

Four Seasons 2000 Limited

Sunbridge

Inspection report

108 Hickory Close
Edmonton
London
N9 7PZ

Tel: 02088043354
Website: www.fshc.co.uk

Date of inspection visit:
03 February 2020
04 February 2020

Date of publication:
18 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sunbridge is a residential care home providing personal and nursing care to 42 older adults at the time of the inspection, many of whom were living with dementia. Sunbridge accommodates 42 people in a purpose-built care home across three floors.

People's experience of using this service and what we found

People and their families were overall positive around their experience of care at Sunbridge. Feedback praised the person-centred care, caring and committed staff team and approachable management team.

We identified concerns with cleanliness and maintenance at the home which impacted on people's privacy and dignity. There was inadequate bathing and showering facilities available, odours and issues with heating. Aspects of the home were also unclean.

The provider had monitoring systems in place, but these had not been effective as they had failed to proactively identify and address the issues we found during our inspection.

We have made recommendations around supporting people to manage their oral health and improving the environment to become more dementia friendly.

People were supported to engage in a range of activities, however we found instances where people were left for lengthy periods of time without any staff engagement or conversation.

People told us they felt safe living at Sunbridge. Risks associated with people's health and care were assessed and staff knew how to keep people safe. Staffing levels were appropriate and staff were safely recruited. Systems were in place to ensure the safe management of medicines.

Staff had received training to enable them to provide effective care. Staff supervisions had been inconsistent, but this was improving. Staff told us they felt supported by the home management team.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to premises and equipment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunbridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and two Expert's 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. One Expert by Experience attended the inspection and spoke with people to gain their views and opinions of the home as well as provide feedback about their observations around how people were supported. The second Expert by Experience supported this inspection by carrying out telephone calls to people's relatives to gain their feedback.

Service and service type

Sunbridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the director or quality, area manager, registered manager, senior care workers, care workers, activities staff and the chef. We spent time observing care in communal areas to help us understand the experience of people who could not talk with us. We spoke with one visiting health professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two health professionals who regularly visit the service. We also spoke with an additional five relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We found significant concerns with aspects of the cleanliness and maintenance at the home.
- No accessible showering facilities were available. All 42 bedrooms were en-suite. However, due to flooding when in use all showers had been disconnected approximately seven years ago. There were three bathrooms available none of which were accessible without support from staff. The doors were kept locked with a combination code. The maintenance operative was also required to flush out all unused showers two times per week to manage the increased risk of legionella as a result.
- Two communal bathrooms used by people were without locks. One of the bathroom doors could not be closed. Soiled incontinence pads were stored in yellow bags in communal bathrooms which resulted in an unbearable odour when the door was opened.
- Areas of the home were found to be very warm on both days of the inspection with some room thermometers reading between 27 and 30 degrees Celsius. This was observed to be uncomfortably warm.
- In addition, lingering odours were detected throughout the home on both days of the inspection. In one warm bedroom, we found a strong odour of urine which was very unpleasant to be in. We were advised that these were because of old carpets which would be replaced with new flooring.
- In one person's bathroom we found a broken tile on the floor which placed the person at risk of injury.
- In one lounge armchairs were found to be significantly stained from spillages. We were shown evidence that new armchairs had been requested by the registered manager. However, in the interim, the armchairs had not been kept clean. The area manager told us a steam cleaner would be purchased to clean the armchairs.

The above concerns are in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent an action plan to address the concerns identified above. They also informed us that two communal toilets would be adapted to accessible wet rooms and the shower units would be fully decommissioned. The expected completion date for these works would be the end of May 2020.
- Feedback from people and families regarding the environment of the home was mixed, with some telling us they had no concerns and others commenting that improvements could be made. Feedback included, "The showers need to be addressed. They stopped using them because they were flooding the place and there was a smell. The showers need to be sorted now. It is insufficient" and "The care home feels clean. The décor is nice for what it is."

- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. People's equipment, such as hoists, were checked prior to use, well maintained and serviced regularly. Regular health and safety checks were completed on the building and environment.
- Risk associated with people's care were assessed and guidance was available to staff on how to keep people safe from the risk of harm. Risk assessments were updated monthly.

