

Sunrise Senior Living Limited

Sunrise Operations of Westbourne

Inspection report

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19 December 2016

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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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 13,14 and 19 December 2016. At the last inspection completed in July 2014 we found the provider had met all the regulations we reviewed.

Sunrise Operations of Westbourne is a purpose built care home comprising of four floors providing accommodation, care and support for up to 114 older people, some of whom live independently and require little or no personal care. The service also provides a specialist service on part of the second and all of the third floor, the reminiscence neighbourhood. The reminiscence neighbourhood is for older people living with dementia or enduring mental health conditions. At the time of the inspection there were 106 people living at the home. There was an acting registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The acting registered manager had commenced the process of becoming a registered manager with the Care Quality Commission.

During our inspection visit the home had a welcoming, friendly atmosphere with interesting, fun activities being available for people to join in with if they wished. There were also quieter areas for people to sit in which meant people had the opportunity to relax in a calm and homely area.

The premises were well maintained and sympathetically furnished to ensure people were able to sit down and rest throughout the home. The reminiscence neighbourhood was furnished and decorated to accommodate people living with dementia, with clear signage, toilet doors painted in contrasting colours to enable people with dementia to distinguish toilet doors from bedroom doors, and themed lifestyle stations for people to engage with.

People and their relatives gave positive views about the care and support they were given at the home and everyone we spoke with told us they enjoyed living there. People told us they felt safe at the home.

Staff spoke knowledgeably about the systems that were employed to keep people safe and free from harm. They knew how to prevent, identify and report abuse and the provider had systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed including areas of risk, and reviewed regularly to ensure people were kept safe. People were cared for with respect and dignity and their privacy was protected.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the administration, storage and disposal of medicines

People told us there were always staff available to help them when they needed support and they were

supported promptly by staff who were friendly and caring. Relatives told us they were made to feel very welcome when visiting the home and felt the staff involved and included them where appropriate in the care of their relative.

There was a robust recruitment and selection procedure in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Staff spoke positively regarding the induction and training they received and commented they had felt well supported throughout their induction period.

Staff demonstrated a good understanding of how people liked to have their care needs met. They delivered safe, effective, person centred care to people in a friendly, professional and kind way.

Supervisions and appraisals were regularly completed with staff, were detailed, clearly written and gave staff the opportunity to comment on their performance and request further training and development opportunities if they wished. The provider had a range of staff incentive schemes to reward and encourage staff to attain their full potential.

The provider had achieved 'Beacon' status in the Gold Standards Framework Accreditation. The National Gold Standards Framework (GSF) is a national training scheme which provides training for staff to enable them to provide a gold standard of care for people nearing the end of their life. Beacon status is the highest grade that can be obtained.

Equipment such as hoists and pressure relieving mattresses and cushions were readily available, clean and well maintained.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People were supported and provided with an extensive choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people's dietary needs and people told us they enjoyed the food and could ask for different choices if they did not like what was on the menu. The provider ensured meal times were a pleasant and social experience for people and the dining areas were attractively laid out with table cloths, table decorations and staff available to ensure people received the assistance they needed.

People knew how to make a complaint if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was an extensive schedule of daily activities for people to participate in if they wished. Activities were very well publicised throughout the service with an hourly schedule of activities taking place around the home. People who required assistance were supported to take trips to places of interest. The provider ran a weekly mini bus service to places of interest that people had asked to visit, such as The New Forest, Poole Quay, garden centres and local parks.

There had recently been a change of registered manager and people told us this had led to improvements in the running of the service. One person told us, "It's improved now, I feel listened to now". People felt there was a clear management structure in place with a visible, approachable management team that listened to

them and the staff.

There were systems in place to monitor and drive continuous improvement in the quality of the service provided.

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. Risks to people were assessed and reviewed and staff understood the procedures in place to safeguard people from abuse.

Medicines were administered, stored and disposed of safely.

Staff were recruited safely and the provider had robust recruitment procedures in place to ensure pre-employment checks had been conducted prior to staff starting employment.

