerns and complaints to drive improvement within the home.

People were supported with care and compassion at the end of their life to have a comfortable, dignified and pain-free death. Staff were thoughtful and consistently treated relatives with kindness, which made them feel involved, listened to, and informed in the last days of their loved one's life.

The home was consistently well-managed by the registered manager who provided clear and direct leadership. Staff consistently told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team, to drive continual improvement in the service.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care, for example; local GPs and community mental health and nursing teams.

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 were protected from avoidable harm and discrimination by staff who understood their role and responsibility to safeguard people from abuse.

Risks to people had been assessed and managed to support people to remain safe, whilst promoting their freedom.

The registered manager completed robust pre-employment checks and a staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were supported to manage their medicines safely, by staff who had completed relevant training and had their competency assessed regularly.

Is the service effective?

Good

The service was effective.

The registered manager operated effective processes for making decisions in people's best interests, when they did not have the capacity to do so for themselves.

Consent to people's care and treatment was sought in line with legislation and guidance.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant professionals.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People experienced caring relationships with staff who treated

them with kindness, respect and compassion.

Staff consistently treated people with dignity and respect.

People were supported to express their views and be actively involved in making as many decisions as possible about their care and support.

Is the service responsive?

Good

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were supported at the end of their life to experience a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

Governance and oversight of processes for monitoring and improving the quality and safety of the service were reliable and effective.

The registered manager had created a transparent culture within the home, where staff ideas and views were discussed and taken seriously, which made them feel their contributions were valued.

The management team had developed good links to local community resources that reflected the needs and preferences of the people who lived at the home.

Sunrise of Fleet

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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced, comprehensive inspection of Sunrise of Fleet took place on 29 and 30 October 2018. The inspection was carried out by two inspectors, an assistant inspector 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 the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. We also spoke with the commissioners of people's care.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed information contained within the provider's website.

During our inspection we spoke with 18 people living at the home, some of whom had limited verbal communication, six visiting relatives, two friends, and six visiting health and social care professionals.

We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the

day, including mealtimes, during activities and when medicines were administered. We spoke with the registered manager, the deputy manager, the area manager, the head of housekeeping, the maintenance manager, the head chef, two coordinators, two shift leaders and 14 staff.

We reviewed eight people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at ten staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering September and October 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

The home was last inspected on 26 October 2016 when it was found to be good overall. Since that time the service has changed its legal entity. This is the first inspection of the home under its new legal entity.

Good

Is the service safe?

Our findings

People experienced care that met their needs and made them feel safe. One person told us, "I'm happy here and the important thing is that my family doesn't worry about me anymore. They know I'm being looked after". Another person told us, "There are plenty of staff about and I hardly ever need to press my pendant [personal alarm]".

People were consistently protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Where people were assessed to be at risk, interventions were in place to reduce the identified risk. For example, people had management plans to protect them from the risks of falling, malnutrition and developing pressure areas.

People experienced safe care from staff who were aware of people's individual risks. For example, staff knew which people were at risk of choking, developing pressure areas or falling, and how to support them safely to prevent and reduce these risks.

Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures.

There were sufficient numbers of staff deployed to meet people's needs safely. One person told us, "The girls [staff] always come quickly whenever I need them". Another person said, "The staff always have time to have a chat and never rush off unless there is an emergency." A relative told us, "You never see the carers rushing from pillar to post like you do in other homes."

The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs and dependency. Rotas demonstrated that staff had the right skills to make sure people experienced safe care. The management team were authorised to provide additional staffing when required. For example, the head housekeeper told us that extra staff were called in to support immediately if there were any outbreaks of infection, which rotas confirmed.

Staff told us that staffing levels enabled them to respond quickly and provide safe and effective care to people, which we observed in practice. Staff consistently responded to call bells quickly, which reassured people. The registered manager analysed staff call response times to identify times when more staff may be required.

The provider assessed staff suitability for their role. The provider completed relevant pre- employment checks about prospective staff as part of their recruitment, which we reviewed in their records. These included the provision of suitable references to obtain evidence of the applicants conduct in their previous

employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical work-related interview which was evaluated, before being appointed.

People were protected from environmental risks within the home. Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment, such as extinguishers and alarms, and moving and handling equipment was serviced under contract and tested regularly to ensure it was in good working order.

Risks to people associated with their behaviours were managed safely. During our inspection we observed timely and sensitive interventions by staff, supporting people who experienced behaviour which may challenge others. This ensured that people's dignity and human rights were protected, whilst keeping them and others safe.

