

Sunrise UK Operations Limited

Sunrise of Solihull

Inspection report

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Solihull
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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 site visit took place on 9 January 2018 and was unannounced.

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

The care home provides residential and nursing care to older people, including people who live with dementia. The home has three floors accommodating up to 109 people in one adapted building. The Reminiscence unit cares for people living with dementia and the Assisted Living unit supports people with higher levels of independence. On the day of our visit 89 people lived at the home and one person was in hospital. The home is located in Solihull in the West Midlands.

At our last inspection on 17 December 2015 the home was rated overall as Good with the key question 'Safe' being rated as Requires Improvement. This was because there were not always enough staff available to support people at times they needed to ensure their needs were effectively met. At this inspection we found improvements had been made and all areas were rated 'Good'.

Since our last inspection Sunrise of Solihull has made changes to their registration with the Care Quality Commission (CQC). The home is now dual registered which means two providers (Sunrise UK Operations Limited and Sunrise Senior Living Limited) are jointly liable and responsible for service delivery at the home.

There was a registered manager at the home who had been in post for three years. 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.

There were enough staff to provide the care and support people needed at the times people preferred. Staff were recruited safely and received the guidance, support and training they needed to provide safe and effective care.

People told us they felt safe living at Sunrise of Solihull. Staff understood how to protect people from harm, and provided good support to reduce identified risks. Medicines were managed safely. Information in care records ensured staff had the detail needed to ensure care and support was provided in line with the individual needs and preferences of each person.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People and their relatives were involved in planning their care, and people decided how they wanted to live their lives on a

day to day basis.

People enjoyed their meals and the varied range of choices available to them. They were supported to access healthcare professionals when needed. Staff respected people's privacy and promoted their dignity by supporting people to be independent. People and relatives spoke highly of staff who they felt were caring and friendly.

People were supported to maintain relationships with people who were important to them. Family and friends were welcomed to visit the home at any time. A range of meaningful activities were available which people could choose to take part in. People were supported to follow individual interests and hobbies.

People, relatives and professional visitors were complimentary about the quality of care provided and the way the home was managed. Staff enjoyed working at the home and felt supported and valued by the management team.

The management team completed regular checks to monitor the quality and safety of service provided, and encouraged people and relatives and staff to share their views about the home to drive forward improvements. Complaints were managed in line with the provider's procedure.

Further information is in the detailed findings below

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 has improved to Good

People's needs had been assessed and risks to their safety identified. Staffing levels ensured people received care and support in a timely way. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sunrise of Solihull

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 was a comprehensive inspection. The inspection site visit took place on 9 January 2018 and was unannounced. The inspection team consisted of three inspectors, a nurse specialist 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 service.

Before our visit we reviewed the information we held about the home. We looked at statutory notifications the home had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home. We had also received information about a number of outbreaks of infection at the home which we were able to check during our visit.

During our visit some of the people living at the home were not able to tell us, in detail, about their experiences of living at Sunrise of Solihull because of their diagnoses of dementia, so we spent time observing how they were cared for and how staff interacted with them. This was so we could understand their experiences of the care they received.

We spoke with nine people, seven relatives of people and 14 staff, including a unit manager, nurses, senior care and care staff, housekeeping, kitchen and activity staff. We spoke with the registered manager, the acting deputy manager and the operations director. We also spoke with four visiting health professionals.

We looked at nine people's care records and other records related to people's care, including medicine, daily logs and personal hygiene records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed three staff files to check staff were

recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service.

Is the service safe?

Our findings

At our previous inspection 'Safe' was rated as Requires Improvement. This was because staff were not always available to respond to people's needs in a timely manner. During this inspection visit we found improvements had been made. Staffing levels had been increased and were being regularly reviewed to ensure they reflected people's changing needs. The rating has been changed to Good.

People's individual abilities and needs for support were analysed prior to admission and then at monthly intervals or earlier if their needs changed, to identify how many staff were needed to deliver care safely. The registered manager told us the provider had also commissioned a piece of work to explore further opportunities to increase care staff's availability by removing their responsibility to undertake non care related tasks. For example, during meal time service. This work was underway.

