

Sunrise Operations Tettenhall Limited

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Inspection report

Sunrise of Tettenhall
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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?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day.

This location is registered to provide nursing and personal care for up to 70 people. At the time of the inspection 64 people lived at the home.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our inspection we found there were not enough staff to consistently ensure the safety and meet the needs of people who used the service. People who used the service and staff we spoke with told us they had concerns about staffing levels at the home. They told us call bells were not always responded to quickly enough and staff had competing and at times unmanageable demands on their time, which was frustrating and stressful.

We found that the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 due to low staffing levels. You can see what action we told the provider to take at the back of the full version of the report.

Staff received specific training to meet the needs of people who used the service. Staff told us that they did not have regular supervision to discuss their performance and development needs. Some staff told us that they had not had an appraisal of their performance and development for over a year.

We observed the staff to be kind, caring and respectful to people when providing support and in their daily interactions with them.

We saw that people's care plans identified their health and social care needs and outcomes that people wanted to achieve.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. The majority of people we spoke with told us they were happy with how staff provided their care and support. We saw that complaints specific to staffing levels had not been addressed to the satisfaction of everybody.

We discussed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) with the provider. Some people who used the service did not have the ability to make decisions about some parts of their care and support. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The staff had received training to enable them to follow the legal requirements of the Act and the DoLS.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

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?

The service was not always safe.

Staffing levels were not adequate to ensure people received appropriate support to meet their needs.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the manager.

Recruitment records demonstrated there were systems in place to ensure the staff and volunteers were suitable to work with vulnerable people.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not receive consistent supervision and support to ensure they carried out their role effectively.

People could make choices about their food and drink and were given support to eat and drink where this was needed.

Arrangements were in place to request health, social and medical support to help keep people well.

Requires Improvement



Is the service caring?

The service was caring.

Care was provided with kindness and compassion.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and provided individual personal care.

Good



Is the service responsive?

The service was responsive to people's needs.

People had their needs assessed and staff knew how to support people in line with their individual needs.

People who used the service were supported to take part in a range of recreational activities in the home and the community.

Good



Is the service well-led?

The service was not always well-led.

Requires Improvement



Summary of findings

People were encouraged to comment on the service provided to influence service delivery. There were some areas where people had reported concerns and these had not been addressed to the satisfaction of some people.

There were systems in place to make sure the staff learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to people and helped the service to continually improve.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

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Detailed findings

Background to this inspection

This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

The inspection was undertaken by an inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor with nursing expertise took part in the inspection to look at nursing practice and clinical records.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). We received this prior to the inspection. 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.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required.

We used various methods to inform our inspection judgements. We talked to people who used the service, their relatives and friends or other visitors. We interviewed staff. We completed informal observations to observe and gain insight into the experiences of people who were not able to verbally communicate with us. We completed a review of records.

On the day of our inspection we spoke with 26 people who used the service and one visiting relative. We also spoke with the registered manager, deputy manager and ten members of care staff. We also spoke with the chef and a visiting GP. After the inspection we spoke with a physiotherapist who had previously visited the home to support people who lived there.

We looked at eight people's care plans and associated records to check they were accurate and fit for purpose. We looked at seven staff recruitment files and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We spoke with 26 people who used the service. The majority of people we spoke with told us they felt safe living at the home. One person told us: “The staff are all very friendly. I am quite comfortable here and contented. I feel safe here. I just tell staff if I have any worries”. One person told us: “I feel safe at the same time I have my privacy. I appreciate that”. Another person told us: “Safe, oh yes I feel safe”, another person said: “Perfectly safe, yes”.

We read a thank you card from a relative of someone who used the service. This read: “Finding [my relative] a safe place here was exactly the right thing to do. [My relative] was often feisty and this was handled with great sensitivity and kindness by staff”.

We asked people whether they thought there were enough staff to support them to keep safe. Fourteen people raised concerns about the length of time it took for call bells to be responded to. One person told us: “I can wait up to ten minutes when I press my buzzer. The staff are very busy. There are always people calling”.

One person told us: “I don’t feel safe, the [staff] are lovely but there’s not enough of them”. Another person stated: “I don’t feel safe any longer”. They explained an incident where after no response to their call bell they were so desperate for the toilet they had tried to use the toilet without help. On two occasions over the last couple of months they said they had fallen in their bathroom. They reported waiting twenty minutes the first time and on the second occasion they were found by a visitor who then went to get help. We saw records which showed that these falls had been recorded and reported by staff.

Prior to the inspection we received three separate complaints about low staffing levels at the home. We spoke with the registered manager about these concerns. She told us of measures that had been taken to recruit to staffing vacancies. She told us that twelve people had recently been recruited. She told us that one vacancy for a nurse was outstanding and she had identified a suitable candidate to fill this post. She told us that they occasionally used agency staff who were familiar with the home and the needs of people who lived there. She told us and we saw

she used a dependency tool to assess how many staff were needed on each shift. She told us she had increased staffing numbers over and above the requirements directed by the tool.

