Sunrise Operations Eastbourne Limited

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Inspection report

Sunrise of Eastbourne
6 Upper Kings Drive
Eastbourne
East Sussex
BN20 9AN
Tel: 01323 525500
Website: www.sunrise-care.co.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Sunrise Operations Eastbourne Limited provides facilities and services for up to 107 older people who require personal or nursing care over three floors. The home is known and referred to as Sunrise Senior Living Eastbourne. The ground and first floor provides accommodation for people described as requiring assisted living, this part of the home is called the Assisted Living Neighbourhood. The care provided includes a range of care and nursing needs that include minimal support for people up to full nursing care. Some people lead a mainly independent life and used the home's facilities to support their lifestyle. Other people had various health care needs that included physical and medical conditions that included diabetes, strokes and end of life care. Some people had limited mobility and needed to be supported with moving equipment. A few

Summary of findings

people lived with mild dementia that required regular prompting and supervision. The second floor provided accommodation for people who were living with a dementia as their prime care need. This unit was called the Reminiscence Neighbourhood.

The Sunrise Senior Living Organisation has a number of homes across the country and was originally set up by an American couple. Sunrise Senior Living Eastbourne was purpose built and provided care to privately funded people. At the time of this inspection 54 people were living in the Assisted Living Neighbourhood and 35 people were living in the Reminiscence Neighbourhood. .

This inspection took place 6, 8 and 15 May 2015 and was unannounced.

The service had appointed a deputy manager who had applied for registration with the CQC to become the 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.

People and visitors spoke positively of the home and people said they felt safe and well cared for. Our observations and records did not confirm that people's safety was always promoted. People were being moved in an unsafe way and risk assessments did not always ensure that appropriate measures were in place to protect people from risks. This included the risks presented by bed rails and pressure to skin.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. However, guidelines and records relating to PRN and topical creams were not always clear and could mean that medicines were not given in a consistent way.

Staff were not supported in providing a person centred approach to care. Some care plans and care documentation lacked accurate documentation to inform the planning, delivery and evaluation of care. They were not always up to date and did not always reflect people's needs and preferences. Accident reports were not used appropriately to monitor and reduce risks within the service

The deputy manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the service for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions. However there was little evidence that people who lacked capacity had suitable processes followed to ensure staff took account of their individual rights and best interest.

Staff knew people well and responded positively to their physical and emotional needs and there were systems in place for staff to share information on people's changing needs. This included hand over sessions. People had access to health care professionals when needed.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training to update and ensure their nursing competency.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

People were complementary about the food and the choices available. Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's physical and mental limitations. Visitors told us they were warmly welcomed and felt they could come to the nursing home at any reasonable time.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was readily available for people to use.

Quality assurance systems were in place and were identifying shortfalls that needed to be addressed. The management of the service responded positively to feedback received from safeguarding investigations and information identified through the inspection process.

Summary of findings

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis and surveys were used to gain staff views. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

People were placed at risk from poor moving and handling techniques and the lack of thorough risk assessment in some areas. Accident reports were not used effectively to record accidents and the actions taken in response.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. Guidelines and records relating to PRN and topical creams were not always clear and could mean that medicines were not given in a consistent way.

There were enough staff on duty to meet the needs of the people although some people felt they had to wait a long time for staff to attend.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

Is the service effective?

Requires improvement

The service was not always effective.

The nursing managers had a good awareness of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people in decision making. However consent issues for people were not always addressed appropriately for people.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the doctor as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was not consistently caring.

People had their privacy and dignity needs well attended to.

People were encouraged to make choices and these we respected.

Everyone was very positive about the care provided by staff to them and to other people in the home.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

Care plans did not always show the most up-to-date information on people's needs and preferences and did not support a person centred approach to care.

There was a variety of meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be investigated and resolved.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There was no registered manager in post.

People were put at risk because effective systems for reviewing accidents and incidents and implementing management strategies had not been established.