People, relatives and staff felt there was enough staff to support people at the times they needed. One person commented, "We [Person and spouse] have used the call bell ...they come in minutes." A relative told us they had no concerns and were 'quite happy' with how the home was staffed. Staff spoke positively about the increased staffing levels. One said, "The extra staff first and last thing at night has really helped." We saw there were adequate numbers of staff available to care for people safely, and meet people's needs promptly.

People and relatives said permanent staffing levels were supported by agency staff, which had some impact on staff knowing people's preferred routines. Staff agreed. One told us there were enough staff but added, "...working with agency staff can be difficult because they don't know people very well. It can be frustrating." The registered manager explained they were addressing this through the use of regular agency staff and by monitoring their performance. Records confirmed this. A relative told us they felt the registered manager tried 'very hard' to make sure agency staff were 'up to scratch.' The registered manager told us staff recruitment was a priority and was actively taking place.

People told us they felt safe living at the home. One person described how knowing staff were 'always' around made them feel safe. A relative told us they were confident their family member was safe because they felt able to speak to staff or the management team if they had any concerns.

Staff knew how to protect people from the risk of abuse. Staff had attended safeguarding training which included information about how to raise issues with the provider and other agencies. One member of staff said, "It's drummed into us so if we saw poor practice or someone disclosed something we need to report it straight away." The staff member told us they were confident the registered manager would act on any concerns raised.

Staff were recruited safely. The provider ensured staff had background checks completed and two references were sought prior to staff starting work at the home. Nurses also had their registration with the Nursing and Midwifery Council verified to ensure there were no restrictions on their practice. Staff files we reviewed confirmed these checks had been completed.

There was a system in place to identify risks and protect people from harm. Risk assessments and management plans provided staff with the up to date information they needed to provide care in the safest possible way. Staff knew about the risks associated with people's care needs and the actions they needed to take to keep people safe.

The home was well maintained. Areas requiring attention were identified and actioned. For example, quotes were being obtained to replace damaged carpets in some communal areas. Records showed safety checks had been carried out to assure the provider that fire prevention systems, and gas and electrical items were fully working and safe to use. Fire and evacuation procedures were in place for everyone at the home. Discussion with staff showed they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency.

The provider managed and monitored the prevention and control of infection. Since our last inspection infection outbreaks, affecting people and staff, had resulted in visiting and admissions being temporary restricted at the home. An outbreak is defined as: An incident in which two or more people experiencing a similar illness are linked in time or place. Records confirmed each outbreak had been managed in line with the provider's policy and The Department of Health's code of practice for the 'Prevention and control of Infection in care homes'. This included the registered manager informing relevant agencies, notifying CQC and completing a root cause analysis [RCA].

We saw the RCA identified infections had been brought into the home from the wider community. However, the provider had used information from RCA to review and strengthen their infection control practice. For example, a staff member described how 'lessons learnt' from previous outbreak had resulted in staff completing additional training to refresh their knowledge. They told us this had helped 'manage infection control risks better'.

At the time of our inspection visit, the home clean and tidy and there were no unpleasant odours in any areas. Clinical equipment was clean and in working order. Our discussions with staff assured us they understood their responsibilities in relation to infection control.

We saw medicines were managed, stored, administered and disposed of safely. People's medicines administration records had been completed in accordance with the provider's policy and procedures. Staff completed training before they administered medicines and regular checks took place to ensure they remained competent to do so.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the rights of people who lived at Sunrise of Solihull were protected. Assessments were completed when people did not have capacity to make decisions for themselves. These assessments related to a range of decisions that needed to be made, and detailed whether or not the person had capacity to make particular decisions at the time those decisions needed to be made.

Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with people who were important to them and health professionals. Where people needed to be deprived of their liberty to keep them safe DoLS applications had been made to the relevant local authority in accordance with the legislation.

Staff had a working knowledge of MCA and DoLS, and understood their responsibilities under the Act. We saw staff asked people for their consent before providing support. Staff understood people's individual communication needs which meant they were able to interpret the choices and decisions people made.

