

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
Little Addington
Kettering
Northamptonshire
NN14 4AU
Tel: 01933 650794
Website: None

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Ratings

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

Overall summary

This unannounced inspection took place on the 17 April 2015.

Sunrise Care Home provides accommodation for up to for up to 20 older people who require care. There were 17 people in residence during this inspection, most of whom had some degree of dementia care needs.

A registered manager was in post. 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 were protected from unsafe care. There were robust recruitment procedures in place that protected people from being cared for by staff that were unsuited to the job. Sufficient numbers of trained and experienced staff were deployed to meet people's needs. People's rights were protected.

Summary of findings

People received their support from care staff that were attentive and responded in a timely way to their needs. Care workers understood their duties and carried them out effectively. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed. There were activities to stimulate people's interest.

People's care plans reflected their individuality and their needs were regularly reviewed. People's healthcare needs were met. They had access to a wide range of community based health professionals. Community based healthcare professionals were appropriately consulted, and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People were supported to maintain a balanced and varied diet. They said they enjoyed their meals and had enough to eat and drink. There was variety of foods to suit people's tastes and nutritional needs.

People's medicines were securely stored and appropriately administered by competent staff. There were suitable arrangements for the disposal of discontinued medicines.

People's quality of care was effectively monitored by the audits the provider carried out on a regular basis. Care staff listened to and acted upon what people said, including the views of people's relatives or significant others.

People's complaints or concerns were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

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 safe.

The risks associated with people's care, were assessed before they were admitted. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People were cared for by sufficient numbers of staff that had the experience to provide safe care.

Medicines were safely stored and competently administered.

Good



Is the service effective?

The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were cared for by trained staff that were appropriately supervised, and had the skills they needed to meet people's needs.

People's healthcare needs were met and they had sufficient to eat and drink to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People were treated kindly, their dignity was assured and their privacy respected.

People were supported to make choices about their care and staff respected people's preferences and the decisions they made.

People received care from staff that were compassionate and mindful of each person's individuality and diverse needs.

Good



Is the service responsive?

The service was responsive.

People's care plans were individualised and where appropriate had been completed with the involvement of people's representatives.

The provider regularly sought people's views and acted upon them.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led

A registered manager was in post that understood and acted upon their responsibilities.

Good



Summary of findings

Staff received the managerial support they needed and knew what was expected of them when doing their job.

There were systems in place to monitor the quality and safety of the service.

Sunrise Care Home

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 was carried out by an inspector and took place on the 17 April 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is

required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed four people's bedrooms by agreement. We also took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with five people who used the service, as well as four visitors to the home. We looked at the care records of five people. We spoke with the registered manager, and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

There were sufficient numbers of experienced care staff on duty to safely meet people's assessed needs. A visitor said, "There's always plenty of carers [care staff] around to make sure they [people] are looked after. My [relative] feels safe and secure here." Another person said, "It's nice to know I always get help when I need it." They said that knowledge made them feel safe.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. Staff received an induction before taking up their care duties so that they had the skills they needed to provide safe care.

Risks were assessed and regularly reviewed to minimise the likelihood of people receiving unsafe care as people's needs changed. Risk assessments were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety. People with a history of falls, for example, had been provided with walking frames that enabled them to move independently around the home in a safe way.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults team. Care staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff were familiar with the 'whistleblowing' procedure in place to raise concerns about people's treatment.

People's medicines were safely managed. All medicines were competently administered by care workers that had received appropriate training. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. We observed staff supporting people to take their medicines and found that people had received their medicines as prescribed.

Emergency systems to protect people such as 'call bells' to summon assistance from care staff were regularly checked for safe operation. Care staff responded to 'call bells' in a timely way. Regular maintenance safety checks were made on fire safety equipment, such as the fire alarm, and equipment used to support staff with people's care, such as hoists and wheelchairs.

Is the service effective?