The management of the home were reacting to issues raised within the service and establishing a proactive approach to good care.

Quality monitoring systems were used to identify areas for improvement. People and staff were encouraged to share their views on the service. Both thought the management arrangements had improved and were now effective and supportive.

The home had values and objectives and a clear philosophy of care that staff received training on during their induction.

Sunrise Operations Eastbourne Limited

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 inspection took place on 6 and 8 May 2015 and was unannounced. A further visit was completed on 15 may 2015 to check an audit system and review a recruitment file.

The inspection team consisted of three inspectors and a specialist advisor who had extensive experience of working within the care sector and with people living with dementia.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were responding quickly to information and concerns that had been raised with us

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with a visiting nurse assessor, a member of the community mental health team and asked for feedback from the visiting GPs. The GPs did not provide any feedback.

During the inspection we spoke with eight people who lived in the Assisted Living Neighbourhood and 15 people who lived in the Reminiscence Neighbourhood. In addition we spoke to six relatives. We spoke to various staff including the general manager, deputy manager, the nominated individual for the organisation, a quality manager, the chef, three registered nurses and 12 care staff

Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning on the reminiscence Neighbourhood. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care in communal areas to get a full view of care and support provided across all areas, and in individual rooms. We observed lunch and breakfast sitting with people in the dining room in both Neighbourhoods. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We attended a staff meeting that was held for all staff and listened to a staff handover completed on the Assisted Living Neighbourhood.

We reviewed a variety of documents which included 12 care plans and associated risk and individual need assessments. This included 'pathway tracked' people living at Sunrise Senior Living Eastbourne. This is when we

Detailed findings

looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at five recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Requires improvement

Is the service safe?

Our findings

People said they felt safe living in Sunrise Operations Eastbourne Limited. They spoke about the availability of staff like the concierge and the general manager who monitored who were coming in the home and responded to any questions. People said that the environment was safe and clean. One person said. “I feel very safe here and I do not worry at all.”

However we found there were shortfalls which compromised people’s safety and placed people at risk from unsafe care.

During our observation on the Reminiscence Neighbourhood we found that staff were moving people unsafely. For example, people were being lifted by staff using a banned lift called the ‘drag lift’. A 'drag' lift (underarm lift) is any method of lifting people where staff places a hand or arm under the person's armpit. Use of this lift can result to damage to the spine, shoulders, wrist and knees of the carer and, for the person lifted, there is the potential of injury to the shoulder and soft tissues around the armpit. Another person was seen to be moved from the dining room to the lounge area on a mobile hoist. During this transportation the person was unstable because of the speed and distance covered and as they were waving to other people during the process. This put this person at risk as the hoist was designed to move people for short distances only. People moved in this way could fall from the hoist or be injured during the movement.

Peoples’ risk assessments were not all accurate and some lacked sufficient guidance to keep people safe. Individual risk assessments were in place, which covered areas such as mobility, continence care, falls, nutrition, pressure damage and overall dependency. They looked at the identified risk and included a plan of action. However, some risk assessments did not include sufficient guidance for care staff to provide safe care. For example, the moving and handling assessment were not thorough and did not record clearly what equipment was required to ensure safe movement of people. This put people at risk of being moved unsafely.

We also noted that risk associated with use of pressure relieving equipment and the use of bedrails had always been assessed and used appropriately. For example, three pressure relieving mattresses were found to be set on the wrong setting. Pressure relieving mattresses should be set according to people’s individual weight to ensure the mattress provides the correct therapeutic support. We also found three bed rails that had been used with pressure relieving mattresses. The risks associated with their use had not been assessed and did not comply with safety guidelines as the space between the mattress and the top of the bed rails were less that recommended. People were therefore at risk from falling. When these two issues were identified to the deputy manager both were addressed immediately to ensure peoples safety.

Systems for the administration of some medicines did not ensure safe and effective administration.

