

Sunrise Operations Tettenhall Limited

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Inspection report

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Ratings

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

Overall summary

The inspection took place on 2 and 3 September 2015 and was unannounced. At the last inspection in December 2014 the provider was not meeting the requirements for Staffing. We found at this inspection that the provider was meeting this requirement and had an appropriate number of staff to meet the needs of people.

Sunrise Tettenhall provides accommodation for people who require nursing or personal care, including people

with dementia. The home is separated into two units, assisted living and dementia care. At the time of the inspection there were 93 people living in the home, including 24 people in the dementia unit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise any potential abuse and felt confident to report any concerns they had, and people told us they were able to tell staff if they did not feel safe.

There were risk assessments for people to identify any potential risks associated with their care. Staff knew and understood these risk assessments and made sure people were kept safe when providing their care.

There were enough staff available to meet the needs of people in the home. Staff had been recruited using safe recruitment processes.

People's medicines were not always managed safely. We found there were some errors in recording and management of some medicines. People able to take their own medicines were supported to do this safely.

Staff were well supported and had the skills and knowledge they needed to care for people in the home. Staff offered people choices about their care and followed the legal requirements for people who may not have capacity to make decisions for themselves.

People were provided with the food and drink they needed to maintain their health. There were choices of meals available and drinks and snacks were available throughout the day.

People had access to healthcare services that they needed. There were regular visits to the home by local doctors and other specialist services to keep people healthy.

People were cared for by staff who knew them well and had good caring relationships with them. Staff encouraged people to maintain their independence by making decisions about their care and doing tasks for themselves where possible.

Care was tailored to people's needs, with detailed care plans for staff to follow. People were provided with a range of activities and access to trips out of the home regularly.

The provider had a complaints policy and people told us they felt confident to raise any concerns they had with the registered manager or care staff.

People were able to be involved in the development of the home, with resident meetings and discussions with the registered manager about improvements or concerns. The registered manager provided clear and visible leadership to the staff team and knew people living in the home well.

The provider had a system to monitor and audit the quality of the service, however, this had not always identified issues that we saw during the inspection. The registered manager used these audits to make changes and improvements to the care provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always managed safely.

People were kept safe by staff who knew how to recognise and report and potential abuse or harm. Risks to people were assessed and acted upon by staff.

There were enough staff to provide people with safe care.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported in their work.

Staff sought people's consent for care and offered choices to people.

People received food that they liked and met their personal needs.

People were able to access other healthcare services when they needed them.

Good



Is the service caring?

The service was caring.

People had good caring relationships with the staff who supported them.

People were involved in making decisions about their care.

Staff respected people's privacy and dignity when providing care.

Good



Is the service responsive?

The service was responsive.

People's care was tailored to their personal preferences and needs.

People had access to high quality activities.

People felt able to make a complaint or raise any concerns with the registered manager.

Good



Is the service well-led?

The service was well led.

The home had an open culture that supported people to be involved in the development of the service.

The registered manager was a visible and supportive leader.

Good



Summary of findings

The registered manager used audits and monitoring to make sure people received high quality care.

Sunrise Operations Tettenhall Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 and 3 September 2015 and was unannounced. The inspection was done by three inspectors, a specialist advisor, who was a nurse with specialism in pressure care and an expert 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.

Before the inspection we reviewed the information that we held about the service. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also spoke with the local authority safeguarding team and the local tissue viability nurse.

During the inspection we spoke with 32 people, five relatives, three visitors, five visiting professionals, six care workers, two senior care workers, two nurses, the activities co-ordinator, the reminiscence co-ordinator, a volunteer and the registered manager. We completed the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We looked at 14 care files, four staff files and management documents including audits, staff and resident meeting minutes and the staffing dependency tool.

Is the service safe?

Our findings

We found that there were some shortfalls in the way people's medicines were being administered and looked after by the provider.