During our inspection we spoke with ten staff members. Six out of ten staff members told us they had concerns about heavy workloads and not being able to respond as quickly as they would like to people’s call bells. They told us they found competing demands on their time to be frustrating and stressful and they were not always able to give the level of quality care they wanted to. They told us that people with more complex needs which required additional support from staff were being admitted to the home. Staff told us that additional staff had not always been put on shifts to meet the increased level of people’s care needs.

One member of staff we spoke with told us: “We are getting more residents with dementia and they need more assistance. A lot of residents want to get up at the same time. It is hard to fit in around people’s needs. The hardest shift is the morning shift. People need to wait up to fifteen minutes for assistance. When the emergency buzzer goes off it is all hands to the deck. The workload is high here. There is a high turnover of staff. Staff are shattered”.

Another member of staff told us: “Sometimes we are short staffed. Some staff work well, some staff get away with not doing things. Sometimes we are short of staff at weekends across units. We need more staff on the morning and evening shifts. Call bells are the worst part of the job. We have competing demands on our time. Sometimes the call bells are unmanageable, particularly if some staff do as little as possible. Staffing levels is the main frustration. There is pressure when you are working on the floor. I can’t leave someone if I am supporting them to take a shower to see to someone else”.

We found that robust systems were not in place to ensure people were protected from the risks associated with inadequate staffing levels. We identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This Act sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people’s freedoms are not restricted.

Is the service safe?

There were policies and procedures in place to inform staff what to do if they had concerns about a person's capacity to make decisions. We saw training records which confirmed staff had received training in this area.

During our inspection we looked at eight care records which contained risks assessments and the actions necessary to reduce the identified risks for each person. We found that they contained detailed information on people's health, welfare and social care needs. We saw that risk assessments were reviewed every month or when people's needs changed.

We saw there were policies and procedures available to staff for dealing with allegations of abuse. Staff told us they had completed training in safeguarding vulnerable adults and told us of their duty to report information of concern to the manager. We looked at training records which confirmed that staff had completed mandatory training in this area.

We looked at recruitment policies and procedures at the home. We looked at seven staff records on the day of our inspection. We found that safe recruitment processes were in place.

Is the service effective?

Our findings

Two people told us that they had chosen the home because they had previous experience of it. Three people told us their families had chosen it as they believed it to be the very best after researching various premises. All people we spoke with felt that they were having all of their health needs met together with a choice of social needs. One person told us they were: “Highly satisfied” with the service. They told us they used all facilities including the bistro. They said they enjoyed the various activities and the sense of freedom. They told us: “It’s my home”.

We saw that all staff had completed an induction before working at the home. This included training in safe moving and handling, fire safety, health and safety, and infection control. The registered manager told us that staff were supervised closely within this period and could not complete their probationary period without finishing their learning plan.

Staff told us that they attended handover meetings at every shift and shared information about people’s most current needs. We saw that ‘huddle meetings’ were held every day to enable staff to discuss and record information on people’s changing healthcare and social care needs.

Staff we spoke with told us that they did not receive on-going formal supervision to discuss their work. One staff member told us they had not had an appraisal for 19 months. They had not had an opportunity to discuss on-going training and development needs and the requirements of their workload. Staff we spoke with told us they would benefit from supervision to discuss any issues they had. This meant that staff’s performance and development needs were not regularly assessed and monitored. This was not in line with the provider’s policy which stated that staff should receive regular supervision and an annual appraisal.

The registered manager told us that she was aware that supervision had not taken place with staff. She told us this was identified as part of their action plan which needed to be addressed.

We spoke with the chef during our inspection. We saw that people had an initial nutritional assessment completed on admission to the home and people’s dietary needs and preferences were recorded. Some people needed a

specialist diet to support them to manage diabetes and a soft diet where people had swallowing difficulties. The chef provided us with records of people’s individual food preferences and assessed requirements.

People had mixed comments about the food. Most people agreed that there was lots of it, plenty of choice and it was ok. One person said: “The food is quite nice”. One person reported: “There’s plenty... as much as I can eat. Quality and plenty of choice”. One person described the food as: “Not very nice, not to my taste”. However they praised the kitchen staff especially when they ordered food to be served in their room and staff knew what they liked and did not like.

As part of our visit we completed two observations in two separate dining areas. This helped us to better understand the experience of people who could not talk directly with us.

The lunchtime was relaxed and people were considerably supported to move to the dining areas of their choice. Where people were independent in eating meals, staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with other people, enjoying the company and conversation.

We observed that staff had positive, warm relationships with people living at the home. We saw that staff checked whether people liked their meals and whether they wanted more food and drink. Staff supported people to eat and drink safely. We observed that food, snacks and drinks were on offer all day from the bistro with staff continually going around and offering people drinks.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that the relevant healthcare professional had been contacted to assess their needs.

We spoke with a visiting GP on the day of our inspection. They provided positive feedback about the home and staff team. They told us staff were confident and understood the protocols they need to follow. They told us people with diabetes were supported to have a varied diet and their conditions were stable.