The provider reviewed all incidents to reduce the risk of a future recurrence. There was a culture in the home where learning from mistakes, incidents and accidents was encouraged. For example, lessons learned from the analysis of falls and medicine errors had led to a significant reduction in both.

People's medicines were managed safely. People received their medicines from staff who had their competency to administer medicines assessed every six months by the deputy manager. This ensured their practice was safe, in line with guidance issued by the National Institute for Health and Care Excellence.

Staff supported people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.

Where people were prescribed medicines there was evidence within their medicines management plan that regular reviews were completed to ensure continued administration was still required to meet their needs.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Different staff reviewed MARs to make sure colleagues had recorded the administration of people's medicines correctly. Staff were aware of the action to take if any mistake was found, to ensure people were protected.

Where people had been prescribed transdermal patches a record sheet, including a body map, was kept recording where on the person's body the patch had been applied. A transdermal patch is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.

There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. Records showed people received these treatments as they were prescribed. Topical medicine administration record (TMAR) sheets, provided by the pharmacy, contained body maps to show where and when they had been applied. Care staff signed these charts following application of the topical medicine.

Some people who found it difficult to swallow had been prescribed a thickening agent for their drinks. We observed such drinks provided, which had been prepared to the right consistency, in accordance with nutrition support plan.

Where people took medicines 'As required (PRN)' there was guidance for staff about their use. Where people

had been prescribed PRN pain relief medicines, pain assessment tools were used prior to administration. People had a protocol in place for the use of homely remedies to ensure these did not interact with other medicines they were taking. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance. There were 'infection control grab boxes' which contained items to support the clean-up and management of any infection control incidents, allowing a rapid and effective response to minimise risks to people. A recent audit highlighted a potential risk of infection from torn crash mats or seat cushions, which had immediately been replaced.

We observed the cook and kitchen assistants following the required standards of food safety and hygiene, when preparing, serving and handling food.

Good

Is the service effective?

Our findings

People, relatives and professionals consistently recognised the skill and expertise of the staff in meeting people's needs. Relatives and professionals said staff understood people's needs and knew how they wished to be supported. One person told us, "I am so lucky to be here. They [staff] take such good care of me." Another person said, "The carers [staff] are well trained and know all about me and the help I need."

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which were enhanced by positive behaviour and communication support plans, which promoted their independence and potential. These had been developed with people and their families, where appropriate, and based and recognised best practice. When people's needs changed, their care plans were amended accordingly to ensure people received the care they required.

People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. Staff consistently used nationally recognised tools to assess risks to people and then effectively managed them. For example, appropriate interventions and equipment were in place to support people at risk of developing pressure areas and malnutrition.

Staff told us they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them, before they were authorised to work unsupervised.

The provider's required training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid was retaken regularly, which records confirmed. This meant the provider had enabled staff to develop, retain and update the skills and knowledge required to support people effectively.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Records confirmed that staff had one-to-one regular meetings with their designated line manager. Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff valued the supervision process which gave them opportunity to communicate any problems and suggest ways in which the service could improve.

Staff told us the management team provided good support and encouragement with their personal development and revalidation of their professional qualifications. For example, the deputy manager was supported to maintain their nursing qualifications, with a secondment to a nursing home within the provider's care group.

Staff had the required knowledge and skills to support people effectively. The provider had enabled further staff training to meet the specific needs of the people they supported, for example those who lived with

dementia. Staff had received training and guidance from dementia specialist nurses. Records demonstrated that senior staff had completed management courses relevant to their roles and responsibilities.

Important information about people was shared between staff and acted upon safely and effectively. During handover meetings, staff thoroughly discussed people's needs and raised pertinent questions to check their own understanding. The registered manager operated an effective system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations and changes to people's medicine prescriptions.

Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by consistently following guidance from relevant dietetic professionals. People and relatives consistently told us they enjoyed food that was nutritious and appetising. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different strategies to encourage and support people to eat a healthy diet.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The registered manager consistently applied processes for referring people to external services such as GPs, dieticians, opticians and dentists, which maintained their health. The registered manager had developed effective partnerships with relevant professionals. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

The home had been designed to promote the independence and safety of people who live with dementia. The design of the home helped to reduce some of their symptoms like disorientation and confusion. There were tactile wall hangings and objects, a dressing up area, an area with a cot and dolls; and a 'reflection room' to stimulate memory.

People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences. The premises had been adapted to meet people's needs and to accommodate individual specialised supportive equipment. There was an accessible external balcony with tables and seating on the Reminiscence floor.