Staffing and recruitment

- Most people and relatives told us they had no major concerns regarding staffing levels. Some feedback indicated that there were occasional shortages due to unexpected absence but overall were adequate. Feedback included, "There is enough staff, there is always someone there", "Staff numbers are inconsistent, sometimes a lot, sometimes not a lot" and "Yeah I have seen two here and sometimes up to four down there. There is always someone around."
- Staffing levels were set using dependency tool which recommended staffing levels based on regular reviews of people's assessed needs. At the time of the inspection, staffing levels were set at above the recommended level. Rotas confirmed that there were six care staff, two senior care staff, activities and domestic staff in addition to the registered manager and deputy manager.
- Staff told us that overall staffing levels were enough, with peak times busier, especially in the mornings. They told us that a bank of staff were available to assist at short notice and agency staff were not used.
- Despite staffing levels overall being adequate, we observed communal areas were left unattended for periods of time whilst staff were tending to people's personal care needs. We raised this as a concern with the management team who advised they would review deployment of staff.
- Staff continued to be recruited safely. Records confirmed that all pre-employment checks had been carried out including criminal records checks.

Using medicines safely

- People received their medicines as prescribed. Medicines Administration Records (MARs) were completed accurately and without gaps.
- Medicines, including controlled drugs, were stored securely in locked medicines trolleys. Stocks of medicines balanced with records kept.
- Medicines were administered by trained senior care staff. A relative told us, "We're all really confident with mum's meds. She's diabetic." We noted that some staff medicines competency assessments had not been fully completed by the time of the inspection. The registered manager told us they were in progress and would be completed as a priority.
- Regular audits were completed to ensure medicines were administered safely.

Learning lessons when things go wrong

- Staff completed accident and incident records. These were reviewed by the registered manager to identify any further action required to prevent a reoccurrence. Records of accidents and incidents were also reviewed centrally by the provider's quality team.
- Staff and relatives told us they were informed of recent safeguarding concerns and incidents in staff and family meetings. Learning was shared.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Sunbridge. Feedback included, "Oh yes, 100% safe" and "Mum is on the ground floor, she is in a safe place. It's secure and that's most important."
- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- The registered manager was knowledgeable around their safeguarding responsibilities and liaised with

the local authority safeguarding team when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were not always supported to live healthier lives especially in maintaining their oral health care and hygiene.
- Staff had received recent training in supporting people to maintain good oral health however, in practice this was not always happening. We visited people's bedrooms and found not all people had access to suitable toothbrushes or toothpaste. Toothpaste had become hard which suggested that people had not been supported to use them. Some people's bedrooms had no visible toothbrush or toothpaste available. One person's toothbrush had entwined hair which showed that the toothbrush had not been maintained appropriately.
- There also confusion amongst the management team over who was responsible for ensuring people had appropriate oral care products. It was not evident from review of records or through observations that people were supported to ensure their dentures were cleaned regularly.

We recommend the registered manager and service provider reviews and implements nationally recognised guidelines in supporting people to maintain good oral health in care homes (NICE Guideline NG48)

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by such professionals. We received positive feedback in this regard from people and relatives. A professional told us, "Senior staff are very pro-active with referrals, good at identifying health issues."
- Care records were updated to reflect guidance and advice from professional input.

Adapting service, design, decoration to meet people's needs

- At the time of the inspection, some refurbishment work had taken place, and more was planned. The environment was not dementia friendly with little in the way of sensory or items to encourage reminiscence or conversation.
- The building was fully accessible. The lift was due to be replaced in the weeks following the inspection and provision had been made by installing stair-lifts for use whilst the lift was out of use. A relative told us, "Mum has her own en-suite, and she always walks around the communal area with her Zimmer frame. So, it's nice because everyone is on one floor."
- People had access to a garden but at the time of inspection, was in poor repair with chipped patio paving slabs, a damaged utility shed and building materials which could be accessed by people if using the garden

area.

We recommend that the service provider reviews and implements nationally recognised best practice in ensuring a dementia friendly environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records we looked at contained assessment documentation to ensure the service could meet people's needs.
- People's needs were regularly assessed, and care was provided in a way which met their individual preferences.
- People and relatives told us staff knew them well and how best to meet their care needs. A professional told us, "[Staff] are experienced and knowledgeable about their residents."

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. Staff told us they had regular training on subjects the provider considered as mandatory. This included training in medicines administration, Infection Prevention and Control, Health and Safety and Safeguarding Adults.
- In addition, training was offered to staff from local health professionals in areas such as end of life care, falls and specific infection prevention and recognising when people become unwell. An involved health professional told us that staff had been very receptive to the training programme.
- New staff received an induction which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new care staff an introduction to their roles and responsibilities within a care setting.
- Staff told us they felt supported by the registered and deputy managers and could discuss concerns they had at any time.
- Records confirmed that staff had an annual appraisal, however not all staff had regular documented supervisions. The registered manager told us they were working to ensure all staff were brought up to date with their supervisions and were delegating supervisions to senior staff to assist with this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough amounts to ensure they received a balanced diet which met their needs. Care plans reflected people's dietary needs and preferences.
- People were complimentary around the quality of food and choices on offer. Relatives told us, "They're really good with mum's dietary requirements too. They never give her pork. She has porridge and cereal for breakfast and lots of different options for lunch" and "From what I can see the meals are satisfying and they cater for his needs." A person told us, "It is excellent." Where people required assistance to eat and drink support was provided.
- We observed mealtimes and found inconsistencies with the overall dining experience. Some staff did not engage with people during the mealtime. Tables were not set with condiments or decoration to make the mealtime experience more enjoyable.
- On both days of inspection, the planned menu changed at short notice. People had been asked to choose their meal choices the day before which meant that their initial menu choice was no longer available.
- For people living with dementia, choosing a meal the day before may not have been the best way to support people with making an informed meal choice. People were not offered any visual menu choices.
- We spoke to the management team about our observations who advised that they would take measures to improve the mealtime experience.
- Where people had cultural or religious dietary requirements these were catered for. Staff were aware of