A number of medicines were ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were not detailed enough to ensure staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way. For example, some people were prescribed medicine to be used in response to people’s agitation but there was no rationale for the use of the medicine. This lack of consistency could mean that people did not receive medicines as they needed them. We also found that the records relating to topical creams were not always clear and accurate. Creams were found undated with labels obscured, directions on MAR charts specifying ‘as directed’ for creams and the MAR charts did not specifying when the creams were to be used. This lack of clarity and direction in administration resulted on one person not having creams applied correctly on the day of the inspection visit. This meant that medicines were not being administered as prescribed.

Accident reports were not used effectively to record accidents and the actions taken in response to prevent a reoccurrence. We found that a skin tear sustained by a person on the Reminiscence Neighbourhood on the day of inspection was not recorded. Accident reports viewed did not evidence a thorough review with proposed actions to ensure people and staff safety. For example, one staff injury had resulted in hospital attendance. This injury was from contact with a person on the Reminiscence Neighbourhood. The accident report had not been reviewed and management strategies had not been put in

Requires improvement

Is the service safe?

place to ensure people's safety. The provider was not using information from accident and incident reports to improve the service this meant people and staff were placed at risk from further accidents and incidents.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we found staff had a good understanding of people's risks and how to respond to them. During a staff handover on the Assisted Living Neighbourhood we heard staff discuss people's individual risks and how these were responded to in order to keep people safe. For example, staff discussed how to move people and what equipment should be used. Staff talked about the use of pressure reliving equipment and how this should be used and monitored. We saw people moved safely and appropriately by staff on the Assisted Living Neighbourhood. Staff members used moving equipment to reposition people to allow them to eat safely.

Some risk assessments were used appropriately to identify and reduce risks. For example, risks associated with nutrition were well documented. Recent documentation had recorded what people liked to eat, how they liked it served and what tempted them. This was important for people living with dementia to maintain an interest in eating. We saw other risk assessment used to identify when and how, people became unsettled and unhappy and what staff should do to respond to this person to reduce their anxiety.

The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards. There were records of medicines received, disposed of, and administered. The registered nurses and medicine technicians (care staff who have received additional training and competency checks to allow them to administer medicines) administered all medicines individually from the medicines trolley and completed the MAR chart once the medicine had been administered safely. Staff were professional in their approach checking that each person wanted to receive their medicine and providing suitable drinks and time to take their medicine.

Staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. One person was at risk from people outside of the home. Guidelines were in place for staff to follow in order to protect this person.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Staff and people told us there was enough staff to ensure people had their care and support needs met on a daily basis. There were minimal staffing levels that were maintained. This included nine care staff on each neighbourhood on the morning and six in the afternoon and evening. In addition there was at least two registered nurses working in the home in addition to the deputy manager. At night one registered nurse and four care staff work on each of the Neighbourhoods.

Further staff were being recruited and a small amount of agency staff were being used to ensure suitable staffing levels were being maintained. The management team used a staffing dependency tool to assess the staffing requirements which was based on the needs of people. The deputy manager confirmed that extra staff were available to respond to people's needs for example if extra staff were needed for people receiving end of life care or close supervision. However feedback from two people indicated that the bell was not always responded to quickly and this

Requires improvement

Is the service safe?

meant that they had to wait. One person told us they telephoned the concierge for them to find a staff member. This feedback had been raised at meetings help with people and systems to monitor the call bell response time were being established and included an extra call bell screen just placed in the deputy manager's office for her to monitor call bells more effectively. .

All areas of the home had call bell facilities and staff had ensured people were able to use these when they needed any help. Pendants were also available and this allowed people to call for assistance where ever they were in the home or in the garden. The pendant use allowed flexibility for people however the system did not identify where the person who was ringing was and the bell needed to be turned off in the persons own room. This had caused some problems in the response times that had been identified and was being investigated by the home's management.

