Sunrise UK Operations Limited

Sunrise of Elstree

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 9 January 2018 and was unannounced. The service had previously been rated as Good. However, the service had recently undergone a change to their registration which meant that this was the first inspection under the current registration. At this inspection we found that they were meeting all the standards.

Sunrise of Elstree provides accommodation for up to 81 older people some of whom live with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 74 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The registered manager was well known throughout the home and proactive in their approach. At the service the registered manager uses the title Assisted Living Coordinator.

There were systems in place that monitored the quality of the service, resolved issues and strived for continuous improvement. Staff felt engaged and empowered working at the service. We found the ethos in the service was 'People first'. We found there were very few complaints but these were responded to appropriately.

People received personalised care that met their needs and respected their preferences. Care plans gave staff clear guidance and staff followed these plans. People enjoyed activities that reflected their hobbies, interests and lives. People were supported with care and kindness at the end of their life.

People were supported by staff who knew how to promote safety and recognise abuse. Individual risks were assessed but these did not stop people living a full life. People's medicines were managed safely and there were enough staff who were recruited through a robust process. We also found that infection control was well managed.

People were supported by staff who were trained and supported. People were given choice and supported in accordance with the principles of the Mental Capacity Act.
People enjoyed a variety of food, a pleasant dining experience and their nutritional needs were met.

People had regular access to health care professionals. We found that the design and layout of the building met people's needs and promoted dignity. The service refers to the units in the home as neighbourhoods and the unit managers as Neighbourhood Coordinators. However, throughout this report we refer to the different areas as units and unit managers.

People were treated with dignity, respect and kindness and were involved in decisions about their care. People told us that they made friendships and felt happy at the service.

Confidentiality was promoted through the management of records and how staff spoke with people.

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 supported by staff who knew how to promote safety and recognise abuse.

Individual risks were assessed but these did not stop people living a full life.

People's medicines were managed safely.

There were enough staff who were recruited through a robust process.

Infection control was well managed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported.

People were given choice and supported in accordance with the principles of the Mental Capacity Act.

People enjoyed a variety of food, a pleasant dining experience and their nutritional needs were met.

People had regular access to health care professionals.

The design and layout of the building met people's needs and promoted dignity.

Is the service caring?

Good

The service was Caring.

People were treated with dignity, respect and kindness.

People were involved in decisions about their care.

People made friendships and felt happy at the service.

Confidentiality was promoted.

Is the service responsive?

Outstanding ☆

The service was responsive.

People received individualised and personalised care that met their needs and respected their preferences.

People were involved in developing their care plans so that these gave staff clear guidance and staff followed these plans.

People enjoyed activities that reflected their hobbies, interests and lives. These activities included people's wishes to take up a new interest or pursue one that they had thought they were no longer able to.

People were supported with care and kindness at the end of their life which meant they could die with dignity and compassion.

Complaints were responded to appropriately and robustly.

Is the service well-led?

Good

The service was well led.

The registered manager was well known throughout the home and proactive in their approach.

There were systems in place that monitored the quality of the service, resolved issues and strived for continuous improvement.

Staff felt engaged and empowered working at the service.

The ethos in the service was 'People first'.

The registered manager was well known throughout the home and people told us they liked her. We noted that they provided support to people and knew people well. □

Sunrise of Elstree

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 14 people who used the service, three relatives, 10 staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "I feel very safe as there is always someone around to help me when I need assistance." Another person told us, "When we go out the staff always make sure everyone is safe and that no one goes wandering." Relatives told us that they felt people were safe.

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. One staff member told us, "We often have talks about safeguarding to make sure we are up to date."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. However, risk assessments did not stop people living their lives, For example, one person had been through a robust risk assessment process to enable them to go horse riding. Staff knew about the risk assessments and were confident in keeping people safe. One staff member said, "One person was beginning to slip when they got out of bed so we lowered the bed and put a falls mat in place which meant they could still get up but had less risk of hurting themselves." We noted that any accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

The Senior Care Assistant Wellbeing spoke of a person who has not been able to settle yet and they were exhibiting some behaviour that challenged. They told us how staff had been working to find out how best to support them. They had called on outside professionals for guidance and support including in the mental health crisis team. All staff spoken with were clear about how to support this person when their mood was challenging. One staff member said, "We give them space or sit and reassure them we just need to see what they need most at that time."