Is the service caring?

Our findings

We saw that staff supported people with kindness and compassion. People had praise for staff and spoke positively about the care and support they received. They told us: “They [staff] are excellent.” A family carer stated: “It’s a pretty wonderful place, all staff are so caring”. One person told us they liked their own space. They felt they were understood and accepted by staff.

We saw written compliments provided by people and their relatives. One comment read: “Thank you to all your staff for their consistently high standard of care and kindness to my mother. You all coped with her so professionally and conscientiously”.

Another comment read: “Sincere thanks for all the loving care that you gave [my relative]. The kindness of the staff, the treats that Sunrise provided and the friendships made her feel very much at home”.

As part of our observations we saw a member of staff crouching down to someone’s eye level and talking to them in a reassuring way. One person had a cough and was getting distressed. The staff member acknowledged their concerns and talked to them about what might help them to alleviate their cough. They stayed with them until they felt confident and reassured.

We checked to see how the provider supported people to express their views and be involved in decisions about their care. We looked at eight care plans on the day of our inspection. These plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. We saw that where possible people were involved in reviews about their care needs.

We checked to see whether people were treated with dignity and respect. One person said: “I’m always treated with privacy and dignity especially when they help me in the shower”. Another person told us: “Staff are very good, very respectful”. People we spoke with said they were treated with respect and dignity by staff.

We spoke with staff who told us how they treated people with dignity and respect. Staff we spoke with told us: “When I support people to use the commode, I make sure that it is done in a dignified way and ensure people are covered”.

We completed one observation in the lounge and observed three members of staff individually attending to three people. Each person was treated with respect and as an individual. Staff showed awareness of each person’s needs for example where they wanted to sit; they asked them if they wanted a drink and did not leave them until they were settled.

Is the service responsive?

Our findings

One person told us about their food allergies and how all staff were aware of them as part of their individual care delivery. One person told us how much they loved the activities and was encouraged by the staff. They mentioned scrabble, poetry, and art and said: “They are excellent”. People we spoke with told us they were happy with the activities that were provided. People told us they were invited to take part in various activities planned for them and they could make suggestions for future programmes. There was a calendar of activities displayed in several parts of the home.

We saw an activities coordinator encouraged someone to take part in activities they were interested in on the day of our inspection. Following requests from someone who lived at the home they had brought in some young chickens. They had them in a box and took them to individual people which sparked interest and which people appeared to enjoy. We spoke with volunteers who told us they used their own expertise to offer a service for people to include: music, poetry and various talks on topics of interest.

We looked at eight care plans on the day of our inspection. These plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. All of the care records showed that people's needs were assessed before they had moved to the home. Staff had regularly reviewed and updated these records to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We looked at one person's care plan and talked with them about the care and support they received. We saw the care plan was up-to-date. They had hospital and community

health care professionals in place and staff had fully recorded this information in the care plan. Staff had recorded all of their progress and updates on their health conditions. Staff had recorded clear notes about their individual lifestyle needs and staff positively supported them to achieve the outcomes they wanted. The person expressed great satisfaction with the way they were cared for.

We looked at the care plan for a person who had dementia, who was not able to tell us about their needs. We saw they had made good progress and their general health and physical ability had improved since admission to the home. We observed that the person was content and showed no signs of concern on the day of our inspection.

On the day of our inspection the provider had arranged dementia training, and was promoting the “Dementia Friends” initiative. The provider had encouraged family carers to attend. This was arranged to help staff and family members to better understand the needs of people with dementia.

On the day of our visit, a religious service was conducted. The service was attended by many people and they told us that it was important to them to continue to practice their faith.

We saw that people attended regular meetings to discuss issues of importance to them. The minutes of meetings were recorded and were available for people to access in the main entrance.

People told us they knew how to make a complaint. People felt the care was focussed on them as an individual. People we spoke with said that they knew how to make a complaint however it would not come to that as complaints were taken seriously and resolved as soon as possible.

Is the service well-led?

Our findings

The provider sought feedback from the staff and people who used the service through questionnaires. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision. The registered manager confirmed that where any concerns were identified this was discussed with people who used the service and improvements were made. People told us that response times to call buttons had not been resolved to their satisfaction.

We spoke with staff about how they were supported in their role. They told us that there was an open door policy and that they could talk to the registered manager if they had any concerns. We saw minutes of staff meetings which were held every month to talk to staff about matters arising at the home. This meant they received up to date information and were kept well informed.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and her management responsibilities.

We saw that the registered manager reviewed incidents and accidents to ensure risks to people were reduced and falls were investigated. We reviewed accident forms. They had been appropriately followed up and we saw that staff had recorded changes in two care plans to reflect updates to their risk assessment to reduce the risk of further incidents.

We saw the provider had processes in place to monitor the quality of the care provided. These audits were evaluated and where required, action plans were in place to drive improvements. This demonstrated that the provider had suitable systems to assess and monitor the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The registered person had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.</p>