Our findings

When we inspected the home on 16 July 2014 we required the provider to take proper steps to ensure staff were provided with adequate training and supervision, This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider took timely action to improve this area of care.

People's needs were met by staff that were effectively supervised. Care staff said that they had participated in 'supervision' meetings and that the senior staff and registered manager were readily approachable for advice and guidance. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager.

People received care and support from care staff that had received the training they needed to care for older people with dementia care needs. Care staff said they were enabled to participate in further training in care work to gain a qualification and enhance their work skills. They had had a good knowledge of people's personal care needs. They had, for example, also received training infection control, health and safety, and people moving skills. Newly recruited care staff received a thorough induction that prepared them for working in the home. They initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

The registered manager and care staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

People were involved in decisions about the way their care was delivered and care staff understood the importance of obtaining people's consent when supporting them with their care needs. Care staff confirmed their understanding of the importance of obtaining consent to care. Where people had lacked capacity to decide for themselves because of their dementia decisions made about their care had been made in the person's 'best interest'. There was a Mental Capacity Act policy and procedure for care staff to follow to decide whether people had the capacity to make some decisions for themselves. Care staff were able to

describe through discussion their role in assessing people's capacity. If people lacked the capacity to make decisions 'best interest' meetings were arranged which included health and social care professionals and, where appropriate, relatives or the person's representatives.

People's care plans contained assessments of their capacity to make decisions for themselves.

Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions.

People received the timely healthcare treatment they needed. There was effective communication between care staff and healthcare professionals in the community so that people received timely treatment. Care staff carried out observational checks throughout the day and, where appropriate, at night to make sure people's health had not deteriorated. One person said, "They [care staff] check how I'm feeling. Sometimes I get some aches and pains but they [care staff] make sure I get the tablet I need when that happens."

People drank and ate enough. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally. People were encouraged to take their meal at the table so that it was also a social occasion but other factors, such as the person's preference for where they wanted to eat, or the level of support a person needed, were appropriately acted upon.

Meals were served at an appropriate temperature suited to the food provided. Portions of food served at lunchtime were ample and suited people's individual appetites. A visitor said, "In my experience [relative] gets plenty to eat and enjoys it. I can have a meal with [relative] if I want it."

People that needed assistance with eating or drinking received the help they needed and were not rushed. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's nutritional needs.

Is the service caring?

Our findings

When we inspected the home on 16 July 2014 we required the provider to take proper steps to ensure people were always treated with respect. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider took timely action to improve this area of care.

People were listened to by care staff that took an interest in what they were saying or trying to articulate. People's individuality was respected by care staff that directed their attention to the person they were engaging with and not being distracted or talking unnecessarily with someone else in their vicinity. They used the person's preferred name, patiently explained what they were doing even when the person showed no obvious response, and were mindful of the person's dignity in the communal setting.

People's dignity and right to privacy was protected by care staff. People were assisted to their bedroom, bathroom, or toilet whenever they needed personal care that was inappropriate in a communal area. This support was discreetly managed by care workers so that people were treated in a dignified way in front of others. Care staff also made sure that doors were kept closed when they attended to people's personal care needs.

People were encouraged to make choices appropriate to their capabilities, ranging from where they liked to sit in the communal lounge to whether they wanted to join in with an activity. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. One person said, "I like to spend time in my room doing all the things that I want to do and that's fine by them [care workers]. They [care workers] will still check I'm okay, if I want a cup of tea, that sort of thing. They [care workers] know I'm very capable of doing a lot for myself and they respect that."

People were not left in distress or discomfort. Care staff were observant and sensitive to people's individual needs and responded promptly when people needed help or reassurance. They engaged with people including those individuals who, because of their dementia, were less able to verbalise what they needed. Care staff were able to tell us about the signs they looked for that signalled if an individual was unsettled and needed their attention. We heard care staff speak with a person when they were assisting them and they used their tone of voice and choice of words to good effect. The effect was reassuring, calming and relaxed the person.