Is the service effective?

Good ●

The service was effective. Staff received on going support from senior staff who had the appropriate knowledge and skills. Robust induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

The service works towards and has achieved a recognised accreditation scheme. Staff received a range of effective training conducted both on a face to face basis and via computer based learning.

People were offered and enjoyed a varied choice of nutritious food and drink.

Is the service caring?

Good ●

The service was caring. Person centred care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and their relatives and there was a happy, relaxed atmosphere throughout the home. People valued their relationships with staff who they found friendly and caring.

Wherever possible, people and their relatives were involved in making decisions about their care and staff took account of their individual needs and preferences.

People reaching the end of their life received good, person centred care and were treated with dignity, care and compassion.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned proactively in partnership with them and delivered to meet their needs. People's care plans and records were kept up to date and accurately reflected people's preferences and histories.

Staff were very attentive and responded quickly and appropriately to people's individual needs.

There was an extensive, varied daily schedule of activities for people which they enjoyed and promoted their independence.

There was a clear complaints procedure. Learning from complaints was shared, and changes made to continuously improve the service. People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff spoke of an open, supportive, positive culture that encouraged their views and input. Staff felt very well supported in all areas and felt involved listened to and appreciated.

The provider had a range of robust audits in place to monitor and drive improvement of the quality of the service provided.

Sunrise Operations of Westbourne

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 comprehensive inspection took place on 13,14 and 19 December 2016, the first day of the inspection was unannounced. On the 13 December the inspection team consisted of two CQC Inspectors. On the 14 December the inspection team consisted of a CQC Inspector and two Specialist Nurse Advisors. On 19 December 2016 two CQC Inspectors comprised the inspection team.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. In August 2016 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked a selection of health professionals and the local authority who commissions the service for their views on the care and service given by the home.

During the three day inspection we met with the majority of the people living at the Reminiscence Neighbourhood, a specialist service for people living with dementia or enduring mental health conditions, and spoke with those that were able to. We also met and spoke with a selection of people who lived in the assisted living apartments within Sunrise Operations of Westbourne and spoke with five visiting relatives. We spoke with the general manager who was in the process of applying to become the registered manager, the Director of Operations, the senior Director of Community Relations, the Regional Head of Care and Nursing, the Business Office Co-ordinator, the Reminiscence Co-ordinator, the Dining Services Co-ordinator, the deputy manager, the Assisted Living Co-ordinator, the activities manager and a selection of eleven care staff which included a registered nurse, senior care staff, housekeeping staff and community maintenance staff.

We observed staff supporting people in communal areas and to eat meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked in depth at five people's care, treatment and support records, a selection of other care records and reviewed a selection of medication administration records for both the assisted living and reminiscence neighbourhood areas of the home. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, activity schedules, premises maintenance records, a selection of the providers audits and policies, compliments and complaint records, completed quality assurance forms and staff and relative meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at Sunrise Operations of Westbourne. Staff spoke knowledgeably about what would constitute abuse and could identify different types of abuse. We asked a staff member, "Tell me about safeguarding; what does it mean?" The member of staff replied, "It can be physical or verbal. If I was concerned that a relative was not treating a resident as I think they should, I would immediately tell the manager". Staff said, "We are like family here. We know our residents very well, and can see changes in behaviour...abuse can be physical, mental, sexual, financial. I would be very wary of unexplained bruising with no history of fall in places you wouldn't expect to see bruising".

We asked staff how they would keep people safe on the reminiscence neighbourhood. Staff replied, "We are their eyes, many are very frail but want and need to be mobile. We make sure the floors are clear, we check their behaviour is normal for them. If something changes we are alerted straight away". There was clear information on display for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities.

Staff spoke knowledgeably about the providers whistleblowing procedures for a confidential helpline, and told us they, "Had the number".