people's specialist dietary requirements and supported people accordingly. A relative told us, "The menu looks okay. My dad will eat anything. They've always catered to his Caribbean needs."

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA.
- The registered manager had made DoLS applications to the local authority to deprive people of their liberty and keep them safe. They kept an overview of when DoLS authorisations were approaching expiration and submitted renewal applications in a timely manner.
- Staff had received training in MCA and DoLS and were knowledgeable around supporting people with differing levels of capacity.
- People told us staff asked for consent prior to aiding and relatives were positive around the support staff provided their loved one living with dementia. A relative told us, "The care is good. Mum has now forgotten me so they're caring for her the best they can."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Some aspects of the environment did not promote people's privacy and dignity. For example, the doors on two communal toilets were not able to be closed or locked. This meant that people could not be assured of privacy when using the toilet. In addition, we observed one person being supported with personal care from the corridor as the bathroom door was left ajar whilst a staff member was providing support.
- We observed most staff interacting well with people and people were observed to be comfortable with staff and engaging in jovial conversations. Staff were seen to be friendly and welcoming. A health professional told us, "Care staff are kind, they look after the patients well, they are passionate in what they are doing."
- However, we observed a staff interaction with a person which had a negative impact on the person's wellbeing due to the staff member's attitude towards the person who required assistance. We raised this with the management team at the time.
- People were treated with kindness and compassion. People and relatives told us that staff were kind and caring. Feedback included, "It's a lovely atmosphere, when you walk in they ask if you want a cup of tea" and "The way they speak to her. They tell me what she has been doing and she seems quite happy. They also paint her nails sometimes, which she likes. They also do things that make her laugh and smile. They understand her sense of humour."
- Staff told us they enjoyed supporting and caring for the people living at Sunbridge. Staff told us, "The care is very good. I saw that when I first came here. They [Staff] do go out of their way for the residents" and "We love our residents. We are on good terms. I joke with them."
- People and relatives told us they were treated with dignity and respect. Relatives commented that their loved one was supported to maintain good hygiene and personal appearance. A relative told us, "Mum always looks clean. She looks the best she has in ages."
- People were supported to develop and maintain their independence. Staff encouraged people to be as independent as possible. We observed staff supporting people to use mobility aids throughout the home. Care plans documented what people could do for themselves and where they required staff assistance. Staff were aware of this and supported people accordingly.
- People's individuality and diversity was respected. Staff were trained in equality and diversity and supported people to attend religious and social events to meet people's diverse needs. Some families appreciated that staff could communicate with their loved one in their first language, for example, Turkish, which we observed throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- Relatives felt they had been involved in making decisions about people's needs. A relative told us, "As a family we all decide. I've been involved with the care home from the start."
- People's views were sought in relatives and resident's meetings. Staff asked people about their preferences as they delivered their daily care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a dedicated activities team at Sunbridge who delivered group activities across the home. Other staff also covered for activities staff when absent to ensure people had access to regular stimulating activities. People were also supported to go on daytrips and outings.
- On the inspection, a member of the kitchen team delivered the activities programme as the activities team were on leave. We observed them to be enthusiastic and actively engaged people to take part in group activities such as an exercise session and Bingo. Group activities took place on one floor and people from other areas of the home were assisted to attend, if they chose to do so.
- Feedback from people and families on the planned activities on offer was positive. Feedback included, "My husband also loves dancing and joins with the singing afternoons. I'm happy with where he is", "He loves his activities singing and artworks. He also still involved with the [Religious Group] which he goes to" and "She has been to shows, cafes and Southend and some lunches too."
- However, where people did not attend a group activity, we observed people sitting for lengthy periods of time in communal lounges with minimal staff engagement or conversation. Staff were present at the time but were either completing paperwork watching television themselves. Some people showed interest in speaking with the inspection team which indicated that they would have also welcomed conversation and engagement with the staff members present.
- On one day of the inspection, we observed a staff member try to engage some people with colouring. However, people were given one colouring pencil to use and once the staff member moved in to another person, they soon lost interest.
- We discussed our observations with the management team present who were receptive to the feedback and provided assurances that they would make improvements in this area.
- Families told us they were always welcome to visit and invited to attend events and meetings taking place at the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us that staff provided person centred care and understood how to meet people's care needs. Relatives told us, "They understand his condition. There were a few teething problems in the beginning but now we're absolutely confident" and "They're very good with his medication. He was having mini seizures, so now they crush his tablets into his food. His health and his conditioned has improved."
- Care plans detailed people's care needs and provided guidance to staff on how to meet people's care needs. Care plans were reviewed regularly and updated as and when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and documented in their plan of care. Where possible, people were supported by staff who spoke the same first language. A relative told us, "Many of them [staff] speak Turkish which is great for mum."
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians and audiologists.
- Where required the provider could offer information in other formats such as large print.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place. The provider kept a log of all complaints they received. Complaints were investigated thoroughly and responded to with an apology, if appropriate.
- People and relatives told us that they would raise any concerns they had and felt confident any issues would be addressed and improvements made.
- Some relatives told us they have seen improvements made because of making a complaint. Feedback included, "I'm comfortable raising issues. I usually send an email to the manager with raised points. Then we have a meeting, I air my thoughts and we find a solution" and "I never complain as there is no need to."