People and relatives told us they were confident staff had the knowledge and skills needed to effectively fulfil their roles. One relative described staff's skills as 'excellent'. They added, "They [staff] seem to do a lot of training."

Staff told us they were inducted into the home and received on-going training to update and further develop their knowledge and skills. A newly appointed staff member described their induction as 'excellent'. They explained they had worked alongside experienced staff and were completing the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure the care provided is high quality and compassionate. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

People spoke positively about the quality and choice of food available. People told us, and we saw, that they could choose what to eat from a choice of freshly prepared food. Where people had specific dietary requirements these were known to staff and appropriate choices were offered. The atmosphere during lunchtime service was relaxed and sociable, with people and staff chatting together while they ate. Staff were available to provide assistance, when needed, and did so in a safe and unrushed way.

People, relatives and staff told us the provider worked in partnership with other health and social care professionals to support people. One person told us their optician was arranging eye laser treatment to improve their sight which was important to them. The registered manager described how positive working relationships with the Macmillan and district nursing teams had meant people were able to receive the specialist care they needed whilst remaining at the home which was their expressed choice. Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. For example, on the reminiscence unit we saw two smaller rooms had been created to give people who wanted to sit in more quiet environments the chances to do so and 'sensory stations' containing items which people could see and touch were placed along the corridor. Directional signage in other areas assisted people and visitors to find their way around the home independently.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

The atmosphere at Sunrise of Solihull was warm and welcoming and the relationships between people and the staff who cared for them was friendly. A health care professional told us, "I actually love coming here." They added, "The staff are very caring and they are genuinely wanting to do the job. I think they [management] are careful to recruit the right people."

People were comfortable with staff and enjoyed spending time talking and engaging in activities with them. One person told us the reason they were 'happy' at the home was because staff had a genuine interest in looking after them. A relative told us they felt staff who worked at the home had a 'real vocation'. The registered manager told us they were proud of their staff because they were 'very caring and compassionate'.

Staff told us they 'enjoyed' working at the home and spending their time with the people who lived there. Staff explained how important it was for them to make sure people were treated how they would expect to be treated themselves. We saw staff were patient and attentive and showed people respect. All the staff we spoke with told us they would be happy for their relations to live at the home.

People told us staff respected their rights to privacy and dignity and promoted their independence. One person commented, "They (staff) are very good, they don't come into my suite without my permission." Another person described how staff waited outside the bathroom when they took a shower. They explained this was 'just in case they needed any help'. We heard one staff member respectfully address a person as 'Sir' and other staff were seen to invite people to hold handrails in hallways so they could walk independently.

People told us they were able to make everyday choices and decisions and staff respected the decisions people made. One person commented, "I do as I choose day by day as I have always done." We saw people were able to go out when they wanted to and could choose where to spend their time. Some people chose to remain in their rooms, whilst other people spent time in the lounges or entertaining their visitors in other areas of the home.

People were encouraged to maintain relationships which were important to them. People and relatives told us visitors were welcome at the home at any time and there were no visiting restrictions. One person who lived at the home with their spouse said, "Being together is really important to us." They also explained how the use of the home's private dining room enabled them to invite family to celebrate special occasions. They said, "... we feel we are hosting the family which is something we have always chosen to do."

People's records which contained personal information were securely stored and kept confidential.

Is the service responsive?

Our findings

The home was as responsive to people's needs at this inspection as they were at the previous inspection. The rating continues to be Good.

People told us they had developed meaningful relationships with staff. One person said they could talk to staff about 'anything' which they valued. Staff demonstrated a detailed knowledge and understanding of people's diverse needs. They told us they learnt about people's needs and aspirations by reading care plans and talking to people and their families.

Care plans were personalised and provided information about people's needs, life histories, life style choices, preferences and daily routines. For example, one person liked to go to bed each afternoon for a 'rest' because they were an early riser. Another person's records showed they were supported to attend fortnightly church services because this was an important aspect of their life. Care records were up to date and showed the inclusion of people, their families and those people involved in the person's care to ensure they continued to meet people's needs.

