Sunrise UK Operations Limited

Sunrise of Hale Barns

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 and 20 September 2018 and was unannounced. This was the first inspection since recent registration changes. This service is run by two companies, Sunrise Senior Living Limited and Sunrise UK Operations Limited. These two companies have a dual registration and are jointly responsible for the services at Sunrise of Hale Barns.

Sunrise of Hale Barns is a care home located in the county of Cheshire, close to Hale Barns village. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and support for up to 95 older people some of whom are living with dementia.

The service, which is known as a 'community', is divided into two separate neighbourhoods, the 'assisted living' neighbourhood and the 'reminiscence' neighbourhood. The assisted living neighbourhood provides residential care for up to 60 older people. The reminiscence neighbourhood provides residential care and support for up to 35 older people living with dementia.

The reminiscence floor has a similar layout to those in assisted living which is situated on the ground and first floor. At the time of this inspection 57 people were living in the assisted living community and 28 people in the reminiscence community.

We last inspected the service on the 21 June 2017 and we rated the service as good. However, we rated the safe domain requires improvement, due to differing experiences we received regarding the response times from staff and we found call bells were not being monitored to improve people's experiences when they required staff assistance.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall.

Why the service is rated good.

The service had a registered manager in place. A registered manager is a person who has registered with 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. The registered manager and the deputy manager supported us during our inspection. They worked closely together and were involved in the running of the service along with senior staff. Therefore, we will refer to them as 'the management team' further in the report.

During the last inspection we found differing experiences regarding the response times from care staff. At this inspection we found significant progress had been made. We found call bells are now being monitored daily to identify any shortfalls and determine what action the home intended to make to improve people's experiences.

The provider introduced an electronic care planning system in April 2018. However, we found this system did not provide a clear falls risk assessment function. Although we were assured the management team had acted to reduce the risk of falls, we found this had not always been documented in people's risk assessments or care plans. We have made a recommendation the home implements a risk assessment framework in relation to falls management, that clearly records the action taken by the management team.

We witnessed good cooperation and communication amongst staff, who were aware of their responsibilities. People who used the service were stimulated, and had bonded with the staff and formed friendship groups amongst themselves. The home conveyed a content and welcoming atmosphere where people felt at home.

The service was safe and people were protected from harm. Care workers were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Care plans were based on the needs identified within the assessment, however we found people living with long term conditions such as dementia and diabetes did not a specific care plan in place, and therefore it did not reflect the current needs of these people. We have made a recommendation the service consults national best practice guidance for person-centred care and support planning.

Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

Effective systems were in place to ensure people's medicines were managed safely. Only trained staff were allowed to administer medicines.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People had access to a wide range of activities which were provided seven days a week and were well supported by staff to access the community and activities further afield.

People's healthcare needs were well managed by the service. Staff worked as part of multi-disciplinary teams to support people with a range of complex healthcare needs. People were very well supported to access external healthcare services as they required.

Systems to monitor key aspects of the service, obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints had also been established.

Quality assurance practices were robust and taking place regularly. There was good day to day management of the service. The management team were respected, visible and supportive to both staff and the people who used the service, ensuring standards of care were maintained.

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.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service. However, we have made a recommendation that the home implements a risk assessment framework in relation to falls management.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by suitable staff.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records showed people using the service had their needs assessed, planned for and reviewed when required. However, aspects of people's health needs were not always detailed in their care plans.

A range of activities were offered to people. The service had considered what activities would be of interest to people based on their previous occupations.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

Is the service well-led?

Good

The service remained well-led.

Sunrise of Hale Barns

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.

The inspection was unannounced and was undertaken on 19 and 20 September 2018. The inspection team consisted of two inspectors, an assistant 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.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Sunrise of Hale Barns, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

We used the Short Observational Framework for Inspection (SOFI) in the reminiscence neighbourhood. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We undertook 'pathway tracking' of care records, which involves cross referencing people's care records via the home's documentation. We observed care within the home throughout the day in the lounges, dining room and communal areas.

During the inspection we spoke with 21 people who lived at the home and five relatives, to seek their views. We spoke with 13 members of staff including six care workers, three senior care workers, the registered manager, deputy manager, operations director, and the maintenance coordinator. We also contacted a

health professional who visited the home regularly.

We looked at staff training and supervision records for the staff team, one month of staff rotas and the staff files for six staff including their recruitment records. We looked at 18 medicines administration records in the medicines treatment room. We also looked at records of staff meetings, quality monitoring records, medicines adults, fire safety records and health and safety records relating to legionella, maintenance and servicing of equipment. We read the fire risk assessment for the home.