We looked at how Controlled Drugs were managed. We found that the Controlled Drugs were being stored securely and regularly audited to ensure that they could be accounted for. We found that systems were not in place to ensure the safe administration of a liquid pain relief medicine for one of the people using the service. We found that the service had recorded the date of when they had opened the liquid pain relief medicine. We found that the manufacturers of this medicine stated that once the bottle had been opened the contents remaining after 90 days should be discarded. We found that the liquid medicines had expired on the 15 July 2015 and during August 2015 19 doses of this medicines had been administered. The medicine was also still available for administration on the 2 September 2015, which posed further risk of the person concerned receiving more of this out of date medicine.

We looked at the records for people who were having medicinal skin patches applied to their bodies and found the provider was making a good record of where the patch were being applied. Unfortunately the records showed that the application of the patches was not being applied in accordance with the manufacturer's guidelines. The provider therefore was not able to demonstrate that these patches were being applied safely and could result in people's pain not being well controlled.

We found people were well supported to administer their own medicines. We spoke with one person who had expressed a wish to administer their own medicines and they told us that they were well supported to administer their medicines and store them safely. The provider did not have clear risk assessments to protect the person or other people taking their own medicines to make sure they could do so safely.

We looked in detail at eight medicine administration records. We found people were on the whole receiving their medicines at the frequency and dose they had been prescribed by their doctor. The provider however did not always have adequate strategies in place to ensure the safe administration of blood thinning medicines. We looked at the records for three people who had been prescribed a

blood thinning medicine and found the wrong dose had been administered on the day before the inspection for one person and for another there were ten tablets that could not be accounted for. We discussed this with the registered manager who explained this was a result of the 'carry forward' of medicines and that tablets were not missing.

Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service. We observed the refrigerator temperature records and found that the monitoring was ensuring that medicines were being stored correctly so they would be effective. We found that the maximum and minimum temperatures of the refrigerator were being monitored on a daily basis.

We also visited the dementia unit to look at how medicines were being administered and looked after. We found medicines were being managed well for the protection of the people using this part of the service. We found medicines were being administered as prescribed; medicines being administered covertly were being prepared and administered safely and medicines were being stored securely and at the correct temperatures for the protection of the people using the service.

People told us that they felt safe and comfortable in the home, and were able to talk to members of staff if they had any concerns about safety. One relative told us, "My relative has been here three years. They were initially unsettled and agitated, and is now settled and content. I am confident that they are totally safe here."

People told us that they felt safe living in the home and were able to raise any concerns about their safety with staff and the registered manager. One person told us, "I feel safe here and more secure than when I was at home." We spoke with staff who could all tell us about the different types of abuse and knew how to report any concerns they had to make sure that people were kept safe. They told us they would report concerns to a member of the management team or could refer to the local authority safeguarding team who take the lead in such matters. We saw that the registered manager had sent concerns to the local authority and had completed appropriate investigations to make sure any incidents did not happen again.

We observed care in both the assisted living and dementia units and saw that staff supported people to keep them

Is the service safe?

safe. We saw examples where staff checked people's shoes as they stood up to help prevent any falls where people had been identified as being at risk of falls. One member of staff told us about the equipment that people needed, and how they knew the details of the risk assessments for this equipment and made sure they knew how to use it safely. We saw this staff member supporting someone with a hoist, and they were confident in using this and made sure the person felt comfortable and safe while being moved. We discussed the use of assistive technology for people at risk of falls with the registered manager. We saw details of the equipment used to support people and provide them with the level of assistance they required.

People had the risks associated with their care assessed and there were clear plans in place for staff to follow so they understood these risks and knew how to provide appropriate care. One member of staff told us, "Everyone has risk assessments in place and we help them to make decisions for themselves about their care." We saw examples of staff asking people about what they wanted and how they wanted to be supported. We saw a member of staff supporting a person to stand, where they were encouraging the person to use the frame for support and helped them to do this independently.

People's risk assessments were kept up to date as staff told us they were able to tell senior staff about changes to people's care needs and risk assessments were reviewed and updated from this. We saw examples of risk assessments and care plans that were changed when people's needs had changed and they required a different level of care.