The 'Accessible Information Standard' [AIS] aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider had recognised people's different levels of communication. Care plans described people's individual communication needs and how staff should engage with people to ensure they provided responsive care. For example, some people had limited eyesight, or partial hearing loss. Care plans recorded this and prompted staff to ensure people had their glasses or hearing aids with them whenever required.

We saw staff were responsive to people's needs and preferences. When one person became distressed staff assisted them to a quieter area of the home and remained with the person until they became less anxious. We saw another staff member place a cushion under a person's knees. They told us this was important for the person's comfort.

People provided positive feedback about the range of activities and events available. Comments included, "Absolutely wonderful social calendar. We go out on trips and have lots of entertainers coming in." and, "Some days I am spoilt for choice on what to do."

During our visit we saw some people attended an afternoon tea as part of the homes 'chocolate theme week'. We heard lots of laughter as people watched a cake making demonstration which included smelling and tasting chocolate cake, hot chocolate drinks and discussing the history of chocolate in preparation for a visit to a local chocolate factory.

Staff told us another person was known to have a passion for motorbikes. As a surprise staff had arranged for a local bikers group to visit the home. We saw the person had been able to sit on a Harley Davison motor bike and try on a biker's helmet which the person said, "Was the best thing ever." The operations director

told us supporting people to achieve their goals and aspirations was important. They added, "This is the next stage of a person's life not just coming to live in a care home."

People and relatives told us they would not hesitate to speak to the registered manager or staff if they had a complaint or concern. One relative describe how they management team had 'thanked them' for raising a concern which had been quickly addressed. The provider's complaints procedure was displayed within the home and records showed complaints had been managed in line with the provider's procedure.

The home supported people who were approaching the end stage of life. Care records included information about people's end of life wishes. A health care professional told us they thought, "People experienced a good death..." and that when a person died 'staff felt genuine grief'. In a quiet area of the home we saw staff had placed an electric candle by a photograph of a person who had recently passed away. We were told this gave everyone the opportunity to pay their respects and would remain in place until the person's funeral had taken place.

Is the service well-led?

Our findings

At our previous inspection we found the home and staff was well-led, and at this inspection it continued to be. The rating continues to be Good.

People and relatives and professional visitors were very complimentary about the way the home was managed and the service provided. Comments included, "The manager is excellent...She has an open door policy.", "I have no concerns about this home, the quality is fantastic." and, "The home seems to run well."

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 an acting deputy manager, two co-ordinators, heads of departments and senior care workers. The registered manager told us they also received regular support from the operations director. They added, "We are all very hands on and work as a team." During our visit the registered manager and operations director engaged with people, relatives and staff in a friendly and familiar manner.

Staff told us they felt supported and valued by the management team who they described as 'approachable and available'. In addition to daily contact staff were supported through regular individual and team meetings. One staff member said, "Managers have high standards. We get lots of training and support to carry out our roles." Another told us the provider had paid for the staff team to go out for a meal to show their appreciation for the teams 'hard work'. They told us this was good for staff morale.

The provider invited people, relatives and staff to provide feedback about the home. Feedback was used to ensure the service continually improved. For example, one relative had been invited to work with the provider on a specific project looking at the 'best use of care staff time' because the relative felt this could be improved. In response to staffs comments senior managers had held 'listening groups' to discuss issues and ideas. One staff member commented, "You do feel valued because they [management] listen and act."

The registered manager worked in partnership with other organisations and the home was active in the local community. For example, the home had hosted a coffee morning in aid of a national cancer charity during which raffle prizes donated by a local department store and staff had raised over £200. The registered manager explained 'working together' was important because it strengthened relationships within the locality.

The management team and provider conducted regular audits and checks of the quality and safety of the service provided. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. Records showed any areas identified for improvement were actioned.

The registered manager understood the requirements of their registration. They had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. We saw the rating from our previous inspection was displayed in the home and on the provider's website. This ensured the public had information about the homes rating which is a legal requirement.