

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
Little Addington
Kettering
Northamptonshire
NN14 4AU

Tel: 01933650794

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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

Sunrise Care Home accommodates and cares for up to 20 older persons with a range of mainly age related dependencies, including people with dementia care needs. There were 14 people in residence when we inspected.

At the last inspection, the service was rated 'Good'; at this inspection we found that the service remained 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were kept safe by sufficient numbers of conscientious staff that knew their job. They had the skills and training they needed to care for older people with a range of predominantly age related needs, such as dementia and physical frailty. Staff were compassionate and kind as well as knowledgeable about people's individual needs. Staff were supported through regular supervision and undertook training which helped them to understand the needs of the people they were supporting.

People were safeguarded from harm and poor practice by care staff that knew what action they needed to take if they suspected this was happening. There were appropriate staff recruitment procedures in place to protect people from receiving care from staff that were unsuited to the job.

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans had been reviewed; reflected each person's needs, and provided staff with the information they needed to be mindful of and act upon when caring for people. Care plans informed staff of people's needs, their likes and dislikes and preferences. Risks were assessed and acted upon to minimise the likelihood of accidents. People were, however, supported in the least restrictive way. They were encouraged and enabled to do things for themselves and make choices in keeping with their capabilities so that they retained a sense of independence. People's individual preferences for the way they liked to receive their care and support were respected.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration. People's healthcare needs were met in a timely way and they received treatment from other community based healthcare professionals when this was necessary.

People that needed support with eating and drinking received the help they required. They were provided with varied diet and enjoyed mealtime portions of food that suited their appetite and nutritional needs. Appropriate guidance from healthcare professionals qualified to advise on diet was sought and acted upon

when required.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

The quality of the service provided at the home was monitored by the manager on a day-to-day basis as well as over time using the quality assurance systems in place.

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 remains safe.

People's care was safely provided by sufficient numbers of staff.

People were protected by safe systems for administering and storing medicines.

People were safeguarded from being cared for by unsuitable persons by appropriate staff recruitment practices.

Is the service effective?

Good ●

The service remains effective.

People's healthcare needs were kept under review and they received timely treatment from appropriate healthcare professionals.

People's care was provided by staff that had the experience and acquired skills to meet their changing needs.

People were involved in decisions about the way their care was provided; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Is the service caring?

Good ●

The service remains caring.

People were treated with kindness and compassion.

People were encouraged to retain as much independence as their capabilities allowed by enabling them to do what they could for themselves.

People had the support of staff that understood their needs and were mindful of their preferences for how they liked to be supported.

Is the service responsive?

Good ●

The service remains responsive.

People received the timely care and support they needed,

People's needs were reviewed and updated in their care plans. Staff had the information and guidance they needed to be able to meet each individual's changing needs.

Is the service well-led?

The service remains well-led.

People received care from staff that had the managerial support and guidance they needed to do their job.

People's quality of care was monitored to ensure that standards were met and timely action was taken to make improvements when necessary.

Good ●

Sunrise Care Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was carried out by an inspector and an inspection manager and took place on the 19 January 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had also previously 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 took into account people's experience of receiving care by listening to what they said and by observing interactions in communal areas between staff and people in residence. We looked at the care records of six people. We spoke with three people that received care and three relatives. We also spoke with three staff individually and the owner of the home who is also the registered manager. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service. This included quality assurance audits and arrangements for managing complaints. We also looked at the storage and management of medicines kept and administered in the home.

Is the service safe?

Our findings

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment policies and procedures in place. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People's needs were safely met by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care. One relative said, "I've never had cause to doubt [relative's] safety here. If something is not as it should be they [staff] will make sure it gets seen to and sorted."

People were kept safe. Staff knew what to do if they had concerns about any of the people they cared for. All staff had received training in safeguarding people from harm and the contact details of the local adult safeguarding team were readily available to staff. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider worked co-operatively with the Local Authority to ensure people's on-going safety.

People's medicines were safely managed and they received their medicines and treatment as prescribed by their doctor or other healthcare professional. Medicines were locked away safely when unattended and appropriately stored for future use. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff.