Good

Is the service safe?

Our findings

During the last comprehensive inspection in June 2017 this domain was rated as requires improvement. We found people were not always responded to by staff in a timely manner and people's call bells were not being monitored to identify the shortfalls we identified. At this inspection we found significant progress had been made.

At the time of our inspection there were 85 people being accommodated at Sunrise of Hale Barns who required different levels of care and support. The service employed a registered manager on a full-time basis who worked flexibly subject to the needs of the service. Additionally, a deputy manager was in post that worked alongside staff. Ancillary staff were also employed for administration; activities; domestic; laundry; catering and maintenance roles.

We noted that dependency profiles had been completed for each person using the service and a system had been developed by the provider to keep under review the dependency of people using the service and to calculate approximate staffing hours. We looked at the rotas for the past four weeks which reflected the number of staff on duty on the days of our inspection. We were told where staff were unable to complete shifts due to illness or other factors, regular staff would provide cover. This meant that people were supported by care staff who knew them well.

People had access to call bells when needed and people told us that staff responded quickly. One person told us "I've got my call bell. Staff do come fairly quickly, so I don't wait to wait long." We saw that the provider had introduced a daily audit of the call bell response times, which highlighted improvements in the length of time taken for staff to respond to calls for assistance. The registered manager told us the service introduced staff pagers and walkie talkies to ensure communication between staff improved and reduced people's waiting times for support. During the first day of our inspection we observed the daily head of department meeting where call bells response times were discussed and what action had been taken when a call response times exceeded 15 minutes. This meant the service had been proactive at reducing people's waiting times to keep people safe.

Staff were positive about staffing levels and told us that there were enough staff to meet people's needs, comments included, "We have enough staff on duty to be fair", "The call bells are monitored and staff are much more proactive. I feel we have enough staff", "Staffing levels are fine as long as staff don't go off sick. The managers will cover shifts when this happens or we can move staff from different floors to help out" and "I have worked at other care homes and I feel the staffing levels are good."

Risks to people at the home were regularly assessed and reviewed. General environmental and specific risk assessments were completed. We found risk assessments in place in the electronic care plans we reviewed around mobility, continence, infection control, oral health and other aspects of personal care. The service used evidence based standardised risk assessments such as the Malnutrition Universal Screening Tool (MUST) to assess people at risk of malnutrition. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and

appropriate action taken to support people who had been assessed as being at risk of malnutrition.

The provider introduced an electronic care planning system in April 2018. We found this system did not provide a falls risk assessment/care plan function. Although the management team were able to give a number of examples where actions had been taken to reduce the risk of falls, we found this had not always been documented in people's risk assessments or care plans. For example, we found one person had a number of falls at the home and although falls sensor equipment to minimise further risks was in place and the person had been seen by their GP, we found this had not been clearly recorded within their care plan to determine if this was making a difference at reducing their falls. We discussed our feedback to the management team who acknowledged better falls documentation was required to provide a clear audit trail. After the inspection we were provided with additional documents which provided further assurances the provider had considered what actions to take to minimise falls, but further documentation was required to clearly record the actions taken by the provider.

We recommend the provider implements a risk assessment framework in relation to falls management, that clearly records the action taken by the management team to minimise falls.

We saw the manager kept a record of any accidents and incidents that took place. The cause and effect of each accident or incident was investigated and recorded. A summary of all accidents and incidents for the month was also held on file and these were monitored and discussed every month by the management team within a clinical governance meeting. For example, a person experiencing several falls all at similar time of day. This meant the registered provider had systems in place to help keep people safe.

All medicines were stored in a locked trolley in two treatment rooms. Both the fridge and room temperatures were recorded daily. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. The medicines technician or senior care worker on duty would hold the keys, and medicines were dispensed from a lockable trolley using a monitored dose system (MDS), which helped to minimise the risk of incorrect administration.

We observed a member of staff administering medicines during our inspection. This was done in a person-centred way, with the member of staff ensuring the person was comfortable, and provided with a drink to help with swallowing. They were patient, staying with each person and talking with them until they had taken their tablets. They then recorded on the person's medication administration record (MAR) sheet that they had received their medicines as prescribed and at the right time.

