

Sunrise Operations Elstree Limited

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Inspection report

Sunrise of Elstree
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Date of inspection visit:
03 March 2016

Date of publication:
11 April 2016

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

The inspection took place on 03 March 2016 and was unannounced.

Sunrise Operations Elstree is a large residential care home registered to provide care and support to up to 81 older people and people living with dementia. At the time of our inspection there were 67 people living at the home.

There was a manager in post who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they were happy living there and they had their needs met appropriately. Relatives and professionals involved with people's care and support gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support people received.

People, their relatives and professionals involved with the care and support of people who used the service said that they had no concerns about people's safety at Sunrise Operations Elstree. People had health care and support plans in place to help staff know how people liked their needs to be met safely. Risks to people's safety and welfare had been identified and people were supported to live their lives as independent as possible. There were sufficient numbers of staff available to meet people's care and support needs at all times.

Staff members understood their roles and responsibilities well and were supported by the management team to constantly develop their skills and knowledge. People enjoyed a varied and healthy diet and their health needs were met appropriately with access to a range of health care professionals.

The atmosphere in the home was warm and welcoming and the environment was well maintained. We observed positive and meaningful interactions between the staff and people who used the service. Relatives were encouraged to visit the home anytime they wished and were involved in developing people's care and support plans. People were treated with dignity and respect and their privacy was maintained.

There were systems and processes in place to monitor the quality of the service. People were involved in discussions about how the service was operated. The provider promoted a positive culture within the home and staff and people told us they felt valued.

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 kept safe by staff who had been trained to recognise and report any potential abuse.

Potential risks to people's health were identified and managed effectively.

Safe and effective recruitment practices were followed to help ensure that staff were suitable to work in a care environment.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People's consent was obtained by staff before care and support was provided.

People were supported by staff who were trained and received the appropriate support.

People were supported to eat a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their preferred routines.

People were involved in the planning, and reviews of the care and support they received.

People's privacy and dignity was promoted.

People's personal information was stored and kept secure so that it remained confidential.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their needs and preferences.

Information was provided to staff to enable them to provide person centred care and support.

People were encouraged and supported to participate in various activities and to pursue hobbies or social interests.

People were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People and staff were all very positive about the management and how the home operated.

Effective systems were in place to monitor the quality of the service provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and felt valued and supported by the manager.

Sunrise Operations Elstree 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 unannounced inspection took place on 3 March 2016 and was carried out by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events which the provider is required to send us. We also made contact with the local authority contract monitoring officers to obtain feedback.

During the inspection we spoke with six people who lived in the home. We also spoke with three relatives to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority commissioning team. We observed how staff supported people and spoke with four care staff, a unit coordinator and the deputy manager.

We looked at five people's care records, three staff files, staff training and recruitment records, and records that related to the management of the service which included quality monitoring audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People told us they felt safe living within the in the home because there were plenty of staff around and the building was secure. One person told us, "I really do feel safe living here, whether I am in my own room or downstairs, I can always call someone if I need to be assisted." Another person told us, "I feel safe because I have my call bell, and the carers come straight away if I need them." People were aware of security arrangements and they felt reassured that there was a concierge at the front desk and people had to ring the doorbell to be let in the building.

People were supported to maintain their independence and risk assessments were in place for all aspects of people's lives. We saw that these were regularly reviewed, so people were able to make informed decision around taking risks. This included areas such as skin integrity, food and nutrition, medicines, mobility, use of equipment, and health. For example one person who used a walking aid was observed to get up from the table and proceed to walk without the aid putting them at risk of falling due to reduced mobility. A member of staff reminded them about their walking aid to help keep them safe and minimise the risk of injury.

People were supported by staff who received training about how to protect people from harm and they were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information was available to staff and they were able to tell us how they would report concerns, should they need to.

There was enough staff to meet people`s needs at all times. We observed people were assisted in a timely way and call bells were answered quickly. Staff told us there were always adequate staff on duty at all times. They told us they were assigned where they were needed and moved around when required. The deputy manager told us they used regular agency staff to ensure staffing levels remained consistent. For example if a member of staff called in sick staff would be moved around to support the particular area of the home as required.

The deputy manager told us staff rota`s were planned in advance and changes and updates made as required. In addition to care staff, there were activities staff assigned to various units within the home as well as medicine technicians and unit coordinators. These were all additional staff who assisted with supporting people if it was necessary. This approach helped to monitor staffing levels and plan in advance for example when staff had requested holidays. Planning rotas in advance gave managers an overview of what was planned and what actually happened.

Safe and effective recruitment practices were followed which ensured that all staff employed at the service were of good character, and suitable to work in a care home environment. We saw from records that relevant checks were undertaken before a person was offered employment. These included obtaining references, ensuring that the applicant provided proof of their identity, for example a copy of their current passport and proof of their home address and that they undertook a criminal record check with the Disclosure and Barring service (DBS).

Staff were aware of how to support people in an emergency and knew how to deal with unforeseen events and emergencies. There was always a senior manager on call outside of usual day time hours for example evenings and weekends and they were available to support and advise staff if required. People had individual emergency evacuation plans in place in the event of a fire and regular drills were undertaken.