Staff also told us of about one person who had an accident with a hot drink when they lost their grip. Staff told us that the person now uses a beaker which keeps their independence but helps to keep them safe from further incidents.

We found that one person, whose condition had deteriorated rapidly, developed a pressure ulcer. Records showed that staff called in district nurses as soon as any reddening of the skin appeared, began frequent observations and took photographic evidence along with details of the treatment and management strategy. We found that everyone had robust management plans in place for when they were at risk of developing pressure ulcers. Regular checks were made on equipment in use and staff supported people with repositioning and good nutrition and hydration.

There were regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. One staff member said, "We have regular fire drills." The provider ensured that

other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People and their relatives and staff told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it. Staff told us that there were enough staff. Where shifts were unable to be covered by staff employed at the home, an agency was used and a copy of their [staff] profile was provided to the home to ensure they were suitable to work at the service.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. One staff member told us, "It took a while to be recruited; I had an interview, references and needed to wait till they and my police check to come back before I could start." We saw that all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely. One person told us, "I am happy that they take care of all my medications and give it to me on time, I don't have to worry about it any longer." Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely and staff received training. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs. This included antipsychotic medicines. These medicines had very clear plans to ensure the length of time the person was taking them was monitored, to ensure staff were aware of the reason why the person was taking the medicine and to ensure staff were aware of potential risks of taking these medicines.

There were systems in place to help promote infection control. These included cleaning regimes and training for staff. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection. We noted that there were regular audits and checks in place to ensure staff were working in accordance with the policy. The whole home smelt fresh without the odour of cleaning materials. The infection control champion in the housekeeping team gave staff regular updates. There was a deep clean twice a week and night staff carried out cleaning task as well as housekeeping. All cleaning products were locked in the bathrooms and gloves and aprons were locked in people's rooms. One staff member said, "The housekeeping staff have just been disinfecting all the door handles to try and minimise the risk of any flu."

Lessons learnt were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. For example, there was a clear culture of staff reporting any errors. We saw a medication error record and the action taken to ensure the incident did not happen again. Staff were retrained and had their competency checked. All staff spoke of how any incident, or error was discussed and lessons learnt shared.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, "I am getting familiar as have been here only a month but there are plenty of trained staff who are willing to help when required." Another person told us, "The regular staff are experienced to care for me and my [relative]."They went on to say they preferred to not be supported by agency staff as they were not as good as staff employed by the service.

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training modules such as equality and diversity and the 'general manager's fundamentals'. These fundamentals set out what was expected of staff. Staff told us that they felt very supported and were able to approach the management team for additional support at any time. One staff member said, "Before I started on shifts I had to shadow for a week on each of the shifts, day evening and night shift so I could understand the needs of people and our role. I also completed my e learning and did my moving and handling." Staff were knowledgeable about dementia and how to support people to maintain their independence and choice. One staff said, "I really got a lot out of the dementia mapping training it really helped me support people." All said training was excellent and were encourage to do training and to increase their knowledge. One staff member said, "We get lots of training and it is really good we are encouraged to do training. I have just completed falls prevention training and I think everyone should go it was so helpful." Another staff member said, "We get lists of training and we talk about it in our supervision too. I am going on training about continence." This demonstrated that the provider was committed to ensure staff had the appropriate knowledge for their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and their management team within the home, demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place.

People were encouraged to make choices and these were respected. However people were also supported by family members when needed. One person told us, "The staff ask my [relative] for consent as she is my next of kin, I don't always remember." Observation of staff interventions showed that they respected people's decisions and people were free to take part in any activity they wished or to sleep longer. One staff member said, "We support people to make decision we give them choices for example in the morning we

will open the wardrobe and take time until they choose what they wish to wear."

People were supported to enjoy with an extensive variety of food and their individual likes, dislikes and dietary needs were well known by staff. One person said, "Today my lunch was superb. I am looking forward to my evening meal." We noted that there was a three course meal available for lunch and supper. Breakfast also had several choices available. Assessments had been undertaken to identify if people were at risk from of not eating or drinking enough. Where people had lost weight, a plan had been put into place to reduce further weight loss. A project had been completed to help raise awareness of the benefits from eating well and encourage people's health through eating and drinking well. This had seen a reduction in people losing weight. Notes on the assessments referred to an addition of croissants at breakfast and sandwich platters and smoothies throughout the day. We found that snacks and drinks were freely available to everyone throughout the day.