The registered manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff supported people to make as many decisions as possible. We observed staff seeking consent from people using simple questions and giving them time to respond. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

Staff had consulted with relatives and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated. The registered manager effectively operated a process of mental capacity assessment and best interest decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements.

Good

Is the service caring?

Our findings

People experienced caring relationships with staff who treated them with kindness, respect and compassion. The core staff team were well established, which meant people experienced good continuity and consistency of care. One person told us, "Staff have been here a long time and it's nice to see familiar faces." Another person told us, "The staff are so caring, they know if you're down and how to cheer you up." People, relatives and professionals consistently told us staff were caring.

Staff knew about their people's life histories and used this information to engage people in conversation or reminisce about the past. When people were disorientated, we observed staff spoke caringly about their loved ones and important events from their lives to reassure them. One person told us, "The staff are very caring here and always come over and chat and want to know how my family is." Another person told us, "If I am worried the girls [staff] always come and give me a big hug and cuddle, which lifts me up."

People, relatives and staff spoke fondly about the welcoming atmosphere they experienced living and working at Sunrise of Fleet. One person told us, "Family and friends are welcome at any time day or night." People consistently told us how staff were always looking to enrich the quality of their lives. For example, one person told us, "One thing I really look forward to is the visits from my son, especially when he brings his dog to see me." Other people told us how they enjoyed interacting with other domestic pets living in the home, which brought back happy memories of their own pets.

Staff spoke about people with pride, passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives praised the caring nature of the registered manager and staff. One relative told us, "They [staff] are very kind and care for people like their own family. I will always remember the kindness of [named registered manager and unit coordinator] going with my wife to hospital, making sure she had a friendly face with her."

Relatives consistently reported that staff interaction with their loved ones had a positive impact on their well-being and happiness. One relative told us, "[Named unit coordinator] and the carers [staff] are wonderful, they are so thoughtful and will do anything to bring a smile to Mum's face." Relatives said staff were very good at keeping them up to date about their loved one's progress and significant events. We reviewed a thank you letter from one relative which read, "Thank you so much for the photo. I am so delighted that Mum had a one to one walk in the garden and a hand massage. I really appreciate this lovely and thoughtful action."

People consistently told us that there had been a marked improvement in the quality of the food since the appointment of the new chef. The chef told us the provider's nutritionist had developed a menu which he was tailoring to meet individual requirements, for example; ensuring one person had their favourite meal of lamb chops. The chef told us, "I will make whatever they want, because their happiness is my happiness."

We observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported, staff engaged in day-to-day conversation with people which

put them at ease, whilst also providing a commentary about what they were doing to reassure them.

When supporting people to move, staff were patient and unhurried, encouraging people to take their time and not to rush. When people required to be supported to move in communal areas using safety equipment, staff maintained and promoted people's dignity.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

People were supported to maintain important relationships. One person said, "My family come at any time and are always made to feel welcome. There is a quiet lounge we can use if we want some privacy without going to my room." Staff supported people, where needed, to maintain their relationships with family and friends. For example, staff helped some people with birthday cards, letters and emails to their loved ones.

Staff understood the importance of celebrating important milestones with people such as their birthday, family birthdays and anniversaries. The home had a function room available for people to host family get togethers, dinners and parties. For example, the staff supported one couple to celebrate their 58th wedding anniversary.

We observed staff promoted people's choices and independence, by supporting and encouraging them to do things themselves, rather than doing things for them. One person told us, "They [staff] always ask you if they can help. They don't tell you." Another person told us, "The carers are great at encouraging me to stay independent and do things for myself, but are always there when I need them."

Many people had previously lived in the local community. People were encouraged to carry on their familiar routines, such as visiting friends or local shops. Where people went out independently, they had agreements in place with staff about where they were going and time of expected return. This ensured that staff had an awareness of people's whereabouts if they did not return as expected. We observed staff engage sensitively with one person, who had limited road safety awareness, whilst a preferred member of staff was found to support their unexpected wish to access the community.

People told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Staff knew how to comfort people in a way they preferred, for example, by holding their hands or putting an arm around their shoulder. Relatives consistently told us that the calm interactions of caring staff had reduced their loved one's levels of anxiety.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of their protected characteristics including age and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

People's confidentiality was respected and upheld by staff. People's care records were stored securely away from communal areas, so were not in view of visitors or other people. Staff handed over information to each other away from communal areas. This helped to ensure that personal or sensitive information about

people was kept private.

Good

Is the service responsive?