Risks to people and the service were managed so that people were protected and their wishes supported and respected. An example of managed risk was where one person needed an electronically operated recliner chair. A risk assessment had been completed which concluded the person did not operate the chair independently for safety reasons. We talked to the person about their chair and they said, "It's off for my own safety". People had their health needs assessed for areas of risk such as falls, moving and handling, nutrition, safe swallow and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as speech and language therapists, occupational therapist or their GP.

There was a system in place to monitor and review any accidents or incidents that took place. Accidents and incidents were recorded on a monthly basis with detail recorded regarding the location, type and time of the incident/accident. If action was appropriate to prevent further occurrences this was recorded and analysis was completed each month to identify any trends or patterns to ensure preventative action could be taken.

People had been assessed and plans made for emergency evacuation from the building. There were systems in place to ensure people were moved safely in an emergency, these records were easily accessible and were up to date with detail included on how much assistance people needed and how they were to be evacuated should an emergency arise.

Care was arranged in day shifts between 0645-1415 and 1345-2115. Night shifts were from 2100-0700 hours. This pattern allowed an overlap between shifts enabling staff to conduct effective hand over meetings. Staff sometimes worked double day shifts or 'long days'. For the second and third floor where the reminiscence neighbourhoods were based there was one nurse on each floor. The third floor had a complement of nine

care staff in the morning, eight in the afternoon and three at night. For the second floor reminiscence neighbourhood there were six care staff on shift in the morning, five in the afternoon and two at night.

The assisted living community, which comprised of ground, first and half of floor two, had twelve care staff in the morning (including two doing shorter shifts of four or five hours) nine care staff in the afternoon and four care staff at night.

A person told us that carers were helpful but that, "It sometimes takes a little while for them to get here. That would be my main criticism. It takes a while to get an answer when you've called." When we reviewed duty rotas, we saw staffing levels generally reflected what staff had told us. The majority of people and staff we spoke with regarding the amount of staff on shift, told us they were content with the staffing levels and said although they were, "Very busy" they felt there were enough staff available to care and support people safely. We commented to one member of care staff that we didn't hear alarms and call bells going off all the time. They said, "We have plenty of staff so really there should be no need to ring a bell, as we check on people all the time".

There was a system for covering staff shortages due to sickness or annual leave. Initially, staff would be offered further hours to cover the absence. The second stage would be for 'bank' staff to be approached, these were normally staff who had previously worked for the service but had other commitments for example nursing students. The third stage was to use agency staff. Using this system ensured wherever possible, people received continuity of care from staff who knew them.

We spoke with staff about their recruitment. Staff said they felt well supported throughout their induction period and had "shadowed" more experienced staff on shift. They told us they had had background checks completed on them before they started working at Sunrise and stated they got to know the people and systems well before being left to care and support people independently. Records showed recruitment practices were safe and that the relevant employment checks, such as proof of identity, criminal records checks, health and fitness checks, full employment histories and appropriate references had been completed before staff began working at Sunrise Operations of Westbourne.

The provider employed a small team of maintenance staff to ensure the premises were maintained safely. Records showed maintenance processes were robust, orderly and detailed. We saw up to date certificates and records that showed regular checks were completed for fire safety equipment, emergency lighting, electrical installation, beds, hoists and slings and lifting equipment such as weigh scales and bath lifts, gas safety, lightening protection, ventilation and confirmation that a full water system check including legionella testing was regularly completed. Legionella is a water borne bacteria that can be harmful to people's health.

Medicines were stored correctly and managed effectively. People had their allergies clearly noted and guidance on the use of 'PRN' as required medicines was recorded. The provider had a system in place to recognise when people needed regular pain medicine, the system incorporated both verbal and non verbal versions which enabled staff to ensure all people received pain medicines when they needed them. There was a detailed policy for homely remedies which included clear guidance for staff for follow when administering these medicines.

The stock of medicines were correctly recorded in the medicines book and checks were conducted twice a day to ensure stocks were accurate. Some people were prescribed transdermal patches, these patches are placed on people's skin to manage pain levels. There was a clear system for staff to follow, which included the use of body maps to ensure people's patches were correctly placed on their body as prescribed.