One person told us they felt there was not enough staff at night, and told us, "We sometimes have to use the buzzer several times. Staff were rushed this morning when helping us to get up." We discussed this with the registered manager who showed us the dependency tool they used to work out the staffing numbers. We also looked at the night staff meeting minutes and saw that workload and response times were discussed at every meeting and the staff members were happy with their workload and did not feel they needed more staff. We saw that people were supported by enough staff to meet their needs and keep them safe. People told us they liked the staff and had the support they needed. One relative told us the staffing level had improved and their relative was happier about the staff numbers than they were before. We observed the care provided and saw that there were always staff members available and were able to ask for help when they needed it.

At the last inspection we saw there were not enough staff to support people safely. We asked the registered manager about the staffing levels and they told us they had recruited new staff and had filled the vacant positions and no longer used agency staff, so people had consistent care from regular staff. We looked at the recruitment files for new staff and saw that the registered manager had followed safe recruitment procedures. We saw that the new staff had provided full employment histories, had references and had completed all the required identification and criminal records checks to make sure they were appropriate people to be providing care.

Is the service effective?

Our findings

People told us they were supported by staff who knew them well and understood their needs and personal preferences. One person told us, “Staff know what I like or dislike.” Another person told us, “Can’t fault the staff or the food.” One relative told us, “My relative is very happy here, all their needs are met and that makes it very relaxed of us all.”

We observed care in the lounge in the dementia unit and saw that the care workers knew each person well, spending time with them and giving them the time they needed to understand the information provided. We spoke with a member of staff who told us in detail about people they supported, including their backgrounds, life story and personal preferences for their care.

People told us they thought the staff were good at their work and effective in their care. We spoke with staff who told us they felt well supported in their work. One care worker told us, “I get monthly support with my manager. I can raise any concerns, talk about my workload, time keeping, anything that’s worrying me.”

Staff members told us they received a comprehensive induction and regular training which gave them the skills and confidence they needed to care for people. One staff member told us, “I’ve had a lot of training, it’s very good.” We saw records of staff training and saw that all the staff had completed the training they needed to meet the needs of people living in the home. We saw that nursing staff had completed wound management training to make sure that people at risk of developing pressure sores or damaged skin received correct care.

People were involved in their care and were able to make decisions about the support they received. We saw examples where staff offered people choices throughout the day, including choices of drinks, how they spent their time and what support they required. We spoke with staff who told us how they gave people choices whenever possible and encouraged people to make their own decisions about their care. Staff members could tell us about the process if people did not have the capacity to make decisions themselves. One staff member told us, “We do capacity assessments with the doctor, their family and help them to be involved. Even if someone doesn’t have capacity for some things we always give them choices.”

We saw details of how people’s capacity had been assessed and recorded. We saw that people’s involvement in these decisions had been recorded in their care files, along with details of best interest meetings that had taken place.

Staff told us they had received training in understanding capacity and the legal requirements for supporting people who may not have capacity. We saw that the provider had obtained the correct authorisation where people had been deprived of their liberty to keep them safe.

People told us that they enjoyed the food provided. One person told us, “There’s always plenty of choice of food, we have starters, main courses and desserts.” Another person told us, “The food is excellent.” We spoke with one person who was a vegetarian, and they told us that they always received food that they liked, and the chef would ask them about what they wanted. We saw that people were regularly offered drinks and snacks throughout the day with support they required to have these drinks and snacks.

We saw that mealtimes were a social occasion, and people were supported to have their meals at their own pace and enjoyed their food. We saw that people were offered choices of drinks including wine and soft drinks to have with their meal. In the dementia unit we saw that there were menus on the tables but also the staff members went to each person with plates of the different options so they could visually select the meal they wanted. One person told us, “I like to have breakfast in my room after staff have helped me to shower, dress and sit in my chair. There is tea, water and orange juice for me. I usually order two bacon sandwiches for breakfast. They are brought to me by staff. I like to come to the dining room for my other meals.”

There were drinks available at all times in different parts of the home so people could help themselves or ask staff for help. We saw water and soft drinks and a machine for hot drinks available and people were using these throughout the inspection. In the dementia unit we saw a range of fresh fruit and snacks available for people throughout the day. We saw people having these during the inspection, with some people able to help themselves and others supported by relatives and care workers.