Some people needed medicines as and when required (PRN) for pain relief. We found clear guidance in place to ensure safe practice when administering PRN. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We saw controlled drugs were stored in a locked cabinet, and the controlled drug register was checked daily at the start and end of each shift and countersigned when administered. We checked the balance of controlled drugs for one person and found them to be correct.

We saw that suitable arrangements were in place to help safeguard people from abuse. The service had a safeguarding policy in place and staff understood their responsibilities to protect people from harm and report any issues of concern. The training records we looked at showed staff received safeguarding training and they confirmed this when we spoke with them. The registered manager kept a log of any instances of suspected abuse.

The recruitment procedures in place gave clear guidance on how staff were to be properly and safely

recruited. We looked at six staff files. These included a recent photograph and proof of identity, an application form that documented a full employment history and accounted for any gaps in employment, a job description, proof of eligibility to work in the United Kingdom and two references. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed at Sunrise of Hale Barns.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The homes maintenance worker kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker. The service also had a business continuity plan in place. The plan contained details of what action needed to be taken in the event of an emergency or incident occurring such as a fire or utility failures.

As we looked round the building we saw that day to day risks were well managed. Where cleaning was in progress, the domestic staff placed signs warning people of wet floors. Environmental risks had been assessed and appropriate action taken. Staff were vigilant to any new or emerging environmental risks, and the registered manager would regularly check any issues regarding lighting, heating or flooring which might indicate trip hazards. We noted that infection control audits were routinely undertaken as part of the home's quality assurance system.

Good

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Prior to their admission into Sunrise of Hale Barns, people received a full assessment of their needs by a member of the management team. This pre-admission assessment looked at how their needs and wishes could be met, with consideration of the needs and compatibility of the other people who used the service. When we looked at care records we saw that they included the views of people who may have been involved in care and support such as family members. Records also included any assessments completed by health and social care professionals such as social workers or occupational therapists. This information was then used to form an interim care plan so staff would understand the needs and wishes of the person and how best to meet them from the moment of admission.

We found that staff were knowledgeable and had the appropriate skills to carry out their roles effectively. Staff received a mix of eLearning and practical training in a range of areas essential to the job role. eLearning included courses such as fire safety, health and safety, equality and diversity moving and handling, safeguarding and infection control. Practical taught courses included moving and handling, first aid, fire awareness, end of life care, and memory care in which a foundation/intermediate course is available to staff.

We found newly recruited care workers were required to undertake a 12-week programme of induction during which time their work was observed and monitored. New staff 'shadowed' other more experienced members of staff prior to working independently. Staff were given an employee handbook which included information about policies and procedures and the organisation's expectations of employees. The induction process for new staff also included completion of the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care.

Staff received regular supervision and appraisals. They met together through team meetings and handovers during the day, where staff discussed residents' needs, activities, changing policies and procedures, safeguarding and training needs.

The service looked for innovative and effective ways to address various health issues. For example, the service identified an upward trend in terms of the prevalence of urinary tract infections through their clinical governance indicators. The service introduced a number of initiative such as providing people with their own water bottles and ensuring hydration stations were available on all floors. The service also arranged meetings with people to discuss the importance of ensuring they drank plenty of fluids throughout the day and the impact caused to people's wellbeing from not doing drinking enough. The provider analysed the results of urinary tract infections from September 2017 to August 2018 and the provider identified a clear improvement in lowering infections. From September 2017 the provider recorded 20 infections, by August 2018 this dropped greatly to just five reported infections at Sunrise of Hale Barns.

The provider also decided to undertake a quality improvement project this year in the management of continence products. The aim of this project was to improve people's experience and the staff team's knowledge in this area. A small sample of staff within the service trialled continence products and recorded their experience. The registered manager told us from this trial they identified many learning outcomes that has made the staff team much more responsive to people's needs. One staff member commented on the experience of wearing the continence product, "The experience has made me aware of many things, out on trips, risk of falls, being undignified, not wanting to go out on trips, not wanting to use the same pad twice, feeling that I need to be prompted to use the toilet even after using the pad as I did not feel like I had emptied my bladder properly."

People had enough to eat and drink to maintain a balanced diet. Throughout the day we saw drinks and snacks, including fresh fruit and biscuits were offered. Cold and hot drinks were provided and people could help themselves to juice which was available in covered jugs in both
lounges, and regularly replenished. The provider had also introduced a hydration station on the reminiscence neighbourhood which meant people had access to drinks and snacks constantly throughout the day.