Records showed all staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they found this system safe and easy to use. We observed staff wore a red 'do not disturb' tabard when conducting their medicine rounds, to ensure they were not interrupted when administering people's medicines.

Medicine Administration Records (MAR) were correctly completed, with no gaps in recording. There was a photograph at the front of each person's records to assist staff in correctly identifying people, and information for each person detailing what allergies they had. The provider used a system of body maps to ensure people's prescribed creams would be applied correctly. The body map clearly guided staff on how much, how often and where to apply the prescribed creams.

Cleaning schedules which were detailed and covered all areas in the home. Throughout our inspection we saw the premises were well maintained, clean and free from odours. A housekeeping member of staff told us, "I really enjoy it here. I know what I need to do and I have been able to do my NVQ in housekeeping last year." All cleaning equipment was colour coded to ensure it was used in the relevant area to maintain people's health and hygiene. Personal protective equipment was available for all staff and there was a system of spot checks completed by the head housekeeper to ensure cleaning standards were maintained. The head housekeeper was undergoing Infection Prevention and Control Champion training, the role included liaising with Clinical Commissioning Group Infection Prevention Advisor and arranging a schedule of planned monthly meetings for people undergoing the same course to meet and attend relevant workshops. There were robust policies for managing potential outbreaks of Norovirus, which is a common stomach bug that causes diarrhoea and vomiting.

Sluices were correctly stocked with the required personal protective equipment and clinical waste bins. The main laundry was on the ground floor which was used for the communal washing such as table linen, bed sheets, bath towels etc. The laundry was organised well with a clear flow of dirty to clean processes. People's personal clothes were washed in the smaller laundries that occupied each floor.

Is the service effective?

Our findings

There was a clear system in place that showed what training staff had completed and what training courses they were due to attend in order for them to keep their knowledge up to date. The system was effective and easy to follow and used a practical colour coding scheme to highlight individuals training needs. We asked people if staff were well trained, one person replied, "Generally yes, some are better than others." Another person told us, "Generally, staff are fantastic, I'm happy to be at Sunrise".

One member of staff told us they had done all the mandatory training, which they had found useful. Staff told us "I'm very happy here, the training is good...you are able to develop your learning and career". Another staff member said, "There is good access to training, we do a lot of on line training". Records showed they had undertaken training in subjects including safeguarding adults, food hygiene and infection control. They had also completed training in the control of substances hazardous to health (COSHH). Some training such as moving and handling was delivered practically.

Staff said they had done, "SOVA (safeguarding of vulnerable adults) and all of them...you can request extra (training)". Dementia awareness training was delivered online. Care staff told us the co-ordinator was trying to involve an agency in delivering further face to face training in meeting the needs of people living with dementia. One member of care staff told us they had completed National Vocational Qualifications, NVQ – also known as Qualifications Credit Framework or QCF, in health and social care at levels two.

Staff told us the training covered a range of topics and provided them with the relevant skills to carry out their roles. Records showed staff received training in all the core subjects such as; manual handling, infection control, health and safety, food hygiene, dementia awareness, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and practical first aid. A member of staff told us, "In the past eighteen months I've been helped by the management to develop. They have shown faith in me, I'm much more involved in care planning. I really enjoy it and have learnt a lot".

Staff told us they received supervision meetings every three months which they found to be supportive and useful. Staff said, "This is a really good time to discuss specific things, it's protected time". Another staff member told us, " Supervisions are about general concerns, working relationships and how we can improve things...very helpful". Staff said they were encouraged to put forward their own suggestions for any further development training they required and felt requests would be supported where appropriate. Records showed staff received supervisions and appraisals on an annual basis, these showed a two way process that encouraged the staff to put forward ideas and suggestions for their own development.

There were effective communication systems, with a series of handover meetings and management team meetings each day. Staff told us communication within the home was good.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 10 care files we reviewed contained updated care plans following an assessment of the person's capacity and detailed how the care should be provided in the least restrictive way. We saw 'best interest' decisions undertaken with the person, GP and relatives so decisions were made by people who knew the person best. One best interests assessment was for the use of soft wedges on either side of the bed for a person, to enable them to sleep in a more comfortable position. Records showed the family had been consulted and involved in the process and a supporting risk assessment had been completed that considered alternative action and the benefits of taking this action to reduce the risk to the person.

Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them. One staff member told us, "We assume the person has capacity. If they don't, we must give care in the least restrictive way and involve others in those decisions."

All the people in the reminiscence neighbourhood were living with dementia and had restrictions on how they lived their lives. People were under constant supervision and there were coded doors and lifts to keep people safe. Applications for DoLS for people who lived in the reminiscence neighbourhood had been authorised or applied for. We saw documents to confirm this in people's care files. The Reminiscence co-ordinator had a system in place to ensure renewals of DoLS were applied for where necessary and routinely chased up outstanding applications with the appropriate local authority.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us that a person with dementia might make every day choices such as what to wear, what to eat and whether they wanted to take part in activities. Staff said people were always offered choice and encouraged to be as independent as possible. During our inspection visit we observed many good examples of people being offered choice throughout their day.

Observations showed that staff had the knowledge and experience to support people who displayed behaviours that were challenging. For example, staff actively involved people in activities and pre-empted problem situations by using effective distraction techniques. Staff demonstrated they were trained in dementia care and knew the people in the service very well which meant they were effectively able to positively support people who had behaviours that were challenging.

We were shown around the kitchen and spoke with a selection of kitchen staff. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Care was taken to ensure all the meals looked appetising with plenty of colour and different textures for people to enjoy. People's allergies, likes and dislikes were clearly displayed on a board in the kitchen. All meals were prepared from the provider's menu sheet which stipulated what ingredients and the menu to follow. This meant each meal had a breakdown of the nutritional content and calorific amount to ensure people were receiving quality, nutritious food. Staff told us, "It's so important people enjoy their meals, we do our best to make the whole meal time an enjoyable experience for them all".

There was a member of care staff that had the lead role for nutrition and hydration. The Dining Room co-

ordinator told us this role had been very helpful and effective. There was a twenty four hour bistro and snack station available for people on the ground floor where people could help themselves to a wide range of hot and cold drinks, fruit, biscuits, cakes and crisps at any time of the day or night. Yogurts and dairy drinks were also available in the fridge for people. We observed staff encouraging people to drink regularly throughout our inspection visit to reduce the risk of people becoming dehydrated. On each floor of the premises there were kitchen areas for people, visitors and staff to help themselves to drinks and snacks and smaller hydration stations throughout the building.

We asked staff how they ensured people got enough to eat and drink. One member of staff replied, "Our residents can have tea or coffee whenever they want to. We offer decaff, and we also make sure there is different coloured squash on offer. We have a big range to tempt them and we offer tiny sips very frequently".

There was a smaller dining room that was available for relatives and people to use if they wanted a private meal with family and friends. The dining table could accommodate up to eight people which gave people living at the home an opportunity to host a family meal, and continue to celebrate important occasions with family and friends.

We observed two lunchtime meals in both the reminiscence neighbourhood and the assisted living dining room. The majority of people were able to eat their meal independently. In the reminiscence neighbourhood staff sat with people at the table and assisted them to eat with patience, kindness and dignity, gently encouraging and supporting people to eat as independently as possible.

People could choose a different meal if they did not like what was on the menu. Staff ensured people were offered a choice of drink to accompany their meal, red or white wine, or a selection of fruit juices were offered. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period which helped ensure the mealtime was an enjoyable experience for people. Soft, classical music was played throughout the lunchtime meal which promoted a calm and happy atmosphere.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GP's who made regular visits to the home each week and held 'surgeries' for people. Dentists, podiatrists, hearing specialists and speech and language therapists all visited the home on a regular basis to treat and support people living there. Staff told us that the service regularly liaised with the community mental health team to assess and meet peoples' needs, records we reviewed showed this was the case.