Our findings

People told us they experienced care that was flexible and responsive to their individual needs and preferences. People told us they were fully involved in the planning of their care and support. The registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

People actively contributed to the assessment and planning of their care. Families told us the staff worked closely with them, to ensure they were fully involved in people's care. People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example; staff supported people to try knew experiences and to do everything they were capable or had the potential to do.

Peoples needs and preferences were identified in their care plans. As well as a comprehensive care plan, people also had a more concise Individual Service Plan (ISP). Care plans and ISP's were personalised and contained information such as the person's life history, family connections, preferences around their personal care routines, likes and dislikes, hobbies and interests. Care plans contained details of any spiritual or cultural needs people had and how staff needed to meet them. Other needs identified included elimination, nutrition and hydration, dressing, mobility, communication, tissue viability, oral care and end of life wishes.

People living with dementia had assessments relating to memory, cognition, mood, interactions and behavioural tendencies. Where people had a specific medical need, then individual care plans were completed. For example, plans in relation to epilepsy, diabetes and catheter care.

It was noted that some plans lacked detail, or contained conflicting, out of date or repetitive information. For example; one care plan stated a person required to be repositioned daily to protect them from developing pressure areas. However, there were no instructions relating to the frequency during the day. Despite this issue with documentation staff were aware of what the required frequency was. One person had been provided with an air mattress, but there was no mention of this, or the inflation setting required. in their care plan, though staff knew why the air mattress had been provided and the correct setting required for the individual. We found this mattress was found to be on the correct setting for the person's weight.

In a plan relating to one person's mobility needs, it stated that the person used a rollator frame to support them whilst walking. However, the person was now immobile and required the use of a hoist. Although this was mentioned in the mobility plan, the old information regarding the rollator had not been removed. Staff consistently told us the person was now immobile and required to support with a hoist. The deputy manager had begun to review these care plans, since their return from a secondment.

People received care in a personalised way according to their individual needs. Staff told us care plans contained detailed guidance that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly to meet and respond to people's changing needs and wishes. People's daily records of care were up to date and showed care was being provided to meet people's needs,

in accordance with their care plans.

Staff could describe the care and support required by each person. For example; staff knew which people needed support to be re-positioned regularly and those who needed encouragement to eat.

People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed infections. Where aspects of people's health was being monitored, records demonstrated that staff responded quickly when required. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs.

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care consistently told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

People were supported to follow their interests and hobbies, for example; gardening, singing and various arts and crafts. A keen gardener, who was supported to maintain their 'green fingers', told us, "I help look after the garden here including the planning. I've got some dahlias in flower at the moment and in the summer we had lots of cherry tomatoes." Another person had been provided with a working replica of an old sewing machine they had previously used, which stimulated activity and fond memories. During the inspection we observed staff and people rehearsing carols as the Sunrise Christmas Choir. One person told us how singing the carols had caused many happy memories to come flooding back.

People and relatives reported they enjoyed the wide range of activities provided at the home, by staff who were always enthusiastic. A family member told us the activities team consistently sought feedback from them to identify new ideas for activities their loved one would enjoy. Where people chose not to participate in group activities the activities team ensured they received individual one to one sessions, to ensure they did not become socially isolated. One person told us, "They [staff] are very good at encouraging everyone to get involved. I love all of the activities but they understand if I'm not feeling up to it." Another person told us, "I usually like my own company but [named staff] always finds time to come and see me for a chat, which always makes me feel happy."

Staff actively encouraged social contact and companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. This protected them from the risk of social isolation and loneliness.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed regular satisfaction surveys and held monthly meetings attended by people and their families. Feedback from people and staff was analysed and clearly displayed within the home for the information of people and visitors. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People and their relatives knew how to make a complaint if they needed to. The provider's complaints policy and procedure was prominently displayed within the home. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns

The registered manager valued concerns and complaints as an opportunity for driving improvement within the home. The registered manager completed a monthly analysis of complaints and compliments, to identify emerging themes and trends. Where complaints highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff underwent further training when poor practice had been identified, improving the laundry service and reliability of the service lift.

Relatives and palliative care specialists consistently told us that people were supported at the end of their life to have a comfortable, dignified and pain-free death. We spoke with the family of one person who had recently passed away. They praised the registered manager and staff for the kind and compassionate care provided to their loved one. Another relative praised staff for the support and kindness provided to their family and friends. A relative told us staff had made them feel involved, listened to, and informed in the last days of their loved one's life.