People were supported to take their medicines safely by staff who had received appropriate training and their competency was regularly checked. We observed staff administering medicines at lunchtime and saw they followed the process correctly, completing medicine records administration charts (MAR) after each person had consumed their medicines. There were appropriate systems in place for the correct ordering, storage and disposal of medicines.

Is the service effective?

Our findings

People received support from staff who had the appropriate experience, skills and knowledge to carry out their job effectively. Staff were provided with relevant information to assist them with supporting the people. One person told us, "Yes they know what they are doing here; they are very good you know."

Staff completed an induction programme, at the commencement of their employment at the service during which they received training relevant to their job roles. Staff had their competencies observed, and assessed regularly to make sure they continued to apply good practice when supporting people. For example when they were assisting people to take their medicines or moving and handling people. Staff received ongoing training and also regular updates including safeguarding people to make sure they were kept up to date with current practices. We saw that training included topics such as infection control, safe administration of medicines, moving and handling and dementia.

Staff told us that the training they received was appropriate and helped them perform their role effectively. One staff member said, "I had an induction initially but have had plenty of training since then." Non care staff, for example those who worked in support services had also receive training in safeguarding to ensure that if they observed anything they were concerned about they would have the knowledge and experience to report it. Newly employed staff had a number of shifts where they shadowed (Shadowing means they work with other trained staff until they are competent to work on their own) a more experienced staff member to gain experience and confidence in taking on their role. One member of staff told us, "The shadowing was invaluable it gave me the practical overview I needed and I felt confident after the shadowing."

Staff told us they felt supported by the management team. Staff felt that they were listened to and had regular team and unit meeting which provided an opportunity to discuss any concerns they may had or suggestions. There were regular supervisions where staff performance and development were reviewed. Staff confirmed that they had regular team meetings. One staff member said, "We have so many meetings, we have unit meetings, individual supervision meetings and I had an appraisal, but it is great, you can get things out in the open."

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. We checked whether the service was working within the principles of the MCA and found that they were. All the people who were living in the Reminiscence unit had had their capacity assessed and DoLs had been applied for and were pending outcomes.

We saw that people had been asked to consent to have their photo taken and for staff to assist them with their medicines. We also saw care plans had been signed to agree the content. Staff told us they obtained

people's consent before providing support. Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "People are given choices with every aspect of their life." Throughout our inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. Where people did not have capacity to consent verbally we observed them to give implied consent. For example staff asked people to come and sit at the table and they stood up and sat at the table.

Staff gave us several positive examples about how people's consent and choices were taken into account and included in their care plans for examples. "I like to be dressed smartly and approached in a positive and enthusiastic way." A record of people's preferred days for a bath were also recorded. One person told us, "I chose Sunrise as it has a reputation that you can trust." one relative said, "I cannot fault them since my [Relative] moved in here; I know it's only a short time ago but everything is as it should be."

People were encouraged and supported to eat a healthy and varied diet. Menus were planned in advance and displayed on tables in the dining rooms. People had a choice of meals. One person described the food received as "restaurant quality". We saw there was a choice of all three courses and extra options such as jacket potatoes or omelettes. There was also a salad bar available should people prefer a cold option. The chef told us they provided for specialist diets for example a 'pureed' consistency, diabetic, gluten free or a vegetarian option. One person told us, "They don't do kosher food and I really only like kosher food." However the manager told us this was always discussed before people moved into Sunrise and they were informed that the service did not offer a 'kosher diet'. We observed that the person had eaten a healthy meal at lunch time and people had a range of drinks available throughout the day including hot and cold drinks, or wine with their meal. One person said, "The food is restaurant standard and you can even have a glass of wine if you wish."

People and staff told us that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the GP, community nurses, chiropodists and opticians. On the day of our inspection we saw that several health professionals were visiting people, however if people preferred to attend the surgery they were supported to do this. When required, staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. Staff had a very good knowledge of people's needs and were seen to treat them in a caring and respectful manner. Staff knew people's likes, dislikes and preferred routines and these were recorded in their care plans. Throughout our inspection there were positive interactions between people who lived in the home and staff who supported them and we saw that people's wishes were respected.

We observed people in a lounge who were not able to give us feedback due to their complex health conditions. We saw that staff approached them in a kind and sensitive way. We saw that staff looked at them when speaking with them and when speaking with them bent to their level and smiled. They spoke in the right tone which was reassuring and waited for people to respond before proceeding with a task. During lunch people were assisted in a respectful way which maintained their dignity. People got the support they required and lunch was served in a relaxed manner which made it an enjoyable experience for people. One member of staff explained why a person we were speaking with was a little anxious as they were concerned about a family member who was also living there.

One person was keen to go out for a walk but required support which we saw was provided immediately. Another person had become anxious during the lunchtime meal and the senior member of staff on duty ensured that one staff member was allocated to spend 1:1 time with this person in order to let them move freely around the unit until they were calm enough to sit and enjoy their meal. Observations during lunchtime were very positive. We saw that there were enough staff allocated during this time to assist people with eating their lunch. We saw that this was an enjoyable occasion with gentle music playing in the background.