Sunrise Operations of Westbourne has been specifically designed and refurbished to support and accommodate older people and people living with dementia. Support and perching rails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. Corridors and communal areas were wide and well lit to aid navigation and orientation for people. In the reminiscence neighbourhood there was a smaller outside space where people could sit and enjoy some fresh air in the warmer months.

Memory boxes, name plates and bedroom numbers were located outside people's bedrooms to help them orientate themselves around the home. These contained photographs or pictures of items that were important to people. Clear signage was found throughout the premises. In the reminiscence neighbourhood toilet doors were painted a contrasting colour to help people orientate themselves and in some bedrooms

the toilet doors were painted the same as those in the communal areas to aid orientation.

In the reminiscence neighbourhood there were some memorabilia stations such as offices with paper and pens and a typewriter and an area with different types of clothes such as vintage evening dresses which people could engage and occupy themselves with if they wished.

Is the service caring?

Our findings

Every person we spoke with told us the staff were caring, kind and friendly. People told us, "It's a good place" and "Generally, I get on well with all the staff". One person told us, " They're very nice staff, I know them all well...they're always respectful and we can have a good giggle". A member of care staff told us, "I enjoy it, it's such a rewarding job". Staff treated people in a friendly but respectful way. We observed many good examples of staff providing care and support in a skilled and caring manner. Staff interacted with people well, speaking with them on their level and engaging them in conversations that were interesting to them. We observed staff spent quality time with people, chatting to them about their families and pastimes they had enjoyed.

Staff demonstrated they knew people very well and told us detailed information about how people preferred their care and support to be given. We saw these details had been accurately reflected in people's care plans which showed the staff had a good understanding of individualised care. Staff spoke knowledgeably about people's likes and dislikes, how they liked to spend their day, what they preferred to do after lunch and what routines people liked to have.

Throughout our inspection visit we saw evidence that there was a culture of promoting and maintaining people's independence. We observed people sought staff out to chat with and appeared comfortable and happy with them, often smiling and laughing along with them. Staff offered assistance promptly when required and supported people discreetly when they needed assistance. Staff interacted with people with care and compassion and anticipated their needs in a friendly and supportive way. Staff spoke fondly of people and were able to accurately describe what activities they liked to take part in. Staff supported people patiently and kindly and did not appear rushed.

We observed one person became very agitated when workman were outside a window. We observed a member of care staff gently escorted him away from the area saying, "I have a lovely seat in the other lounge for you. Will you come with me?" They linked arms and she chatted with him and effectively diffused what could have been an escalating situation.

Another person was becoming very anxious and repeatedly shouted out. A member of care staff approached the person and asked, "What can I do for you [person's name]? We are going to have a lovely lunch, are you happy sitting in this seat? Would you like to move?" The person replied, "No dear, I'm OK", and they became calm.

We observed a member of staff preparing a person for their lunch time meal. The member of staff took their time to ensure the person was sitting in the right position and that they were comfortable, chatted and explained everything to them to provide reassurance at all times. They then sat with the person and gently assisted them to eat their lunch, engaging them the whole time, sympathetically supporting and encouraging them to eat their meal.

People were treated with consideration and respect by staff. We observed staff supporting people gently

and patiently to move around the home. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home. They told us they towels and blankets to promote people's dignity when giving personal care.

Staff were respectful of people's wishes, knocking on bedroom doors before entering bedrooms and using people's preferred names when speaking with them. We observed staff often touched people on their arm or hand before speaking with them to make sure they did not startle them and made sure they spoke with them on their level. People we spoke with told us the staff were very respectful at all times and treated them very kindly.

People's care records were kept securely and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

One bedroom had a large 'Happy Birthday' banner outside the door. Staff told us people's birthdays were celebrated however they wished, birthdays were discussed each day in the early morning management team meeting, this ensured all staff were aware of people's special occasions and could participate and share the event with them.

People's bedrooms were personalised and comfortable. Staff had ensured that people who did not have family visiting had bedrooms that were cosy and personalised. One person had their pet dog living with them which gave them comfort and joy and we observed people interacting and engaging with the house cat who was very popular.

