

Sunrise UK Operations Limited

Sunrise of Banstead

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunrise of Banstead is a care home for up to 97 people living with dementia, physical disability or sensory impairment. There were 54 people living at the home at the time of our inspection.

People's experience of using this service and what we found

People were supported by kind and caring staff with whom they had established positive relationships.

Staff treated people with respect and maintained their dignity when providing their care. Equality and diversity was valued and celebrated.

Staff knew and respected people's preferences about their care. They encouraged people to remain as independent as possible.

The registered manager and senior staff team had implemented effective quality monitoring systems. Staff communicated important information effectively, which helped ensure people received consistent care.

Staff were well supported by the registered manager and senior staff team. Staff achievements were recognised and valued.

People had opportunities to give feedback about the home and the care they received. They said staff listened to and acted upon what they had to say.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 22 August 2018).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 May 2018. We rated the Caring key question requires improvement.

We undertook this focused inspection to check they had made the required improvements. This report only covers our findings in relation to the key questions Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 provider had appropriate infection prevention and control measures in place.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Sunrise of Banstead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager had applied for registration with CQC.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and four relatives. We also spoke with the registered manager, the catering manager, the activities co-ordinator and five care staff.

We reviewed four people's care records, including their risk assessments and support plans. We looked at four staff recruitment files, accident and incident records and quality monitoring systems.

After the inspection

The registered manager sent us further information, including audits, residents' council meeting minutes and the results of the most recent resident survey. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure that all the people living at the home were treated with respect and that their autonomy, independence and involvement in their community was supported. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Since the last inspection, initiatives had been implemented at the home which focused on respecting equality and valuing diversity. The registered manager said, "We needed to embrace that change. We have worked hard on people being able to express themselves."
- We heard examples of how equality and diversity had been promoted in the home. For example, a 'Round the world' programme had been organised at the home which ran for 12 weeks. The programme involved focusing on a different country each week to learn about the people, language, food and culture of that country.
- One person who lived at the home spoke Punjabi as their first language. The home employed some staff who also spoke Punjabi as their first language. The deputy manager told us these staff were assigned to support the person whenever possible to enable the person to speak their first language.
- People were able to practise their religion at the home if they wished. The provider information return (PIR) stated two staff were lay preachers and had held services at the home during lockdown which people were able to attend.
- The provider also ensured that the religious beliefs of staff were respected. The PIR explained that if staff were not able to work on specific days because of their religious beliefs, this was respected.
- People told us staff were kind and caring. They said they enjoyed the company of staff. One person told us, "The staff are very good; very kind. We are well looked after." Another person said, "I am very happy here. The girls are lovely and they are good to talk to."
- Relatives told us staff were friendly and welcoming. They said their family members had established positive relationships with the staff who supported them. One relative told us, "All the staff are very welcoming. They are very caring." Another relative said, "[Family member] gets on with all the staff."
- A relative whose parents had lived at the home said, "Everything is done with kindness. For us, it was such a relief they had good care and were not having to live at home on their own. Everyone tried really hard to

engage them in activities."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and provided support in a way which maintained people's dignity. People told us they could have time alone when they wanted it and that staff respected their privacy. One person said, "They always knock on the door before they come in."
- Staff encouraged people to be as independent as possible. A relative told us, "I have seen the way staff encourage people to be independent. I used to visit and one of [family member's] friends would make me a cup of tea, which really meant the world to him. You could see people thrived from being supported to maintain as much independence as possible."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their preferences about their care before they moved into the home to ensure these were respected from the beginning of their stay. The PIR said people were encouraged to express their preferences about their care before they moved into the home to ensure these were reflected in their care plans. The pre-admission assessments we checked confirmed this.
- Staff told us they encouraged people to be involved in developing their care plans. One member of staff said, "We involve them in their care plans. We talk to them about what they like, what they don't like." This was confirmed by the people we spoke with, one of whom told us, "I have seen my care plan. I get asked about what I would like to include."
- People told us staff respected their decisions and preferences about their care. Relatives said their family members were supported by consistent staff who knew them and their needs well. One relative told us, "There are two staff who are mainly responsible for looking after [family member]. They know her and how she likes things done."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and senior staff team had implemented effective quality monitoring systems. Regular audits helped ensure people received safe and effective care. For example, the deputy manager carried out a monthly clinical governance audit. This considered any accidents and incidents, safeguarding concerns, health and safety issues, pressure ulcers and falls.
- Staff told us the registered manager had encouraged staff to take responsibility for different aspects of the service, which had been beneficial to the overall management of the home. One member of staff said, "[Registered manager] has built up a good team. She has allowed team members to learn from each other so if someone is off sick or on holiday, there is someone who can take over."
- Communication amongst the staff team was effective, which meant people received consistent, well-planned support. Heads of departments met each morning to discuss the day ahead and any events they needed to plan for, such as new admissions. Care staff attended a handover which ensured they had up-to-date information about people's needs and any changes to their care.
- Staff told us effective communication was valuable in making sure the home was run smoothly. One member of staff said, "There is good communication, which I think is key. Every morning we have the huddle meeting. We discuss what is happening on the day and any concerns we have."
- The registered manager understood their responsibilities under the duty of candour and ensured lessons were learned from incidents. For example, a relative told us they had made a complaint when staff mistakenly removed an item of furniture from their family member's room. The relative said the registered manager had responded positively to the complaint, taking action to resolve the issue and issuing an apology.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had opportunities to give feedback about all aspects of the home at regular meetings and through satisfaction surveys. People told us their views were listened to and acted upon.
- People said they saw the registered manager regularly around the home and told us they could speak with the registered manager if they wished. One person said, "The manager is very nice. She comes round and talks to you. If I have a problem, she comes and speaks to me about it."

- Staff told us the registered manager and senior staff team were approachable and supportive. One member of staff said of the registered manager, "Her management style is a very open and honest one."
- Staff told us the manager encouraged their suggestions about how people's care could be improved and listened to any concerns they had. One member of staff said, "We are empowered by [registered manager] to speak up. There is an open door policy."
- Staff were valued and recognised for the work they did. Whole staff meetings were held each month at which new staff were welcomed and the achievements of existing staff were celebrated.
- The registered manager and senior staff team had formed effective working relationships with relevant external stakeholders and agencies. They worked in partnership with key organisations to support service development and joined-up care.