Lunch was a sociable occasion. People were supported into the dining room and offered a choice of where they wanted to sit. Staff were attentive to people's needs, for example we overheard a care worker addressing a person kindly and inquiring, "Are you happy sitting on this table or would you like to sit next to your friend [person's name]?" The layout of the homes dining rooms on both the assisted living and reminiscence neighbourhood had a restaurant feel. Tables were laid attractively with table cloths, napkins, flowers and wine glasses. Wine was available for those who preferred this. The atmosphere was calm and not rushed and staff worked well together. Staff showed people two plates of food so people could choose on the day. We saw that meals were attractively presented and looked and smelt appetising. Staff engaged well with people and did not hurry them.

People generally told us that they enjoyed the food provided. Comments included, "I enjoy my food very much", "Always enjoy my food", "Never had something I didn't like", "Food is better, I have liked what I have had so far, plenty of it", "I think the food is very good and reasonably varied. For me it's often too much and I have a salad option, and soup. There's fish 3 or 4 times a week, and fresh fruit is always available" and "Quality of the food is excellent, what the chef does is wonderful."

However, we did receive a small number of negative comments from people in relation to the food on offer. These comments included, "Given the high cost of living here, we should have better food, and the cooking and presentation are not good enough. As far as I can tell they bring in readymade food and some of it is poor. Even the baked potatoes aren't right, each comes in its own black dish and the skin is not crisp", "The carers are not trained restaurant staff…they just dollop gravy all over crisp potatoes and it ruins the food" and "There should be more variation on the menus; otherwise I feel I might end up on bread and jam, not quite perhaps. As it is I usually have the sandwich option, and I have to avoid the desserts, they're too fattening."

The home was linked to a local GP surgery and we saw that a GP visited the home on a weekly basis as a minimum. People were still able to register with their own GP should they wish to. During the inspection we spoke to the local GP who regularly visits the home and they were extremely complimentary on how well the home was managing people's needs.

Sunrise of Hale Barns is a modern three storey purpose built care home that is decorated and furnished to a high standard. People were encouraged to personalise their rooms with their individual belongings such as

pictures, ornaments and personal possessions to make them homely and comfortable. We also noted that people had access to aids and equipment to help people mobilise and maintain their independence. There is a passenger lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure. The home has four lounges, two large dining areas, laundry and a hairdressing salon. There are also two private dining rooms which are located on the ground floor which residents and their relatives are encouraged to use for special occasions. The provider was also developing a room in to a small pub on the reminiscence neighbourhood. The registered manager commented that many of the people in the reminiscence neighbourhood enjoyed visiting pubs in their earlier lives and this was an area Sunrise wanted to recreate. The provider was also in the early stages of brewing their own alcohol with the support from the people.

We saw that various measures had been taken to create a safer and more dementia friendly environment in the reminiscence neighbourhood. For example, we noted that small illuminated lights had been fitted outside people's bedrooms which contained photographs and personal items that were familiar and unique to each person to help people locate their bedrooms and reduce confusion. Orientation boards were also in place to remind people using the service of the day, date, season and weather. The service continued to promote 'Doll therapy' as a means to help comfort people and to reduce anxiety, together with a range of other activities that were geared towards people's individual needs. The service also purchased an interactive magic table. We observed this in action, the table uses light animations to create games that encourage people living with dementia to connect with others and their surroundings, while stimulating their mind and movements.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were appropriate records maintained relating to people who were currently subject to DoLS. There were appropriate mental capacity assessments in place which outlined the issues and concerns. Timely applications for DoLS had been made when the indication was this was required and we saw these were up to date and reviewed regularly.

We saw no evidence that people were being deprived of their liberty without authorisation. Applications for DoLS authorisations had been made and in some cases authorised (although others were still awaiting a decision). Those applications we saw had been completed correctly and set out the reasons for the application. The outcome of applications had been notified to CQC, as required under the regulations. A tracker file was kept with information for each person which allowed the service to adequately monitor any applications and their outcomes.

Good

Is the service caring?

Our findings

At our previous inspection we found that the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

During our inspection of Sunrise of Hale Barns, we spent time talking with people and undertaking observations within the home. We observed the environment to be warm, homely and relaxed and that people were encouraged to maintain their independence and empowered to follow their preferred daily routines. We saw lots of positive interactions being exchanged between staff and people living in the home. Relatives were also made to feel welcome and encouraged to visit at different times of the day.