No one was receiving end of life care during our inspection visit, however the manager and staff told us how they ensured people had experienced personalised, compassionate and dignified care at the end of their lives. This included accommodating, involving and supporting family members. Members of staff told us they felt extremely proud of the care people and their families were given when people were approaching the end of their lives. The provider had achieved 'Beacon' status in the Gold Standards Framework Accreditation. The National Gold Standards Framework (GSF) is a national training scheme which provides training for staff to enable them to provide a gold standard of care for people nearing the end of their life. Beacon status is the highest grade that can be obtained. One member of staff said, "Our end of life care is simply excellent".

Is the service responsive?

Our findings

People's needs had been assessed before they moved into Sunrise Operations of Westbourne. The assessment was then used to complete an individualised service plan for the person which enabled people to be cared for in a person centred way. Staff used the information to develop detailed care plans and support records that would identify people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people, their relatives and health professionals had been included and involved in the process wherever possible.

Care plans were reviewed monthly, or more frequently if the person experienced health changes. They were well written and gave clear guidance for staff to follow. Separate detailed nursing service plans were completed for people that had complex nursing needs and covered all areas such as, mood, capacity, memory, safety, falls and sleep patterns. Behaviour monitoring charts were in place for people whose behaviours presented some challenges, these gave clear details for staff on what may trigger people's behaviours, the consequence and actions taken and were signed by staff once completed.

Care plans were written in a person centred way and reflected people's individual preferences and health needs. Examples of care plans included, 'I enjoy going on the bus trips and enjoy watching TV although I like to sit very closely to it' and 'I like to go to my bedroom during the afternoon and watch the television with my feet up on a stool' and 'I do not like baths or showers so please do not get me to have one. I like to go to the bathroom and have a strip wash'.

The provider used recognised risk assessments tools to assess the risk of skin integrity, malnutrition, mobility, self-medication administration and falls monitoring to ensure people's health was maintained. Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were available for them and placed within easy reach at all times.

During our inspection visit we did not see or hear many people having to call out for staff to assist them. We observed staff were attentive to people's needs, anticipating and responding to people throughout their day.

There were systems in place to monitor people's food and fluid intakes. The system ensured people were monitored daily for their food and fluid intake should they be at risk of developing malnutrition or dehydration. The system ensured staff would be alerted if people became at risk and ensured preventative action could be implemented.

If people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity there was a system in place to ensure re-positioning was correctly completed. The system provided a clear, visual check, that staff said they found easy to use and follow.

People's weight was recorded on a minimum monthly basis and records showed they were referred to

health professionals such as the dietician, speech and language team or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person. People's care and support records were clear, detailed and accurately completed with signatures and dates recorded where required.

There was an extensive schedule of daily activities available for people to participate in if they wished, these included; singing, quizzes, pianist, cookie making, flower arranging and bus trips out. The activity schedule was clearly displayed throughout the home and gave a breakdown of activities for the week by the hour. The effort and organisation involved in running this schedule was clearly reflected in the interest and motivation shown by the activity members of staff.

We spoke with the activities manager and members of activity staff. They spoke with enthusiasm about their role and the difference they were able to make to people's lives by providing interesting, meaningful activities for people to engage in and enjoy. Staff clearly understood the need to engage people in meaningful activities of their choice that they liked. Staff told us, "I love my job, I really do". People had access to 'Skype' facilities and the internet in their bedrooms so they could keep in touch with family and friends. In the activities lounge there was a large selection of board games, puzzles, books and CD's and DVD's for people to use at their leisure as well as a selection of well known interactive games that people could engage in with each other. One relative told us the activities were, "Very good... [person], likes to sing and they get plenty of opportunity to do that here". Staff and people told us about the bus trips each week to places of local interest and the boat trips in the warmer summer months which people always enjoyed.

There was a small shop that was opened two times a week which sold a selection of essentials and sweets as well as toiletries and gifts people may like to buy for their relatives. We saw people using the shop during the inspection. People told us they found the shop useful.