Sunrise Senior Living Eastbourne was very clean and well decorated and maintained throughout. One person said, "All areas in the home are perfect and spotlessly clean." The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were displayed in key areas that included what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been maintained. The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation.

Requires improvement

Is the service effective?

Our findings

People and visitors spoke very positively about the home and the care and support provided by a committed team of staff. Comments included, "I have great faith in the staff," and "Staff are very good and provide good care." The SOFI observation showed that staff understood how to assist people who were becoming forgetful and demonstrating early signs of dementia, we saw that staff used a very calm manner when offering assistance. People had regular interaction with staff and each other and showed signs of well-being.

However, we found that staff at Sunrise Senior Living Eastbourne did not consistently provide care that was effective.

Staff had undertaken training on the MCA and Deprivation of Liberty Safeguards (DoLS). Care staff had a basic understanding of mental capacity and informed us how they gained consent from people. However, records did not support people's consent was gained in a consistent way throughout the home. Some consent forms were well completed and demonstrated that people had been consulted about their care and treatment. Other records were incomplete and there was no evidence how staff had gained consent. For example, when bed rails had been used. . People's capacity was assessed routinely following admission, however there was no evidence how decisions were made for people who lacked capacity. For example, when bed rails were being used the discussion to ensure safe and effective use was not documented. This meant that people's rights were not always taken into account when care and treatment was planned. This was raised as an area that needed improvement.

The senior nursing staff had a good understanding of the MCA and DoLS. They understood their responsibilities in relation to helping people making decisions and were aware any decisions made for people who lacked capacity had to be in their best interests, and would include appropriate representation for the person concerned. They knew the recent changes made to the Deprivation Liberty Safeguards and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. Two people had a DoLS in place and we saw supporting documentation was in place with relevant guidelines for staff within each person's care plan. The deputy manager was also following up the restrictions imposed by key pads on the doors and lift to the Reminiscence Neighbourhood with the local authority to ensure the least restrictive practice was used whilst keeping people safe.

All feedback about the food provided was very positive. People said that the food was provided to a good standard and there was always a choice provided. They told us that food was consistently good and that their favourite food were always available. Comments included, "The food is very good indeed," and "I think the food is excellent, my relative has put on weight and looks so well." Another person said, "They know what I like and don't like, always give me my preferred drink."

We observed breakfast and lunch in the both neighbourhoods. People who lived in the Assisted Living Neighbourhood had their meals in the ground floor restaurant area where the service and presentation was like a hotel. Or they could choose to have their meal in their own room. The dining experience for people was pleasant and unrushed and staff were available to attend to people's individual needs quickly. People eating in their own rooms were allocated specific staff members who ensured they spent time supporting people individually. The ground floor had a bistro area where people could help themselves to drinks, snacks and fruit at any time of the day and night.

People who lived in the Reminiscence Neighbourhood could eat in the lounge area dining area or their own room. The food was well presented and choice was evident people who were not eating were prompted and encouraged. Food was provided in different forms to allow people to eat safely and in different places if they wished and promoted people to eat as and when they fancied food. Fresh fruit was readily available as were drinks throughout the day. Other snacks were left for people to help themselves if they wished. However, some people were not supported when trying to eat independently from bowls. .

Nutritional assessments were completed and recorded people's preferred foods and when they liked to eat along with a monthly record of people's weight and any risk factors effecting peoples nutritional status. When people were identified as being at risk or had lost weight additional monitoring was undertaken. This included daily recording of fluid and foods and a weekly weight, a fortified

Is the service effective?

diet was also commenced. Staff said some people didn't wish to be weighed and this was respected. They told us they would look for other ways of checking weight loss. One said, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The dietician was used when concerns about nutrition were identified. They had assessed a number of people the week before the inspection and had provided additional guidelines for staff to follow. This advice had been shared with the catering staff and had included the use of nutritional supplements.