The wellbeing co-ordinator kept a close watch on each person with any changing weight and referred to the dietician and they were weighted weekly and put on a new 'protein shot' to supplement their food. The wellbeing coordinator said, "Almost all our residents [on the Reminiscence unit] have milkshakes to help boost their nutrition but we found many found them (the milkshakes) too heavy or too much so the protein shot (which was a smaller quantity) was introduced and is really going well."

The dining experience was very pleasant. Staff were calm and unhurried. We observed staff supporting people appropriately when they needed assistance to eat. We noted two gentlemen walked to the dining room and then decided to eat a bit later. This was not an issue for staff or the serving process and indicated that people could choose when they wanted to be seated. One person said, "There is plenty of food and it is good, my concern is the timing of the lunch as it is so soon after the breakfast, so I always go in a bit later and that is fine with the staff, they are understanding."

Tables were set elegantly with linen table cloths and napkins. We saw that condiments and menus were available on every table with a variety of drinks to accompany the meal. We spoke with the chef about dietary needs and preferences. They were knowledgeable about people's needs which included varying diets for people's religion or cultural needs. and showed us the other options available to people. We found that staff were mindful of serving pork to people who were Jewish and there was always a fish of the day dish along with a vegetarian option. One staff member said, "We show people the food on the menu so they really can choose. If they want something else we can provide it." There was a beautifully decorated and set private dining room available for people to use with family and friends. Staff told us it was used regularly. We noted that there was a thank you card from family for the use of the dining room.

People had regular and prompt access to healthcare. One person told us, "My health needs are met, no complaints." Another person said, "I see the Dr on weekly basis, he is here when you need him." The GP came every week and there were referrals to speech and language teams, district nurses and mental health teams. There was also regular chiropody. Staff were proactive in ensuring people received the healthcare that they needed. For example, one person aged over 100 years old, wanted to learn the violin but their shoulder was sore so a staff member asked the GP to give them an injection so they could move their shoulder and play the violin.

The home was designed in a way so that people could move around easily, whether this is independently or with the use of mobility aids. On the assisted living unit there were comfortable lounge areas and a bistro area. There was a dining room on both the assisted living unit and the Reminiscence unit so people could enjoy a meal together if they wished. Bedrooms were personalised and spacious. There was an accessible garden and a large for activities. Each room had a sign to help orientate people. Bedrooms had memory

boxes outside to help identify rooms easier and give staff an insight into the person they were supporting.

We noted that the Reminiscence unit was for the purpose of supporting people living with dementia. However, the unit felt warm, homely and in keeping with the style with the rest of the building. The environment that reflected the lives that people had lived, was not sparse and had age appropriate decoration throughout. The unit was set out to enable people to move without restriction as in accordance with good practise dementia guidelines. The majority of people had memory boxes outside their room and there was good lighting. There were a variety of spaces for people to sit, a quiet lounge, a veranda for good weather, a dining room and kitchen a sitting room and other chairs set out in various parts of the unit all made to make people feel at home. There were no sign of hoists or other equipment which may be needed to assist people, it was all discreetly put away. Fire doors were set back into the wall so to give clear access throughout the unit. There was appropriate memorabilia around the unit like hat stands with a selection of hats, a dressing table and sideboards, books all age appropriate and making it a homely warm and welcoming environment.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person who was living at the service with their spouse said, "We have a good quality of life here, we get good care, good food and get to do what we enjoy such as daily walks, singing and dance sessions and that keeps us both happy." Another person said, "I love it here!, the staff know me really well, they know that I like to joke with them, they also know that I like to be on my own so they don't interfere and tell me to do things that I don't want to! They listen to me." A third person said, "I know most of the staff, they are attentive and caring." A relative told us, "I come to visit my [person], I have known for over [number] years. I had noticed that [person] was feeling very low when she was in another home. Since she has moved here she is much better and seems much more positive and enjoys the environment."

People told us that they enjoyed living at the service. One person said, "I enjoy being in this home, it is much better as it is Assisted Living, it is a safe place and staff are caring. I have made some friends here." Another person also told us, "I have made some good friends here."