Complaints information was available to people and visitors in the entrance hall, we saw the contact telephone number on the poster was incorrect. We raised this with the manager who changed the poster straight away and ensured the correct number was displayed. Within the previous four months there had been a change of registered manager for the service. Prior to the employment of the acting registered manager, we had received a number of complaints from people and relatives concerning the lack of action taken when they raised complaints or concerns. During this inspection visit, people told us they were happy with the service provided by the new manager who they said was, "Very approachable and gets things done".

One relative told us, "I have had no need to complain, but if I did I would speak to the manager to resolve the problem." Another person said, "A couple of times I've spoken to the manager" when they had not been happy with an aspect of their care. We looked at the complaints record and found complaints had been recorded, investigated and responded to in line with the provider's complaints policy. A range of compliments had been received from relatives and friends, comments included, 'Thank you for such unfailing loving care of the highest standard' and 'Thank you so very much for all the loving care and dedication you all gave to our Mum, it was so greatly appreciated'.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. Staff showed us people had a summary of their care plan and a copy of their medicines that accompanied them with their transfer.

Is the service well-led?

Our findings

People, relatives and staff told us they felt the service was well led. Staff we spoke with all said how supported they felt by the management team. Staff said, "The management are so supportive. The Area Manager is brilliant. They are all very approachable. We have monthly meetings with all staff, that's carers and management. We have them in the dining room, usually with a takeaway".

Another member of staff told us, "It's really friendly here. We are all team members and work well together. We have meetings every morning with our head. She is very supportive", and, "The management here are so supportive. It's a very positive atmosphere. They are all approachable".

Staff told us about team building outings which take place every few months and included paintballing, bowling, pancake racing. There were also 'Heart and Soul' staff awards on a monthly basis, which one of the care workers said, "Made you feel really good". Every year there was an awards ceremony for all Sunrise staff throughout the company. This took place in a hotel and was an opportunity for staff to really feel appreciated and valued. Staff were also acknowledged and awarded at the monthly 'Town Hall' meetings that were held at the service.

Staff described the culture of the home as, "Open, positive, supportive and happy". Staff told us they welcomed the open and honest management style of the management team. They told us they felt valued and appreciated and said, "We're quite fortunate, senior staff are extremely supportive". Another member of staff told us, "I enjoy working at Sunrise, it's homely and friendly...the managers are friendly and we have meetings where I can share my views".

Staff told us the management team were, "Very approachable" and felt they could discuss anything with them and they would be listened to. Staff felt valued and appreciated and were happy in their role. Staff told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there.

People were consulted and their views sought in the running of the service. The provider sent an annual quality assurance questionnaires to people and their relatives during 2016. Areas the questionnaire covered included; quality of care, staffing, food and nutrition and activities. The completed questionnaires were analysed by the management team with the results and any suggestions for improvements discussed at staff meetings.

There was a comprehensive programme of audits in place to monitor and improve the quality of the care provided. The system included an annual performance improvement programme which was audited monthly and resulted in clear action plans to ensure a process of continuous improvement.

Staff told us they had daily, weekly and monthly meetings which were conducted in an open and honest way. We saw a selection of minutes from these meetings which showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring

and supporting people. Staff told us they felt involved in the running of the service and were happy to put their ideas and suggestions forward. The provider demonstrated staff were listened to, involved and consulted regularly.

The acting registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths and had made appropriate notifications as required.

We spent time speaking with the senior Director of Community Relations who told us about the services role in conjunction with the local police to be recognised as a 'safe haven' within Westbourne. 'Safe haven' is a community scheme for members of the public living with dementia who become disorientated or lost when out alone in the community. People are made welcome at the service and kept safe while waiting for their relative to collect them. The service ran a variety of workshops, meetings, charity and community events to raise people's awareness surrounding Dementia. A 'memory café' was held at the home each month for both the public and people living at the home to attend. A recent addition the service offered, was for a monthly stroke group meeting for people to get together for support and company. The senior Director of Community Relations said, "The focus is always on our residents and giving them all their choices, that's very important".