The staff knew people well, and people appeared relaxed in their company enjoying jokes and talking about the music which had been played prior to lunch. We observed kind and respectful interactions where people were given time to express themselves fully. Members of staff were responsive to requests for support and provided sensitive reassurance. One person told us, "Staff very good, residents can be very un-cooperative, they do their best." Another person told us, "Yes, the staff are kind and considerate. I believe it comes from the top management down. With changes in the top management, staff have become noticeably more friendly and caring."

People and their relatives told us they had been consulted about their care and support needs. One relative said, "They get out the plan every now and again and we look at it, they don't necessarily review it, but they ask you if there is anything you're concerned about." Another person's relative told us, "We went through the care plan, they asked their likes and dislikes etc."

People spoken with confirmed that they were given privacy and accorded respect and dignity. Staff were seen to provide appropriate care and support in a timely manner during the three days of our inspection and were observed to knock on people's doors and wait for a response before entering people's bedrooms. Likewise, when personal care was needed, this was given in privacy either in resident's own rooms or bathrooms.

Care workers were proactive in promoting the independence of people and encouraging them to learn new skills. One person said, "Yes, I get help when I want it and I tell the carers what I need if necessary. Actually, they know me very well; they'll say: 'Where's your stick?" Another person told us, "The staff will prompt me with minor areas, as they know my independence is paramount to me."

Electronic and paper records were kept securely within the home to help ensure confidentiality. Information on Sunrise of Hale Barns Home been produced in various forms including a 'Statement of Purpose' and 'Residents Handbook'. Both documents were displayed in the reception area of the home for people to view. The documentation provided current and prospective service users with key information on the service such as: philosophy of care; operational structure; aims and objectives; registered provider and manager details; admission criteria; services available; facilities provided and the complaints procedure etc.

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The staff we spoke with understood that people must not be discriminated against on these grounds (and other protected characteristics). They told us that discrimination was a form of abuse and so they would report it in the same way.

Requires Improvement

Is the service responsive?

Our findings

The provider had introduced an electronic care planning system in April 2018 and all care plans and risk assessments had been transferred to this new system. Electronic care planning enabled the provider to set up alerts and pick up on trends, for example there was a live system with a list to show what care had been provided to each person. For instance, the electronic system automatically calculated whether people had lost or gained weight. The information was accessible to staff via monitor screens located in corridors of the home, where staff accessed care plans and recorded the care and support people received.

People's social histories, interests and preferences were recorded in their care plans. For example, staff had recorded details about people's preferences about how they received their medicines, preferred foods and routines. We saw the care plans contained a section to record people's 'goals'. However, we found aspects these sections contained generic statements that lacked imagination and goals that should have formed part of people's routine care rather than particular aspirations. For example, we found no care plans that included personalised details of the support people required for aspects such as living with long term conditions such as dementia, chronic heart condition and diabetes. This meant that the correct level of support required by people was not assessed and documented so that care staff would understand how to meet their needs. We discussed this area with the management team, who acknowledged this observation and confirmed the electronic care planning was still in its early stages of development, but assured us this would be reviewed as a priority to ensure people's assessed needs had been fully captured to guide staff. We will check this at our next inspection.

Care plans outlined individual needs and the actions required by staff to ensure they were met. Records had been kept under monthly review or sooner in the event a person's needs had changed. A range of supporting documentation such as lifestyle profile information; observation records; health care records; communication notes and daily records were also available for reference.

We recommended the service consults national best practice guidance for person-centred care and support planning from a reputable source, such as the Social Care Institute for Excellence (SCIE).

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. This is particularly relevant for those people living with a sensory impairment and who may require information in an alternative format. For example, large print, braille, audio or easy-to-read. We spoke to the registered provider and manager about this and discussed at length how the AIS needs to be incorporated into good person-centred support planning. We will review the progress of how AIS has been implemented within care plans at our next inspection.

At the time of the inspection there was no-one receiving end of life care. We saw from care plans that discussions had not taken place regarding people's future wishes so that staff would be able to meet people's needs and preferences when the time came. We found do not attempt resuscitation (DNAR) instruction were in place for some of the people and the electronic care management system provided

instant access to this information. Training records confirmed staff had received formal training on supporting people at the end of life. End of life care relates to people who are approaching death; it should ensure that people live in as much comfort as possible until they die and can make choices about their care.

The registered manager was confident the service was readily available to support people through the end of life process and would work alongside McMillian nurses or other professionals if required. However, the registered manager felt the home had only experienced a small number of people approaching end of life stages. The service predominately cared for people who were not living with chronic life threating illnesses. The manager confirmed the service would focus on this area to give people the opportunity to discuss their future wishes.