People received their care and support from care workers that were compassionate and kind. One visitor said, "I'm always met with a smile here by them [care workers]. They [care workers] are lovely. I know they [care workers] treat [relative] kindly because [relative] tells me so. Whenever I visit I see the way they treat people so I'm not just taking [relative's] word for it."

People were encouraged to bring items into the home which enabled them to personalise their own private space. We saw evidence of this in people's bedrooms, with items of personal value on display, such as photographs and small items of furniture.

People's visitors were encouraged and made welcome. The visitors we spoke with regularly came to the home and were pleased with the arrangements in place for them to be with their relatives. One visitor said, "There's no restriction on when I visit, other than common sense. I can come as often as I please so I see the place as it really is. I have no concerns at all about the way [relative] is looked after or about their [care workers] attitude towards [relative]. They treat [relative] well and that's all that matters."

Is the service responsive?

Our findings

When we inspected the home on 16 July 2014 we required the provider to take proper steps to provide people with meaningful activities for people with dementia to participate in to promote their

wellbeing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider took timely action to improve this area of care.

People had a range of activities that were organised or on offer on a daily basis. People could choose to join in if they wanted to. We saw care staff engage people in a group quiz activity in the communal lounge. One person said, "It's a bit of fun but if you don't feel up to it you don't have to join in." Care staff said that the activities provided are designed to motivate people to participate in at a level they enjoy, benefit from, and feel stimulated by. An external activities organiser specialising in dementia care needs is employed to provide this resource and supplement activities arranged by care staff.

People who were able to make decisions about their care had been involved in planning and reviewing their care. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and

choices. Where people lacked the ability to participate meaningfully in their review relatives, or significant other people, were encouraged to attend if this was appropriate. This was confirmed by the relatives we spoke with who were visiting the home when we inspected. Information about people's history enabled care staff to personalise the care they provided to each individual, particularly for those people who were unable to say how they preferred to receive the care they needed.

The service was provided flexibly in order to meet people's preferences or respond to changing needs. Although there were set choices of meals, for example, one person said, "If I don't fancy what's on offer for lunch they [care staff] will do their best to make sure I get something I prefer."

People, or their representatives, were provided with the information they needed about what to do if they had a complaint. Relatives said they would not be reluctant to raise concerns, or make suggestions, directly with the registered manager, or with any of the care staff because they were confident appropriate action would be taken. One visitor said, "I've not had to complain but I know how to if I need to. They would sort things out. The way [registered manager] listens makes me sure of that." There were appropriate policies and procedures in place for complaints to be dealt with and care staff knew what to do if a complaint was made. Care staff also routinely encouraged visitors to speak up if they were unhappy or worried about anything.

Is the service well-led?

Our findings

A registered manager was in post when we inspected. The registered manager knew their responsibilities and ensured the conditions of registration were met.

People were supported by a team of care workers and other staff that had the managerial guidance and support they needed to do their job. Care workers said the registered manager or other senior staff were always available if they needed advice. There was always a senior member of staff 'on call' when night care staff were on duty.

People were assured of receiving care in a home that was competently managed. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager.

These audits included analysing satisfaction surveys and collating feedback from visitors including relatives and healthcare professionals that had an on-going role in people's care.

People received care from a staff team that were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Care staff said the registered manager used regular supervision and appraisal meetings with care staff constructively.

The care staff we spoke with said that the registered manager shared compliments as well as criticisms with them and that this made them feel they were working together as a team. People benefited from care staff being enabled to speak up in team meetings and share ideas with their colleagues that may prove beneficial to people, such as new activities for people to participate in.

Visitors knew who the registered manager was. We saw that the registered manager was a positive 'visible presence' in the home and that they had a warm and friendly relationship with people in residence and with the care staff on duty. One visitor said, "I know if I want to speak with [the registered manager] about anything I can just tap on [registered manager's] door. [Registered manager] is very friendly and helpful."

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.