We observed staff relating to people in a kind, gentle and encouraging manner. We saw people were listened to and reassured. We observed a staff member reassuring a person who was upset saying, "Don't worry you are at home now." One person came to the office whilst we were talking to the staff member and was disoriented. The staff member spoke with the person and suggested they went to get a cup of coffee. Returning the staff member said, "Whenever [person] gets a little upset like that [they] always like a coffee and it settles [them]." Another staff member was seen gently guiding a person another way saying, "I think you said you wanted to go to your room which is just this way." The person went happily with the staff member. We asked staff what they liked most about their role. We asked the wellbeing coordinator of the reminiscence unit what they enjoyed most about working at Sunrise said, "Its being able to work with the residents."
Staff were all dressed in their own clothes rather than a uniform which they were happy about and said they felt it helped people relate easily to them.

We saw examples of excellent life story books with photographs of people at different stages during their life and with questions which family members completed such as, 'Can you list any way we can nurture [person's] spirituality?' and 'List of close friends, important episodes in people's life's that they would remember.' One person had written a book and this was on display in the unit. The person was delighted when the staff member showed it to us. They said it was a happy memory of part of what they had achieved in their life.

People's religious and cultural backgrounds were known by staff and this was incorporated into the menu, services within the home and the events calendar. We saw that one person who was Jewish enjoyed attending Shabbat on a Friday evening.

Everyone seen was well dressed clean and well groomed. People were offered daily showers or a body wash if they preferred. Staff demonstrated how they treated people with respect and dignity in the manner they

spoke with people and how they guided them when they may be heading away from where they wished. The respect was also demonstrated in the patience with which they listened to people. One person came and repeated the same thing and staff listened as if for the first time and gently helped the person to settle by walking with them.

Staff said how they ensured people's dignity during supporting with personal care. One staff said, "I always make sure they are left to do anything they can on their own, and I cover them up when supporting them and talk them through everything." Another staff member told us how they always knocked and asked permission to enter a person's room, and would ask them if it was ok to help them. Another staff member said, "It is their home and so we respect their wishes there is enough staff to support them when they wish."

One staff member said "I like to treat each person like they are my family it is their home". Another staff member said how they always make sure people have everything they need. For example they said, "One person wanted some make up wipes but their family was away so I brought them in for them".

People's records were stored in a lockable office in order to promote confidentiality for people who used the service. We also noted that staff were discreet and we did not hear staff speaking openly about people's needs throughout the inspection. This demonstrated that confidentiality was promoted.

Relatives and friends of people who used the service were encouraged to visit at any time. One relative said, "The manager and all the staff know me here and I am able to visit without any restrictions and I can take my [person] out if she wants to."

Outstanding ☆

Is the service responsive?

Our findings

People consistently received care that met their needs in a way that they liked. Everyone we spoke with was positive about the care they received and told us that their choices and preferences were respected. People were able to have care they wanted when they wanted it. One person told us, "I like it here as I am encouraged to do as much as I can, so I never use the lift and I always use the stairs, I do my own exercise every morning and can stand on one leg at a time. I receive care with getting dressed, with my hair and they will provide more if I ask but for now I am happy with what I can do for myself." Another person said, "This morning, I did not want to get up at my normal time, so they let me have a longer sleep. Look at me, I look good, they shaved me and helped me to dress, I like to wear my nice clothes."

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able to do things for themselves and to provide care in a way people preferred. For example, a falls plan was in place and the remedial measures were listed to be in use to promote independence and dignity, enhance wellbeing and give freedom of choice. This had meant people had less frequent falls. We saw, and people told us, that they contributed to their care planning and were involved in all their care reviews. These were completed monthly and a full review six monthly. Plans included guidance from visiting professionals and also a record if people chose not to follow that guidance. Staff respected people's wishes.

The service did not provide nursing care. However at times they provided end of life care for people. We found staff had received training in key areas, were supported by district nurses, and Macmillan nurses where needed, and people had their wishes documented in their support plans. People were supported to die with dignity and without pain. One relative wrote a thank you about how the registered manager stayed with them through the night while their relative passed away. They wrote, "Your company was a great comfort and your staff area absolutely wonderful. The last few days with all of you for company was actually rather special." The feedback went on to say that staff worked very hard to keep the person comfortable and feel well cared for but also that they kept them informed about what was going on. A person who lived at the home told us, "I moved here with my [spouse], who was very ill and then passed away, the staff were very kind and caring with [them]."

People were supported to live full and active lives and to participate in activities in and outside of the home which reflected hobbies, interests and preferences. One person told us that they mentioned to staff that they wanted to play bridge so they were delighted that they introduced it and felt satisfied that they could make their views known. The person told us, "I enjoy playing Bridge and look forward to it, I enjoy going out every Friday to my [relatives] for dinner, I also enjoyed the lovely Christmas Party here and we were given lovely presents." We saw people enjoyed activities including quizzes, baking, games, walks, outings. Activities were offered every weekday and evening and weekends.

