

Sunrise Senior Living Limited

# Sunrise of Weybridge

## Inspection report

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Date of inspection visit:  
06 April 2018

Date of publication:  
16 May 2018

### 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 of Weybridge provides care and accommodation for people some of whom have dementia. The home is registered for 110 residents and is a purpose built home. At the time of our visit 97 people lived at the home. The home is split into two areas. One area, called 'reminiscence' is for people who are living with dementia. The other area, called 'assisted living' was for people who could live fairly independently with minimal support from care staff.

There was not a registered manager in post. 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 manager that had begun the registration process had moved on within the Sunrise organisation. A new manager was in post, and was in the process of applying to be registered. This manager was present at the inspection.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

Hazards to people's safety were identified and action was taken to help them manage the risks of harm to keep themselves safe. People received their medicines safely and in line with prescription guidelines. Accidents and incidents were reviewed and action taken to minimise the risk of them happening again. There was a plan in place to ensure that people's care would continue in the event of an emergency.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Staff were aware of their responsibilities in safeguarding people from abuse.

Staff received induction and then on-going training to support them in their roles. Staff received regular supervision and told us they felt supported by the manager.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People had enough to eat and drink and were supported with this where a need had been identified.

People were supported to remain healthy, and referrals were made to appropriate healthcare professionals should the need arise.

People's care records were person centred and completed in detail. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. People had access to a range of activities in line with their interests.

People received support from staff who knew them well. Staff treated people with kindness and were aware of their preferences. People's religious and cultural needs were respected.

Systems were in place to monitor the quality of the service provided and ensure continuous development. There was a complaints policy in place and relatives told us they would feel comfortable in raising concerns.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Sunrise of Weybridge

## 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 checked 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 was a comprehensive inspection.

Sunrise of Weybridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered for 110 people and is a purpose built home. At the time of our visit 97 people lived at the home.

The inspection took place on 6 April 2018 and was unannounced. Due to the large size of the home the inspection was carried out by three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

As part of our inspection we spoke with 27 people who lived at the service and observed the care and support provided to people. We also spoke with eight relatives, the manager, area manager and nine staff members.

We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

## Is the service safe?

### Our findings

People told us they felt safe living at the home. One person told us, "I do feel safe. There is a bell pull in my room." This can be used to call staff if the person needed assistance. A relative said, "We see our family member a lot and we speak to other families so we'd pick up if something wasn't right. We can go away knowing that she's safe here."

Risks to people's safety were assessed and action taken to minimise the risks to people. Comprehensive risk management plans were in place and support plans gave guidance to staff on how to minimise risks to people's safety and well-being. Staff understood the need to help keep people safe, without restricting choice. One person said, "We have freedom to do what we like here."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns.

People's medicines were managed and given safely. Medicines were securely stored in lockable cabinets in people's rooms. Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines, an up to date photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN).

People were cared for by an appropriate number of staff. One person said, "There's plenty of staff." Another person said, "There always seems to be a lot of staff around." Staffing levels were regularly reviewed by the management to ensure they matched the support needs of the people who lived at the service.

Appropriate checks were undertaken before staff were employed at the home. Staff recruitment files demonstrated that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

People lived in a safe environment. Staff completed checks around the home to ensure it was safe for them. Regular health and safety and maintenance checks were completed to ensure the premises were safe. These checks included, fire equipment servicing and testing, practicing emergency evacuations and looking for hazards around the home. Personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. This meant that people would continue to receive their care in an emergency situation.

Accidents and incidents were recorded and reviewed by the manager to ensure appropriate action had been

taken to reduce the risk of a similar incident happening again. Actions taken, such as working with people to talk through what had happened, resulted in very few repeat incidents taking place. One person said, "I fell in the bathroom and the care staff were there immediately and they called a GP in the middle of the night. He came straight away. They said I should leave a light on in my bathroom at night, so I do now."

People were cared for in a clean environment. Observations around the home during the inspection confirmed infection control processes were safe. Kitchen and toilets were clean and hygienic; there were no unpleasant odours in the home; and food safety checks had been completed.

# Is the service effective?

## Our findings

People's needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. These needs had been effectively met by staff.

People were supported by trained staff who had sufficient knowledge and skills to enable them to care for people. Staff had completed training in areas including first aid, food hygiene, moving and handling, equality and diversity, dignity and respect and infection control. In addition, training specific to the needs of the people living at the service was provided. This gave staff specific knowledge about how these conditions could affect people's choices and behaviour, and the best way to support people as a result. New staff went through an induction when starting work at the service to get to know people they would support, and how to care for them in a safe way.

Staff were effectively supported. Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions were completed in line with the provider's policy. Staff told us they found the process useful for their development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where DoLS had been authorised by the local authority conditions set were being adhered to. We observed staff gaining people's consent and agreement prior to providing care.

People were supported to access healthcare professionals when required. One person said, "The doctor comes weekly and the staff assess who needs to see the doctor. If they need treatment, they get seen straight away." Records of healthcare appointments were detailed and advice provided by healthcare professionals was followed.

People were supported to have a healthy diet. One person said, "The food is lovely. If you don't like anything on the menu they will cook you something else." Menus were in the process of being reviewed as part of a provider initiative. This was to make them more focused on a British diet, rather than an American based menu. Guidance was available to staff regarding people's preferences and how they required their food to be prepared. We observed that this was followed and that choices were offered. On the ground floor, there is an area where people could help themselves to tea, coffee, and water throughout the day. There were biscuits, yogurts, cereal bars, hard boiled sweets and a large fruit bowl all on offer for people to help themselves.