People's care needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies changed. Risk assessments were included in people's care plans and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care. Safety procedures were adhered to, such as ensuring that professional safety testing of all gas appliance equipment was carried out within the required time interval for such checks to have been made. There were regular tests of fire alarms and associated fire safety equipment. Staff knew what action to take if there was a fire in the home and there were evacuation plans in place for people in case of an emergency.

Is the service effective?

Our findings

People were involved in decisions about the way their care was provided and were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People were involved in decisions about the way their care was provided and were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People received their care from a staff team that knew what was expected of them. They went about their duties purposefully in an organised manner so that people consistently received their care when they needed it.

People received appropriate healthcare treatment from community based professionals that visited the home. Staff acted upon the advice of other professionals that had a role in deciding people's treatment. Suitable arrangements were in place for people to consult their GP and received timely treatment when they needed it.

The Mental Capacity Act 2005 (MCA) 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 decisions 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 are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff team were working within the principles of the MCA. They understood and appropriately acted upon their responsibilities in relation to DoLS. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised. People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs. New staff had received induction training that prepared them for their duties.

People's nutritional needs were met. Where necessary, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

People enjoyed their meals, ate at their own pace, and had enough to eat and drink. People's diet was varied and the choice of meals was appetising, with ample portions catering for individual appetites. Where people were unable to express a preference staff used information they had about the person's likes and dislikes. People that needed assistance with eating or drinking received the help they needed from the staff. Meals were usually served in the dining room although people were able to choose where they ate.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

People's individuality was respected by staff that directed their attention to the person they engaged with. Staff took time to explain what they were doing without taking for granted that the person understood what was happening. Staff used people's preferred name when conversing with them. Staff continued to develop positive relationships with people and used gentle humour and words of encouragement when they engaged with them. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. Staff supported people individually, without 'rushing' them and that helped people to remain calm and relaxed.

People said the staff were kind to them. One person said, "They [staff] treat me 'lovely'. We have a laugh; brightens up the day when you feel a bit 'down'. When I need a bit of help it's there for me, so I can honestly say I'm happy with all of them [staff]." One visiting relative said, "I haven't changed my views since the last inspection when you asked me then. I've got no qualms at all about the way [relative] is treated. They [staff] are all kind and make sure [relative] is looked after. [Relative] doesn't speak but I can see from the way [relative] looks they [staff] care. Sitting here [in communal lounge] I can see how they [staff] treat others. They [staff] have a 'nice way' with them. I wouldn't leave [relative] here if I wasn't happy with how they [staff] do things."

Is the service responsive?

Our findings

People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention. The staff were able to tell us about each person's individual choices and preferences.

People could freely choose to join in with communal activities if they wanted to. These activities suited people's individual likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually. One person said, "I enjoy doing the exercises with everyone. Some people don't want to join in and that's fine. There's no telling people they have to do things, only if they want to. Some can't join in but they [staff] don't just forget about them. They [staff] will find something they [the person] gets a bit of pleasure from."

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People's ability to care for themselves had been initially assessed prior to their admission to the home. People that were still able to make some decisions, however simple, about their care had been involved in creating their care plan. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was created. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted. One relative said, "They [staff] phone me about [relative] if they need to; and they do, or just ask me when I visit. It's what I'd want them to do after all. It's reassuring as well that they do that."

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, who is the owner of the home, has had the experience of running and managing the home over several years, with the conscientious support of the staff team. A new manager had been appointed to take over as registered manager from the owner but this person had since left and the owner remained as registered manager when we inspected.

People received a service that was monitored for quality using the systems put in place by the manager. People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs. The sliding door leading to the conservatory adjoining the dining room was found to be difficult to slide open and shut without considerable effort and the manager had already identified that this door will require repairing.

People's care records were kept up-to-date and were accurate. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also appropriately kept. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and were updated when required.

People were assured of receiving care in a home that was appropriately managed on a daily as well as long term basis. The staff team remained confident in the managerial support and guidance they received on a day-to-day basis. The staff we spoke with all confirmed that the manager was approachable and sought to promote a culture of openness within the staff team. Staff were also satisfied with the level of managerial support and supervision they had received to enable them to carry out their duties.