People and relatives told us that staff supported people to do things that they enjoyed. We were told of and saw many examples of how people's interests were promoted at the service. One person was a very keen horse rider and felt they would never be able to ride a horse again. The staff discussed the person's wishes

and following a risk assessment contacted a riding school for the disabled to arrange a horse riding session. The person was delighted to be able to sit on a horse again and canter round the stables. Their family took photographs and the registered manager told us, "You can see the joy in [their] face. [They] continued to talk about the experience [they] never thought [they] would have again for weeks after." The registered manager also told us about another person who was a big theatre lover and because of the deterioration in her physical health and mobility she knew she would sadly not be able to visit the theatre again. The Activity Coordinator contacted a Theatre Production Company and booked an afternoon at Elstree. They told us, "[Person] thoroughly enjoyed the production and was very grateful for the opportunity to see a show again. It was her last wish and we all are so grateful that we fulfilled it before she sadly passed away."

One staff member on reminiscence used to do cross stitching in their work breaks and a person noticed the cross stitching and expressed how much they liked them. The staff member asked the person if they would like her to do a cross stitch tapestry for her and the person enthusiastically said yes. The person said she would love a Buddha. The staff member searched the internet, ordered it from China and it took her 10 months to complete. The registered manager told us, "It is a huge tapestry and we have had it framed for [person] and it now has pride of place in her room."

Another person was in a deep depression when they arrived at the service. We were told how the team were very patient and attentive with them and they formed a close bond with a member of staff. The person settled into their new life, moved into a larger room and expressed a wish to have their personal pieces of art from their home brought into their room. The Administrator searched for a reputable removable company specialising in fine art and the registered manager and staff member went with the person to assist with the removal process. They coordinated the transferring of their paintings from beginning to end and they all now hang proudly in their room. The registered manager told us, "[Person] and [staff member] continue to have a close bond. She is his keyworker and regularly takes him out on personal shopping trips and for his favourite [restaurant name] burger."

There was also a 'make a wish' system in place where people could ask for something that they really wanted to do. One person loved to watch snooker but had never been to watch a match, so this was arranged and thoroughly enjoyed. One person who lived at the home suggested they celebrate Mitzvah Day. The activity coordinator worked closely with the person's son and they organised the celebration at the service. Other people helped to bake Challah bread and then donated them for the Jewish community who were less fortunate. The registered manager told us they also shared the freshly baked bread with everyone living at the service which was thoroughly enjoyed.

Staff knew what people enjoyed and facilitated this. There were monthly activity plans and also a daily sheet given to people and left on tables so people knew in advance what was happening and were reminded each day. We noted that activities were available seven day a week, and in the evenings. One person said, "I look forward to the activities, I really enjoy the dancing and the Halloween Party was lovely." We observed the dance tutor, who knew everyone by their names and greeted them as they joined the dance class. The class was well attended and everyone took part in all the movements. We also observed group activities such as the Quiz sessions in the Bistro, which was run well and with interaction from many of the people sitting in that area.

We spoke with the Activity Co-ordinator about the "Living with Generosity" activity which involved people getting involved in activities that gives back to the community. Recently people made dog biscuits and donated them to the local animal charity. It was a new programme and received well by the people. The Co-ordinator was keen to start a Knitting Group who would knit blankets which will be donated. There were plans to get a committee of six people to get involved in planning the activities programme in the future.

Complaints and minor concerns raised had been fully investigated. People and relatives told us that they knew how to raise concerns but had not needed to. One person said, "I can talk to the Manager and [unit manager] about my views and opinions and know how to raise a complaint, but I have not had any reason to complain." We saw that the complaints process was provided to people on admission and feedback was sought regularly to ensure any issues could be raised.

There were resident committee and relative meetings. We saw that during these meetings people expressed their views and they were listened to. For example, people had raised that they did not like receiving support from agency staff in the event they were needed. The registered manager assured people that they had the choice to wait for internal staff if they wished. We saw that relative meetings were held regularly and their feedback listened to and acted upon. For example, for a picture of the daily duty manager to be displayed and changes to some products purchased.

Good

Is the service well-led?