People lived in an environment adapted to their needs. The house was decorated in a style to suit the interests and lifestyle of the people who lived there. In the reminiscence area there were lots of areas of interest for people such as a children's cot filled with bears, a range of hats, quiz sheets with pens,

typewriters, colouring sheets and pencils, and books. There was also a large interactive table which we observed people using and smiling. Flooring was in good condition and smooth to aid peoples mobility, and reduce the risk of trips and slips.

Regular team meetings took place across the home, to ensure staff had up to date information about the people they cared for. This also made sure that staff understood their duties and roles each day, so that people received effective support.

## Is the service caring?

### Our findings

People told us that staff were caring and respectful. One person told us, "Staff go the extra mile. They treat me with respect and are friendly and kind." Another person said, "The staff take care of me." A relative said, "The staff are really caring and nice. They're all lovely."

People and staff had developed positive relationships with each other. Staff took time to listen to people, such as what they wanted to do, or to discuss news items and articles in magazines. Staff interacted positively with people and respected their wishes. One person was walking around looking for somewhere to eat their toast which the staff member was carrying. She said she didn't want to sit in the dining room. The staff member clearly knew the person well and made a suggestion about sitting in a quieter area. She agreed and staff ensured she was settled before bringing her tea.

People's dignity and privacy was respected. We observed staff knocked on people's doors before entering. People's appearance was important to them, and this was clearly respected by staff. This gave people a sense of pride and confidence in their appearance when out in the communal areas and to meet guests visiting the home.

People were supported to maintain relationships with those important to them. Family were able to come and visit and people often went out with family and friends on social activities. People were also able to keep family pets with agreement with the manager. One person said, 'I'm allowed to have my cat with me. Staff are aware and make sure they keep my room door closed.'

People's independence was supported. People were confident when they spoke with us and had a clear understanding of how to look after themselves and be independent within the home and in the local community.

People's cultural and religious beliefs were respected. Church services were held in the home and a number of people attend a local dementia friendly church service. Staff said they would find out specific information of importance to someone from other cultures or religions during the initial assessment.

Staff demonstrated a good understanding of the way people expressed themselves. Care records contained detailed descriptions of people's communication needs. We observed staff communicated well with people in a manner which suited their individual needs, such as using lots of gestures to support their speech. People confirmed that they felt involved in decisions made about their care and support.

## Is the service responsive?

### Our findings

People told us that staff ensured they were involved in their care and listened to what they wanted.

Care was person centred and individual. Care plans were completed in detail and reflected people's preferences. Sections of the care plans such as 'My dementia and me' gave staff a description of the person's dementia, how it affected them and how best to support them. The information was very person centred, particularly around communication. Reviews of care plans were held and families were fully involved in this process where appropriate. Care records were in the process of being transferred to an electronic format at the time of the inspection. We identified a gap in information with regard to care of people with pressure wounds. This information was produced and added to the care records shortly after the inspection. This ensured staff had clear guidance on people's support needs with pressure wounds.

People had access to a range of activities in line with their interests. Although there were times when people watched TV or relaxed in their chairs we saw a lot of very personalised activities. In the morning one person spent a long time arranging the flowers for the dining tables. They clearly enjoyed this and staff periodically checked they were okay and praised their work. The manager told us that all the books on the shelves were picked with specific people in mind. We saw one person who loved racing cars being supported to look through a book of racing cars. People also had access to trips out. One person said, "They have an exercise class and bus outings. I've been on a theatre trip, and we went to London at Christmas, and we went to Worthing to the seaside."

There was a complaints policy in place which was clearly displayed. Records showed that where complaints had been received these had resulted in actions such as meeting with the person to try to resolve the issue. People told us they knew how to make a complaint. One person said, "I felt that supper was too early and have managed to get it changed." They went on to say that they felt the manager was very proactive and got involved with people.

Staff told us that complaints and feedback were welcomed and used to improve the service that people received. A relative told us about monthly meetings where issues could be raised. The relative said, "At one meeting some residents asked if they could be reminded what they should do if there was a fire alarm and suggested they have a fire drill." This had been carried out in response to this request.

People would be supported at the end of their lives. No one was currently being supported for end of life care. The manager told us that this was something they discussed with families when people were reaching the end of their lives. The staff team were also working with individuals to discuss choices and plans, in a sensitive and compassionate way.

## Is the service well-led?

### Our findings

There was not a registered manager in post. The manager who was in the process of applying to be registered with the CQC had recently moved on within the organisation. A new experienced manager (who was registered at another Sunrise home) was in post and had begun the registration process. This manager was present during the inspection. 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.

People told us they felt the service was managed well. A relative said, "The manager here's great. We have family meetings and can say anything." The core values of Sunrise were to give 'passion, joy in service, stewardship, respect and trust.' Observations made during our inspection demonstrated staff understood this and how their roles helped these values to be achieved. The manager said, "I'm so proud of my team. They have such a lovely relationship with people and their families."

There was a positive, person centred culture within the home. Staff we spoke to were able to describe the way in which the team worked together and were clear that a person-centred approach was at the centre of their role. One staff member said, "When someone feels and thinks they are at home, that's the most valuable thing. Everything we do is working towards that." Regular team meetings were held and staff told us they felt able to contribute ideas to develop the service.

People were involved in how the home was managed. Their feedback was sought and changes were made as a result. For example the head chef met with people to discuss the menu and asked for their views on the food. People had suggested an avocado prawn cocktail as a starter and this was included as the starter on Easter Sunday.

Regular weekly and monthly checks on the quality of service provision took place and action was taken to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. Audits were also completed by a senior staff member within the organisation to monitor care and support. Records showed that any concerns identified from the various audits and checks were responded to promptly and reviewed during the next audit.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.