The chef and catering team had established systems for providing nutritional food to meet individual choice and need. Records displayed within the kitchen areas demonstrated an individual and tailored approach to providing nutritional food to people. People who had specific dietary needs relating to nutrition, dementia, belief or medical condition were clearly recorded along with how this was responded to. For example, sachets drinks were provided to people who found it difficult to drink from cups, these were fortified to boost nutritional input. The food presented from the kitchen reflective of this individual choice and need. For example pureed food was attractively presented and recognisable as separate foods. When people were assisted with eating pureed foods were kept separately so people could appreciate he individual taste.

People told us that staff working in the home were well trained and looked after them well. One person said, "The training is remarkable they have an amazing approach. "

All staff told us that they had completed training to make sure they had the skills and knowledge to provide the support individuals needed. Staff received an induction programme which lasted a month and ongoing training support. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. This was confirmed by a member of staff who said, "I was fully supported through the induction process, I am still supported by senior staff I always have someone I can ask for advice, all staff are helpful."

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, safeguarding and dementia care. The training programme consisted of both e learning and direct training. Additionally, they said there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. However two staff members told us that training to help them feel safe and to respond to people with behaviours that challenge were needed. This was raised with the deputy manager as an area for improvement she confirmed this would be addressed.

Registered nurses were supported to update their nursing skills, qualifications and competencies. One registered nurse told us she had been supported in attending additional training on palliative care this had included specific training on equipment used to administer medicines via a syringe driver. The registered nurses told us that they had the skills to look after the people living in the home and would access training they felt they needed through the home or externally if required. The registered manager told us staff training had been reviewed with an emphasis on providing further specialist training to ensure the needs of people were appropriately responded to.

All staff told us that they felt well supported and felt they could speak to senior staff in the home and that they would be listened to. Staff from the Reminiscence Neighbourhood confirmed that in the past support had not been good. They had not received regular supervision and there had been confusion on what roles and responsibilities staff had been allocated. With recent management changes staff told us the support and clarity on roles had been greatly improved. Most staff had received a recent individual supervision and group supervisions had been recorded. Systems for regular supervision and annual staff appraisal had been established but not all staff had benefitted from individual supervision at the time of the inspection. This was identified as an area for improvement.

Both Neighbourhoods had systems for organising work and for communicating information between staff. Each shift began with a handover and staff were allocated people to look after and specific roles. This included either assisting in the restaurant or supporting allocated people in their own rooms. Staff breaks were also recorded to ensure effective allocation of staff. Handover sheets were used to communicate individual needs in conjunction with a wipe board in the staff office. The staff handover heard demonstrated that staff were knowledgeable about people and their individual needs. They reminded people of these needs, for example discussion took place about one person refusing medication and this was to be changed to a liquid

Requires improvement

Is the service effective?

for. Special instructions were given for example; 'please walk her rather than using the wheelchair." Staff in each neighbourhood knew each person well and spoke regularly to the nurse to update them on the care and support provided. Daily records and charts were used to communicate how people's needs were being attended to. Most of these were well completed and included checks on people who were at risk. For example two hourly checks at night on a person who was receiving end of life care, and 15 minute checks on a person who needed closer supervision to prevent falls. These were clearly documented to demonstrate they had been completed.

People and relatives told us that when they needed to see a GP this was arranged in a timely fashion. The service has a contract with a local GP practice who have two regular GPs who attend the home routinely and when requested. One person complimented staff on the way they handled a recent infectious outbreak at the home. They spoke at a staff meeting and said, "The way in which you were disciplined and controlled it and helped individuals in their rooms was great, you handled it well with no sense of panic or fear." Staff and records demonstrated that the outbreak was managed in an effective way that promoted people's health. Senior staff sought expert advice and set up strategies to respond to people's needs and to contain the outbreak.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received and the staff were kind, attentive and very caring. Visiting professionals were also positive about the caring approach of staff observed. We saw staff who provided care and support in a happy and friendly way and respectful and polite to people. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One visitor said, "Most of the staff have a great sense of humour, and I think they are very sweet and caring."