One person and their family had been distressed by the insensitive, uncaring manner the provider dealt with a financial issue, when they were still grieving for their loved one. We informed the provider's Director of Operations who undertook to engage with the family to apologise and provide an appropriate response to their concerns. The person and their family praised the staff for their support at the time of their loved ones' death.

Staff were aware of national good practice guidance and professional guidelines for end of life care and provided care in line with this consistently. Advanced care plans were developed with people and their families. These ensured people's end of life choices and preferences were known and documented, for example; the person's preferred place of death. Relatives told us that staff were empathetic with family and friends and consistently discussed advanced decisions with them, where appropriate, in a compassionate and sensitive manner.

Good

Is the service well-led?

Our findings

People, staff and professionals consistently told us the service was well managed. One person told us, "The manager is very friendly and if you have any problems she sorts them out very quickly." Professionals consistently told us the registered manager and staff listened to them and effectively implemented their guidance. One visiting professional said, "I like it here, the staff are very caring and [Named coordinator of Reminiscence community] is excellent, very progressive and really good at getting our message across to staff."

People and their relatives told us that they trusted the registered manager and their coordinators and felt confident to express their views and concerns. Families made positive comments about the registered manager and staff's devotion to people. One relative told us, "You can talk to [Named Assisted Living coordinator and shift lead] about your worries and they are very good at reassuring you and you know they will do what they say."

The provider and management team had created an open, person-centred culture, which achieved good outcomes for people. This was based on the provider's principles; Preserving dignity, nurturing the spirit, celebrating individuality, enabling freedom of choice, encouraging Independence and involving family and friends. Staff told us their responsibilities and personal engagement were driven by the service core values, namely passion, joy in service, stewardship, respect and trust. We observed staff demonstrating these values whilst delivering care to people with dignity and respect.

Staff told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued. Staff told us the registered manager and deputy manager inspired trust and confidence in them and was always available if they needed advice or guidance. Staff working in the Reminiscence and Assisted Living communities told us their respective coordinators had created a bond between people living in the home and the staff. Staff referred to their respective coordinators as leading by example and described them as excellent role models. Staff working in the kitchen and housekeeping told us the chef and head of housekeeping set high standards but made them feel their contributions were valued.

There was a clear management structure within the service. Staff understood their roles and responsibilities and had confidence in the management team who frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the management team readily recognised and thanked them for their good work. Rotas demonstrated there was always a designated manager available out of hours. One staff member told us, "One of the managers is always contactable and [the registered manager] will always come in or give you advice if there is a problem."

During our inspection we observed the management team provide good leadership in relation to unexpected events, for example; the provision of advice in relation to the support required for a person who was feeling unwell and another who was experiencing increased anxiety. During our inspection the registered manager effectively implemented an emergency contingency plan to keep people safe and warm,

when the home's heating system failed overnight.

People told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in a transparent manner.

The provider had suitable arrangements to support the registered manager, for example, through regular meetings with the operations director, which also formed part of their quality assurance process. The registered manager told us they had received excellent support from the operations director.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The provider had a quality assurance team who completed regular assessments of the service in relation to the fundamental standards. The fundamental standards describe the basic requirements that providers should always meet, and set the standard of care that service users should always expect to receive.

The registered manager completed unannounced night visits, which checked staff abilities and knowledge to react to emergencies. For example, staff knowledge regarding how to turn off utilities such as water, gas and electricity. Any identified learning identified from such visits was addressed with the required training, for example evacuation and fire safety. The management team completed practical safety exercises to check staff responded to serious incidents in accordance with the provider's protocols and that processes and equipment were effective. For example, a recent 'missing person drill' identified that some important communication equipment was failing. This communication equipment was immediately replaced.

Staff completed a series of quality audits including care files, health and safety and fire safety management. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The deputy manager had recently returned after a secondment to another home within the provider's care group. The registered manager had identified areas within the service quality assurance system, which now required their attention.

The provider sought feedback to improve the service using a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the service in home meetings. People told us the registered manager listened to their concerns and took swift action to resolve them.

Accidents and incidents were effectively logged by staff and reviewed by the management team. This ensured the provider's accountability to identify trends and manage actions appropriately, to reduce the risk of repeated incidents, was fulfilled. The registered manager and other managers effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the registered manager had developed good relationships with local GPs and community mental health and nursing teams. The service had clear systems and processes for referring people to external healthcare services, which were applied consistently, and had a clear strategy to maintain continuity of care and support when people transferred services.

The registered manager understood their regulatory responsibilities. For example, the registered manager had promptly notified the CQC and other authorities as required, in relation to important events or serious

incidents.