People who required special diets received these. We saw that there was a board that detailed people’s requirements for the kitchen staff to make sure that they received these.

Is the service effective?

People were supported to maintain good health and had access to other health services they needed. People told us they were able to see their doctor and other professionals whenever they needed them. Some people told us they made their own appointments, and others told us they saw the doctor who came to the home every week.

We saw that people's care plans were updated with details from any health appointments they had attended. We saw

examples of referrals to other services, including the district nurses, occupational therapist and psychiatrist. During the inspection we spoke with visiting professionals about their experience of the home. These professionals told us the home was good and that staff knew people's needs well and they were regularly contacted if people required their support.

Is the service caring?

Our findings

During the inspection we observed positive and caring relationships between people using the service and the staff. People were treated with respect and in a kind and caring way. People told us that they felt staff listened to them and were caring in their manner. One person told us, "They will do anything for you, you just have to ask". Another person told us, "It is wonderful. We have visited so many places but this one is the best by far."

We saw that staff encouraged people to be independent and supported them to do what they could for themselves. One member of staff told us, "There's one person who can do a lot for themselves. I encourage them to do what he can and then help when he needs me."

We spoke with one relative who told us that English was not their relative's first language, and that when they were ill, the manager made sure that there were staff who spoke this language available to help them. They told us that this was very helpful for the person and comforted the family.

In the dementia unit we saw a person become agitated. We observed a member of staff sitting with the person, providing reassurance and helped them to settle down in a sensitive and supportive manner.

People told us that they felt able to express their views about their care by talking to the care workers. One person told us, "They will do anything for you." A relative told us, "I and my family are very happy with the care provided. Staff are always welcoming and keep me informed. I was informed when [person's name] had a fall, as I had asked to be." We saw that people were given information in a way

that was appropriate to them. This was also detailed in people's care plans, so that staff knew how people wanted to receive information and how they were able to make decisions about their care.

We saw that people were able to access support from external advocacy services if they required this support. The registered manager told us about the different advocacy services available and supported people to access them if they needed to.

People told us that staff respected their privacy and dignity, knocking on doors before entering rooms and making sure that they asked people's permission to come in and provide care for them. We saw that people's privacy and dignity were respected when people were receiving personal care and support during the inspection and staff gave us examples of this. We saw that screens were brought into the lounge of the dementia unit to ensure privacy when the district nurse administered a daily injection to the person.

In the lounge we observed staff calling people by their preferred names and used appropriate language when speaking with them. We saw that people's preferred names were recorded in their care files and staff used these names. We saw that staff responded quickly to people's requests and provided them with the level of support they required. Staff members told us how they maintained people's privacy and dignity when providing personal care. One staff member told us how they always made sure curtains and doors were closed when providing personal care, and asked people about what clothes they wanted to wear and how they wanted to present themselves.

Is the service responsive?

Our findings

We spoke with people in the assisted living service who told us they felt that care was focused on them. One person told us, “You can stay in bed and have your meals upstairs in your room if you are feeling a bit out of sorts. They will do anything at all.” Another person told us, “It is the best holiday anyone could ever have.”

Throughout the inspection we saw a range of activities taking place to provide people with choices of how to spend their day. These activities included crafts, flower arranging, trips out to local shops and reminiscence activities in the dementia unit. On the second day of the inspection a local vicar was delivering a church service which was well attended. People told us that they enjoyed the activities and praised the activities co-ordinator for their hard work. The activities co-ordinator was supported by a team of 50 volunteers to provide people with additional activities of their choice and provide more social occasions for people within the home.

We spoke with the activities co-ordinator who told us about how they had developed the activities programme by involving people and asking them what they wanted to do. They showed us the programme of activities that was given to every person in the home each week and sent by email to relatives so they knew what activities were available. The activities co-ordinator recorded which activities people did and how they enjoyed them to be able to tell relatives about this and monitor people’s wellbeing. They told us about their plans to develop the activities further and provide people with more personalised programmes. We saw that people were able to engage in one to one activities with staff and volunteers as well as participate in the group activities programme.