The SOFI evidenced good interaction and staff approached people in a way that demonstrated respect. When staff spoke with people it was meaningful and staff made it an important interaction. Eye contact was made and people responded to staff in a way that showed they felt secure and safe. Staff maintained good relationships with people that people enjoyed. Staff approached people with a smile and used touch appropriately to confirm that they were listening or were close for support. For example, staff touched people softly to remind people they were there providing support while eating. This demonstrated that staff understood the approach needed when caring for people living with a dementia.

Staff promoted people's independence and respected their privacy and dignity in most cases. Staff knocked on bedroom doors and waited for a response before they entered. Staff also greeted people respectfully and used people's preferred names when supporting them. Staff working on the Assisted Living Neighbourhood encouraged people to be as independent as possible. People used a bistro area to make their own drinks and to have snacks. People were encouraged to make their own decisions about what they did and where they spent their time. Some people went out of the home unaccompanied and were asked to inform the concierge, so this was recorded in case of emergencies.

Whilst people on the Assisted Living Neighbourhood were able to move around different areas of the home freely and were not restricted. On the Reminiscence Neighbourhood we found people were not well supported in maintaining their independence. The carpet and flooring did not promote independent mobility for people living with dementia as it looked like it changed levels. The deputy manager had recognised this along with the need for further orientation to the time and date within the Reminiscence Neighbourhood.

People were dressed individually and according to preference. Staff paid attention to how people were dressed and ensured when people needed help or support in choosing or changing clothes this was offered and completed in a discreet way. We saw that people's differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. There were facilities for people to share accommodation with partners and to have a bedroom and separate sitting area. This allowed people to maintain important close relationships as they would in their own home.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." Visitors were attending the home regularly throughout the time of our visits they came for short and longer visits, some choosing to stay for a meal. Relatives told us they could visit at any time and they were always made to feel welcome. One relative said, "It is very relaxed here, I can talk to the manager who is approachable. It's lovely to be able to make yourself a drink as you want to."

Care records were stored securely in the office areas. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and told us they had received training on this subject.

Requires improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the service listened to them. They told us that their choices were respected and felt they were treated in an individual way. People said "We are not hurried to bed or got up too early," and "We can have breakfast in bed, we are treated as an individual as much as you can be." However, we found Sunrise Senior Living Eastbourne did not consistently provide care that was responsive to people's individuality and changing needs.

People on the Reminiscence Neighbourhood did not always have their continence needs attended to in an effective way. Care plans did not record an individualised approach to promote people's continence. People who were unable to take themselves to the bathroom were not routinely offered the choice to go. During our inspection two people sat for most of the day without being offered the opportunity to move or use the toilet. A relative raised this concern and said, "I never see them take my relative to the toilet." A number of areas within the Neighbourhood were malodorous and one chair was found to be wet. This indicated that appropriate strategies to respond to people's continence needs had not been fully established. This also meant that people were at risk from losing the ability of being continent and developing sores associated with incontinence.

Not all the care documentation was completed in a consistent way and some lacked information to ensure care was provided in a person centred way as it focussed on the completion of tasks and did not record regular input and review from people or their representatives. The care plans lacked accurate care documentation to inform the planning, delivery and evaluation of care which would promote a person centred approach to care. For example one person was being moved with equipment after sitting in a chair for the morning. They displayed visual signs of being in pain. Records confirmed that this person experienced pain on an ongoing basis. However there was no ongoing assessment of her pain levels using an appropriate tool or care plan or evaluation of any pain management strategies. There was a lack of assessment and care planning for emotional support people's wellbeing and activities. This meant that staff had a limited understanding of individual personhood and strategies for engagement. For people on the Reminiscence Neighbourhood this was particularly important as many were unable to communicate verbally. Life story documents, which are widely regarded as useful documents in dementia care to enable staff to gain a better appreciation and understanding of people as individuals with unique wishes, needs preferences and desires have yet to be implemented within the unit. Care plans that recorded people's wishes at end of life were not completed for most people. Therefore staff did not have an understanding of people's wishes before and after death and could not respond effectively to people's choices. We discussed the promotion of person centred care at length with the deputy manager and quality manager. They told us work had been completed to change the care documentation to reflect and support a person centred approach to care. This was being changed initially at a local level.