People chatted amongst themselves and the seating arrangements on each table had been carefully planned so that people had others to engage with and were of similar communication needs. The meals were presented nicely and people were given three choices of main course and three dessert choices. There were plenty of drinks available with some people choosing to have wine with their lunch. Staff assisted people in a respectful and calm manner at all times. Daily records showed events that had occurred during the person's day and if they had enjoyed it. Some documents such as, the daily plan were available in a pictorial/easy read format. This showed us that people had information about the service in appropriate formats to their understanding.

We observed people in another dining room on the ground floor and saw that they too were very positive with people chatting amongst themselves and staff interacted where appropriate for example when serving them or removing their crockery when people had finished eating.

People were involved in discussions about their care needs and how they were to be supported. People and their relatives told us that they participated in their care planning and reviews of their care. We saw that people's life histories had been recorded as well as information about their family, careers, children and people who were important in their lives.

People's care records we looked at included information which demonstrated how people liked to be supported and information about their social and health care needs. One section of the care plan was titled "This is me" and gave information to staff about the person and what they felt it was important staff to know about them. There was a day support plan and a night support plan for people. We saw that people and their relatives were involved in reviewing and planning their care needs.

Is the service responsive?

Our findings

People were supported in a way that was responsive to their changing needs. We saw that people had pre admission assessments in place. These had been completed by the manager or deputy manager and identified people's support needs prior them moving in the home and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care.. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet people`s needs on a daily basis. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

We saw that there was a wealth of activities provided to people both inside the home but also a variety of day excursions were provided and planned for the summer months. This included trips to garden centres and the coast. On the day of our visit we saw a well-attended game of giant scrabble being played in the front lounge which people enjoyed and this created an opportunity for them to engage and interact with each other. A Victorian tea party was also being held in the reminiscence unit where people who were not interested in the scrabble participated. The weekly activity plan was displayed throughout the home and also in the lift for people to make informed choices on how to spend their day. A group of people had also gone out for a 'pub lunch'.

We observed ladies attending the onsite hair salon throughout the day. Staff told us they had their hair done regularly and this was very important to them. We spoke with the hairdresser who told us they were in the home two and a half days a week and were very busy. One person told us they had always had their hair done and it was an important part of their life and routine.

People had their own bedroom suites. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. The management invested to create a dementia friendly ?environment on the second floor in which to help people orientate themselves by creating memory boxes outside each person's bedroom depicting their interest, hobbies, interest and a history of their lives.

Comments from staff were all positive about working at the home. One member of staff told us they felt valued and proud to work for Sunrise after leaving their previous care job. Another person said that they considered the managers were all very supportive and understanding. They told us that training was "second to none" and there were always opportunities to further their career if they wanted to. Staff confirmed that they received regular training, supervisions and appraisals from a manager. We observed staff to be both professional and caring throughout our visit.

A visiting relative told us, "I always feel that I am welcome here; it's like home from home for my relative. The manager is always here to speak to or at least a member of the management team. I have no complaints and can speak for my relative's behalf and say that the care here is excellent." There was a comprehensive complaints process in place and complaints were investigated and responded to appropriately. We saw that learning outcomes were recorded and shared with staff to try and minimise the risk of a reoccurrence for example proactive intervention if a person was at risk of falls.

Is the service well-led?

Our findings

The service was consistently well led. The newly employed manager was in the process of registering to become the 'registered manager' and the previous manager had submitted an application to deregister with CQC.

People told us the service was well managed. The deputy manager told us people had a voice and a say in how the home was run. People living at the home had formed a 'Council' and they met regularly to discuss all aspects of the home including food, laundry, activities and the care and support provided. Meeting minutes were recorded and actions put in place. We saw these were reviewed at the next meeting.

Staff told us they felt well supported by the management team. One staff member told us, "I can always discuss things with the manager or deputy." Another staff member said, "We are well supported, I feel listened to." Staff told us they had regular team meetings and they were able to discuss topics of interest to them as well as to share information and discuss best working practices, training and development.

We found the management of the home to be open and transparent throughout our inspection. The culture of the home was based on a set of values which was to provide care and support that was excellent and create an environment where people were happy to live in a homely and stimulating environment.

We saw there were processes in place for monitoring the service including sending statutory notifications to notify us of incidents, accidents or events which happened in the home. We saw evidence that there were various monitoring systems and processes in place including a quality monitoring survey which was carried out in August 2015. Feedback was positive overall, but where comments were neutral, an action plan had been developed to make improvements to the service for example to improve the cleaning, housekeeping services, dining experiences and audits of paperwork including for example people's life histories.

Other audits undertaken included health and safety audits, infection control audits and cleaning audits. Records were reviewed to make sure they were up to date and reflective of people's current needs. The deputy manager told us they were starting to archive records to make information easier to locate and more streamlined. Records were stored securely so that people's confidential information remained private and only those who were authorised to see it had access.