People were enabled to take part in person-centred activities and encouraged to maintain hobbies and interests. There was an extensive programme of daily activities available for people to participate in if they wished, this included; regular trips out, tai chi, poetry club, a walking club, meditation, giant scrabble, flower arranging, current affairs, massage and quizzes amongst others. The activity programme and information about upcoming events was clearly displayed throughout the home and provided the time and details of several activities every day.

On the first day of our inspection, activity staff supported people on one to one activities such as discussing magazines that were available for people and we saw one person reading and talking with another person about an item in the Daily Sparkle. We were also informed a small group trip was organised for people to attend a local park and on the second day of our inspection a group visited a museum. Computers were available for people to use and staff had supported people to undertake online shopping.

The service had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A relative told us, "If I had a complaint then I'd speak to [manager] if I was not happy."

Good

Is the service well-led?

Our findings

At our previous inspection we found that the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

We asked people who used the service or their representatives and staff if they found the service provided at Sunrise of Hale Barns to be well led. Overall, people we spoke with said that the service was good and that the registered manager was available to talk to.

For example, comments received from people using the service included: "I think manager is approachable", "No complaints, I would go and see [managers name] if I did" and "Yes, absolutely the manager is approachable and comes up to see me." Sunrise of Hale Barns had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout the two days of our inspection and was supported by her deputy manager and operations director.

The registered manager was supportive, open and transparent throughout the inspection process and we observed that she interacted positively with people using the service and staff in a caring and supportive manner.

The operations director also had a clear vision for the service and their plans to continually improve and strive for outstanding. The home also benefited with the support from a dedicated national training officer, national dementia manager and regional head of care and nursing who supported and delivered key and bespoke training packages for all team members.

Staff were overwhelmingly positive about the management team and told us that they felt well supported. The current management team were described as approachable and supportive. Comments included "I feel Sunrise has improved massively since the manager has been with us. Everyone is on board with her ideas", "[Manager's name] is a great leader, I can speak to her if I have a problem" and "It's very much a team approach here. I can speak to any of the senior staff and they will listen to what I have to say. Morale at the home has improved massively."

The service had robust quality assurance practices in place and records confirmed this. For example, a daily walk of each floor was carried out which looked at aspects such as whether all staff were dressed in line with company policy and that the home was free of malodours. The manager also completed a monthly audit overview that looked at aspects such as medicines, complaints, infection control and fire records. In addition, a quarterly quality assurance visit was completed by the operations director that looked at aspects such as accidents and incidents, training, housekeeping and rota management.

The provider took into account of people's views through regular meetings. We saw that most of the relatives and people at the service had been involved in these meetings. From meeting minutes it was noted that one relative was satisfied with the care and support and said, "I thank the staff and manager for having time for us and our relative." A person who used the service said, "We are encouraged to get involved in the

way the home is run. We do this by meeting with the provider and manager and getting involved in projects. This makes it feel like it's our home."

Questionnaires were sent to people who use the service, their relatives and visiting healthcare professionals. The overwhelming majority of feedback received was positive and a number of returned questionnaires commented on the good quality care at the home, good meals and satisfaction at the extent of their or their relative's involvement in the care planning process. This meant that people were happy with being able to live at the home in the way they wanted and chose to live.

People were also encouraged to share their feedback via the carehome.co.uk website and information on how to use this facility was displayed in the reception area of the home. We viewed the website and noted that there had been 24 reviews in the last 12 months, all of which were positive, with home having a rating of 9.4. A comments box was also located in the foyer to enable people to share their feedback anonymously.

We found that the management team encouraged people to give their views and any concerns, which they listened to and acted on to shape the service. This was done through various means including council meetings and feedback to the resident ambassadors.

An annual home audit schedule was in place which confirmed key operational areas were subject to ongoing monitoring and review by the senior management team and registered manager. These covered a range of areas such as: catering services; kitchen; medication; care documentation and infection control. Audits viewed included evidence of actions required and when completed.

The registered manager asked us to view a 'best practice' file which she maintained. The service introduced a wish tree on both neighbourhoods, the manager told us this was created to give people at the home an opportunity to fulfil a wish they may have. We found this was still in its early stages, but one person's wish came true when they visited Altrincham Football Club.

The registered manager is required to notify the CQC of certain significant events that may occur in Sunrise of Hale Barns. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.