End of life care and support

- As the service did not provide nursing care. Staff and the management team worked with other professionals to meet the needs of people nearing the end of their life.
- Care plans documented people's wishes for care at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of quality checks completed at both home and senior management level in areas such as medicines, health and safety, care records and reporting of incidents. The provider's quality team-maintained oversight of the audits carried out at the home. Despite this, there were gaps in the quality assurance process at both home and provider level.
- We found that where the home management team raised concerns or requested equipment, these requests were not actioned in a timely manner from within the provider organisation. For example, the registered manager, for the second time in November 2019 submitted a request for new lounge chairs citing the poor condition of the chairs. At the date of the inspection, their request had not been actioned. In addition, a resolution to the long-term concerns with access to bathing and showering facilities had been slow prior to the intervention of the inspection team.
- At home level, concerns identified regarding cleanliness and maintenance of aspects of the home had not been identified as a concern despite regular checks of the environment and cleanliness.

The above concerns are in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection we found the management team open and transparent regarding the concerns identified at the home. They demonstrated a commitment to making the required improvements to ensure safe and good quality care. Following the inspection, the registered manager and area manager submitted an action plan based on the initial inspection feedback to address the concerns found on inspection.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour; Continuous learning and improving care

- People and their relatives were positive with their feedback to the inspection team regarding Sunbridge. Feedback reflected a dedicated and caring staff team who knew people's care needs well. Relatives told us the home had a welcoming and happy atmosphere.
- Feedback included, "I go in randomly and they always seem to be having a laugh and a joke. They have

nice conversations with my dad" and "Quite a happy place. [Person] is cared for reasonably well and I have no complaints. There are niggles, but I can always speak to someone about it and get it resolved. [Person] is happy and that is my priority."

- The management team understood the duty of candour. Findings from recent safeguarding concerns or complaints were shared in staff and family meetings. One relative told us they appreciated being informed of the themes of incidents and what the service had done to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager operated an open-door policy where people, visitors and staff could raise any concerns they had. We saw this in action during the inspection.
- People, relatives and professionals spoke positively of the home management team. A person told us, "Yeah, I know her, a girl called [Registered Manager] and I can have a conversation any time I like." A relative told us, "Overall, I'm 100% happy with the home and the managers." A staff member told us, "We are quite a happy home."
- The home had systems in place to monitor quality through surveys that people, relatives and visiting professionals could complete. Any concerning feedback was analysed and communicated to the home manager for action and resolution.
- Regular meetings took place at the home for staff and relatives. Meetings were held in an open manner and feedback was encouraged.
- Staff and the management team worked with a variety of health and social care professionals to ensure people received prompt access to required health services as needed. A staff member told us, "We have good relationships with the district nurses, matron etc. We have [Person] from the CHAT team. We can always call them."
- Feedback from health professionals was positive. Feedback from health professionals included, "I think they genuinely care about their residents and offer a person-centred approach" and "They know their residents, nice environment, pleasant atmosphere."
- The service had links with a local community college, where students studying for social care qualifications volunteered at the home. They assisted with the provision of activities. A recent student volunteer fed back to the manager that they had learned a lot from their time volunteering at Sunbridge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider failed to ensure that the premises was clean and well maintained. The provider had failed to ensure people had access to adequate showering facilities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered provider oversight processes in place did not always assess, monitor and improve the quality of care for people using the service.