The evidence above demonstrates that delivery of care in Sunrise Senior Living Eastbourne at this time was seen as task based rather than responsive to individual needs. This meant that people had not always received person centred care that reflected their individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However staff were knowledgeable about the people they were caring for and knew a number of their preferences choices and needs, for example staff noticed when people did not have their glasses or did not key possessions with them that gave them comfort. Care plans included a personalised service plan which included preferred times of getting up and going to bed/likes and dislikes. People said that their choices were responded to and we heard during staff handover that staff discussed people's wishes including "She wants to have her wash at 6am." Personal histories were in place for some people and gave an insight to people's life's and interests.

A range of activities were provided in both Neighbourhoods. This was co-ordinated by two activities co-ordinators. People told us they enjoyed the activities on offer in the home. Their comments included "It is very good the choice is pretty good we had a very pleasant recital this afternoon," "We have outings when it is fine and a trip in the summer," "I like the garden and enjoy all the activities," and "I enjoy what I participate in and you can move about. They develop things all the time; there is all sorts of interest here."

Requires improvement

Is the service responsive?

The Assisted Living Neighbourhood was vibrant with people engaging with various activity and entertainment in different areas throughout the inspection days. These included a church service in the activity meeting room, small groups taking part in quizzes in the Bistro, scrabble and carpet bowls were being participated in. A group of people went out on the mini bus trip and on the second day of the inspection a VE day celebration was being held in the restaurant and throughout the home with staff dressed in costumes that reflected the era. The activities room was used by people as they wanted and this had computers, papers and art facilities for people to use, an art club was held each week. Art was a particular interest for some people living in Sunrise Senior Living Eastbourne. One person was having their pictures sent to the Royal Academy of Art for exhibition and one of the activities co-ordinators was helping them pack them and send them.

People on the Reminiscence Neighbourhood received a variety of activity. We were told that people from the Reminiscence Neighbourhood could join in with activities and entertainment provided on the Assisted Living Neighbourhood in reality people were mostly limited to the provision on their Neighbourhood. However people used the garden and enjoyed the fresh air. Relatives told us that the garden was an important asset and people valued getting out and about. One relative said, “They go on outings, that’s important, that’s a plus”.

On one of the days of inspection we observed two activities and entertainment sessions held on the neighbourhood. These varied in quality and how the people undertaking the activity engaged with people and established good interaction. The morning activity that included singing and poetry and only managed to engage with three people.

Other people in the lounge slept, people were not asked what music they would choose to hear. The afternoon physical activity session was very well received. This was led by staff from the YMCA who personalised their approach, referring to people individually by their name and taking a variety of activities to them as necessary to ensure that everyone was able to participate. One person who appeared from their body language to have disengaged from the room all day up to this point, sitting in the chair with their arms folded and eyes closed, kicked the football back and forth with the instructor when positively and personally approached by them.

Following lunch some ladies had their nails painted and staff had opportunity to sit and engage with people. However we found that some people were not engaged with staff as much as other people and did not benefit from one to one socialisation.

Complaints were responded to and used to improve the service. The home had a clear complaints procedure that was available to people within the home and from staff if requested. People spoken said they were able to complain and were listened to. Visitors were also confident that they could make a complaint and it would be responded to. One visitor said “I now have complete faith in staff, they listen and act, before I felt ignored.” Another said, “I would not hesitate to talk to a member of staff if I needed to.” Records confirmed that complaints received were documented investigated and responded to. For example a concern about the washing of clothing was responded to and resolved to the complainant’s satisfaction. Staff practice had also been reviewed to limit the likely hood of a reoccurrence.

