

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
Little Addington
Kettering
Northamptonshire
NN14 4AU

Tel: 01933650794

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27 May 2016

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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 unannounced inspection took place on the 26 and 27 May 2016.

Sunrise Care Home accommodates and cares for up to 20 older persons with a range of mainly age related dependencies, including people with dementia care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People benefited from being cared for by sufficient numbers of experienced staff that had received the training they needed to do their job safely. Staff knew what was expected of them when caring for older people, including those with dementia care needs, and they carried out their duties effectively and with compassion.

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs, and provided staff with the information and guidance they needed to do their job. People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by staff that were attentive to each person's individual needs and understood their capabilities.

People had enough to eat and drink and received the care they needed. People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. People who needed support with eating and drinking received the help they required.

People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People were safeguarded from abuse and poor practice by care staff that knew what action they needed to take if they suspected this was happening. There were appropriate staff recruitment procedures in place to protect people from receiving care from staff that were unsuited to the job.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

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.

There were sufficient numbers of staff to meet people's needs and keep them safe.

Appropriate recruitment practices were in place to ensure staff of a suitable background were employed by the service.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People's physical health needs were kept under review. People were supported by a range of relevant health care professionals to ensure they received the treatment that they needed in a timely way.

People received care from staff that had the experience, training and acquired skills they needed to meet people's needs.

People benefited from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People received their care from staff that encouraged them to do what they could for themselves, enabling them to retain as much independence as their capabilities allowed.

People benefited from being cared for and supported by staff that had a good understanding of their needs and preferences.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that reflected their individual needs and how these were to be met by the staff.

People's needs were reviewed regularly so that they received the appropriate and timely care they needed.

People were encouraged to participate in activities they enjoyed and that supported their well-being.

Is the service well-led?

Good ●

The service was well-led.

People received care from staff that had the managerial support and guidance they needed to do their job.

People benefited from receiving their care in a home that was conscientiously managed.

People's quality of care was monitored by the staff and timely action was taken to make improvements when necessary.

Sunrise Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on the 26 and 27 May 2016. Before our inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke with three people who used the service, as well as four family visitors to the home. We looked at the care records of six people. We spoke with the manager, and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider. This included quality assurance audits, training information for care staff, and arrangements for managing complaints.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas.

Is the service safe?

Our findings

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider worked co-operatively with the Local Authority to ensure people's safety.

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. Staff had the time they needed to focus their attention on providing people with safe care. People were not rushed and they received timely and attentive care when they needed it.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. Risk assessments were included in people's care plans and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People's medicines were safely managed and they received their medicines as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People received appropriate healthcare treatment from community based professionals that visited the home. Staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment when they needed it.

People received their care from staff that knew what was expected of them. They went about their duties purposefully in an organised manner so that people routinely received their care when they needed it.

The manager and staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties. People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs.

People's nutritional needs were met. Where necessary, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People enjoyed their meals and had enough to eat and drink. Those that needed assistance with eating or drinking received the help they needed from attentive staff. People were not rushed and had the time they needed to enjoy their food. One person said, "I look forward to my meals and there's always plenty to eat and drink."

People's diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Where people were unable to express a preference staff used information they had about the person's likes and dislikes. One visitor said, "They [staff] check with me to see if [relative] has favourites. [Relative] can't really tell them but they take the trouble to find out what [relative] likes."

Is the service caring?

Our findings

People received their care from staff that made sure people felt valued as individuals. Staff were mindful of sustaining a 'homely' ambiance that helped people relax. One person said, "As far as I'm concerned they [staff] are all kind to us. I see how they treat those that can't do a lot for themselves now and I've got no complaints at all." Staff had developed positive relationships with people and used gentle humour and words of encouragement when they engaged with them.

People's visitors were made welcome. Staff said that people's relatives and friends were always welcome. A visitor said, "I come here a lot to be with [relative] and I always feel they [staff] are pleased to see me. [Relative] doesn't say much now but in my experience [relative] is always treated kindly. They [staff] try to make each day a happy day for everyone." Another visitor said "Most of the time I'm kept well informed about how [relative] has been since I last visited. Maybe some staff could be a bit better at telling me that but overall I think [relative] is treated well."

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way.

People's individuality was respected by staff that directed their attention to the person they engaged with. Staff used people's preferred name when conversing with them. People were approached by staff that took time to explain what they were doing without taking for granted that the person understood what was happening.

People's bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. One person said, "I like my room with all my 'bits and pieces' where I want them."

Is the service responsive?

Our findings

People that were still able to make some decisions, however simple, about their care had been involved in creating their care plan. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives, such as a significant relative.

People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention. The staff were able to tell us about each person's individual choices and preferences.

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People could freely choose to join in with communal activities if they wanted to. These activities suited people's individual likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually.

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager, who is a director of the provider Company, has had the experience of running and managing the home over several years, with the conscientious support of the staff team. The registered manager was on holiday when we inspected but had delegated the running of the home to a newly appointed manager that will be applying to register with the Care Quality Commission (CQC) in due course. The new manager presented as conscientious and committed to supporting the staff team to do a good job caring for the people in residence. There is a 'hands-on' approach to care by the senior staff that ensures the team are confident in the managerial support and guidance they receive on a day-to-day basis. Whenever difficulties have arisen relating to individual staff performance the issues have been competently and sensitively managed so that team cohesiveness is maintained. Staff had the guidance and support when they needed it. Staff were satisfied with the level of support and supervision they received.

Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

People's care records were fit for purpose and a review of formats for recording pertinent information about people's care had recently been undertaken by the new manager to ensure all necessary information was readily accessible. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been routinely updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the provider. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs. This was evident, for example, from timely action taken to ensure that a recurrent false alarm fault in the fire alarm display panel was rectified by the appropriate qualified professionals.