Our findings

The registered manager was well known throughout the home and people told us they liked her. We noted that they provided support to people and knew people well. The registered manager was able to demonstrate an in depth knowledge about the people they supported and the staff team working at the service. At times they worked as part of the team and also ran a weekly activity one evening a week. This meant they spent time with people on a social basis.

Staff were also positive about the registered manager. One staff member said, "I like the manager she is very good. She is so approachable you can go to her about anything, her door is always open and she listens to you. That is what I appreciate here the managers listen and appreciate you they value us and any idea is welcomed." Another staff member said, "The manager is really approachable you see her around. She does a cocktail bar for the residents once a week which they really enjoy. She also comes and serves meals sometimes so she can see how people are and get to know people." Staff also told us that the unit managers and wellbeing coordinators were also supportive. One staff member said, "I definitely feel supported. The coordinator is really good she enjoys showing and teaching me things I can ask her anything." All the staff spoken with said they enjoyed the atmosphere and culture of the home promoted by the registered manager and unit coordinators. Relatives were also positive about how the service was run.

We reviewed feedback about the registered manager and the staff team. A relative had written, "You and your colleagues are real life, walking, talking, angels. Sleep well knowing you brought joy and comfort to an old soul in her last years. Thank you for not only taking care of her but for being her friend." Another relative comment stated, "You gave her purpose."

The management team consisted of a regional manager, a deputy manager who was about to start in their role, unit managers and wellbeing coordinators. They were supported by a regional management and quality team. The registered manager told us, "I'm so proud of my management team, some of these were young members of staff who I believed in and they have proved me right, they got into the role and they just flied." We noted that all members of the management team below the registered manager were able to locate information we needed and had extensive knowledge about the people they supported and the legal requirements expected.

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, when it was found staff did not always complete an incident form correctly, or there was a gap on a medicine record, staff were spoken with to advise them of the correct process. We found that where there was an increase in a certain area of risk or shortfalls were identified, a project was developed to address these and help reduce the risk of these occurring again. For example, there were projects on pressure ulcers, falls and nutrition. As a result, falls and weight loss had reduced and pressure ulcers acquired in the home were reduced to just one. These projects included redeveloped care plans, training for staff and additional monitoring from the management team.

Part of the quality systems included the registered manager auditing all areas of the home and as part of

these audits they spoke with staff about key subjects. If gaps in knowledge were found, this was discussed at management meetings to decide on how best to support people to develop their knowledge. We found that where a review of call bell response times were noted as being outside of the registered manager's acceptable timeframe, there was now a daily audit of call bells, completed at different times of the day. There were also daily 'huddle' meetings to ensure that the registered manager had up to date information about people, staff and any issues.

There was a regular regional manager visit and they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed.

There had been a survey completed and we saw that the feedback on those held at the home were positive. The responses were collated and then they produced an action plan to cover any improvements or suggestions. The comments received included, 'Sunrise has a happy atmosphere' and 'Good support given with communication with doctors and outside agencies'. The other areas surveyed included respect, dignity, care and religious needs met and all areas achieved over 90% with some achieving 100%.

Staff were valued at the service. They told us how there was a reward for the 'carer of the month'. We saw that there was a range of bonus incentives but also monthly events such as 'pop a balloon' to win a prize, pizza days and scavenger hunts. Staff meetings were called 'Town hall meetings' where staff were encouraged to have their say. Staff told us that they were encouraged by the mangers to put forward any suggestions at any time. One staff member said, "I saw one person was in a room which although was not small due to their tendency to fall a slightly bigger room with a different lay out would work better for them. I mentioned it to the manager and it happened." There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. For example, the plan to introduce an infection control lead or refurbishment to the home. There were also impromptu meetings when there was an opportunity to learn from incidents and events. One staff member said, "When something goes wrong we have [Registered Manager] time where we discuss what went wrong and what we need to do so it doesn't happen again." Staff told us that they were clear what standards were expected and about the ethos of the home. One staff member said, "I had a big induction starting with meeting with the general manager for the 'general manager fundamentals' where she spoke of the ethos and the history of sunrise."

Staff also participated in an engagement survey which scored very highly with positive comments received.

There was a 'shine on' system which was a board displayed in the home where people, relatives, staff and professionals could add a comment about a member of staff they felt has done something special or just to give some positive feedback.

Plans for refurbishment included to make the main lounge and bistro area larger by incorporating the conservatory. In addition, the reminiscence unit was having their lounge extended by reducing the size of the units kitchen as they felt it was more beneficial to people.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.