People’s care needs had been assessed and staff knew the details of these care needs. People told us they had been involved in the care planning and had been visited by staff before moving into the home to make sure they received the correct care. We saw these assessments in people’s care files, with details of the conversations staff members had with the person and their family. One staff member told us in detail about a person whose care plan and risk assessment had been updated as their needs had changed. They knew how they needed to provide care for this person and what signs to look for if there was any other change that would require a referral to a specialist service.

People’s needs were monitored through a monthly “wellness check” which looked at the main parts of people’s care, noted any changes and updated care plans and risk assessments where necessary. One care co-ordinator told us how they updated care workers about changes through staff meetings and one to one support sessions to make sure that staff understood people’s care needs fully.

People told us they could talk to staff or the registered manager if they wanted to raise any issues or make a complaint. The provider had a complaints policy in place that was available to people using the service and their families and visitors. We looked at the complaints log and saw there had not been any recent complaints, but people had been able to provide feedback through the resident meetings.

We discussed the complaints procedure with the registered manager, who told us that people often come forward with any issues and they sort them out quickly before they are escalated to complaints. People told us they were happy with the process and that problems were addressed quickly.

Is the service well-led?

Our findings

People told us that they were happy living in the home and how it was run. One person told us, "I cannot fault the place." Another person told us about the resident meetings that took place where they could talk to the registered manager and staff about any issues and ask questions about the service.

We saw that there had been concerns raised by people about the standards of the housekeeping team, with examples of beds not being made properly and some poor standards of cleaning. We looked at the minutes from the following two months and saw that there had been reports of improvements in the housekeeping and people were happy with the progress that had been made. We discussed this with the registered manager who told us about changes they had made to the housekeeping team and changed their working practices to improve standards of cleanliness for people. We looked at the minutes from the resident's dining council and saw that people had given feedback that they did not like the Sunday buffet and agreed to reduce this from weekly to monthly. We looked at the menus for the previous month and saw that this had happened and people now had different choices for meals on Sundays as a result of this meeting.

During the inspection we saw several volunteers working within the home to support the activities delivered and development the involvement of the local community in the home. We spoke with one of these volunteers who told us, "I love it here." This volunteer told us about the training and support provided for them and the impact it has had on them as well as the support they have given to people in the home. We saw that volunteers were given training and support for their work, and provided people with different people to talk to and interact with. We also saw visits from local community groups and people were supported to go to local shops and groups.

There was a registered manager in post. We saw that the registered manager was visible within the home and knew people living in the home and the staff well. Staff members told us they found the manager to be approachable and helped to develop a positive and supportive culture within the home. We saw the registered manager supporting

people when they asked for help, including supporting with personal care. Staff members told us they found the manager to be a good leader and understood their roles and the challenges they faced.

Staff members told us they felt well supported in their work and were able to ask for any help or training they needed to meet the needs of people they cared for. One member of staff told us that the monthly staff meetings were a good place to find out about any changes and to discuss any issues or ideas they had about how to improve care. The registered manager showed us details of the staff survey which demonstrated a high level of engagement and satisfaction from staff working in the home. We saw details of staff reward schemes to promote quality care and motivate staff in their work.

The provider had a system to monitor and audit the quality of care provided, but this was not always effective and had not identified issues that we saw during the inspection. We discussed this with the registered manager who told us about their process to understand the care delivered and identify any areas for development. We looked at the records of these audits and saw they had looked at areas including food and nutrition, medicines and falls. The medicines audit had not identified the errors in recording that we identified and did not provide a thorough audit of people's medicines. We discussed recent changes to the infection control procedure following a recent outbreak of illness. After this the manager identified improvements to the cleaning schedule and way that the housekeeping team were cleaning people's rooms which has improved the infection control procedures for the home.

We discussed the health and safety process with the registered manager who gave us details of the quarterly health and safety committee and monthly audits to make sure that people are kept safe and improvements are made to the home and care to improve safety.

Through the monitoring and auditing, the registered manager had identified areas for further improvements, including developing more person-centred care plans and had plans in place to continue to improve the quality of care provided to people. We saw there was an annual survey for people living in the home and their relatives, and that issues identified in the last survey including the laundry service and food had been addressed by the registered manager.