Requires improvement

Is the service well-led?

Our findings

People told us they liked living at Sunrise Senior Living Eastbourne and that although there had been a lot of changes with the members of the management team they were satisfied that the home was being well managed now. One relative said, "I have faith in the staff, bit rocky last year, but now so much better." Comments reflected on the approachability of the managers and senior staff working in the home and the believe that they listened to any feedback. One relative praised the support provided from one manager. "The home is well led, the general manager sees us and was very good when we moved my relative up here."

However we found that the service had not fully established good leadership. Accident and incident reports identified that these were not recorded accurately or responded to effectively to reduce risk in the service. One accident was not recorded in a timely fashion and others lacked any review by senior staff to establish any required action. Many accident reports in the Reminiscence Neighbourhood related to staff injury from interaction with people. One resulting in hospital treatment. Learning from these reports had not been taken forward. For example the possible need for further training to reduce the number of injuries and implementation of strategies to respond to people when they become upset. This put people and staff at risk and requires improvement.

Sunrise Senior Living Eastbourne had management structures in place that staff were familiar with. This included a general manager and head of departments. Each of the Neighbourhoods had a senior registered nurse with management responsibilities. There was no registered manager in post. However a deputy manager was appointed in February 2015 and her registration with the CQC was being progressed. Staff told us that they were clear on who they reported to and had access to the general manager and deputy manager if needed. They felt there had been a lack of leadership in the past but was more confident with the current management arrangements. They told us that the changes in the management structure had been positive development, they were more supported and staffing had improved. One staff member when asked if they felt supported said, "Definitely improving 100%, lot more teamwork, better communication." Staff were aware of the Whistle blowing procedure and said they would use it.

The new management structure had responded positively to a number of concerns raised via safeguarding alerts. Staff had been supported through the resulting investigation process and told us they had learnt a great deal from this. The management and staff had been open and honest where problems had arisen and were looking for ways of improving the service further. This proactive response to information was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, the removal of bedrails where there were concerns around safety and responding to poor moving and handling practice by individual staff members. The managers were aware this was a reactive position and that they needed to have systems in place to ensure they were proactive.

Organisational audits were being completed routinely and a new audit based on the CQC requirements completed had identified some shortfalls that were being addressed. This included the issues identified at this inspection relating to medicine administration and the need to implement 'my life story booklet' to enable staff to have a greater understanding of people. A full overview was yet to be concluded and actioned. A quality manager was working with staff to change the care documentation to support a person centred approach to care. We were shown the new documentation to be used once staff training had been completed.

Sunrise Senior Living Eastbourne had clear values and principles established at an organisational level. All staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to enhance their service. A 'Resident's Council Meeting' were regularly held and surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. Meetings were used to update people on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about the quality of the food and activities in the home.

Requires improvement

Is the service well-led?

Issues relating to the catering service were minuted to take forward to a dining meeting planned for the following week. People who did not attend the meeting could also raise views about the catering in a comments book outside the restaurant. Relative meetings were also held and minuted.

Staff meetings were regularly held to provide a forum for open communication. We observed a staff meeting which was well attended. The general manager provided feedback on a staff survey and confirmed some improvements made as a result that included an improved staff room. The meeting was used to convey management messages and to praise staff for good practice and making improvements. These were celebrated with individual awards. A person from the Assisted Living Neighbourhood also addressed the meeting and complemented the staff on how well they dealt with a recent contagious outbreak in the home which was contained to this one Neighbourhood.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured the safety of service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.** **The provider had not ensured the proper and safe management of as required medicines and topical cream applications.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured that all service users received person centred care that reflected their individual needs and preferences.**