Sundial View Limited

Sundial Care Home

Inspection report

Tipton St John
Sidmouth
Devon
EX10 0AG

Tel: 01172872566

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 7 June 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming. This was the first inspection of this service since the new provider registered with the Care Quality Commission (CQC) in August 2017. During the inspection the provider changed the name of the service from Sundial View to Sundial Care Home.

Sundial Care Home 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.

Sundial care home can accommodate up to 37 people in a detached period property in the village of Tipton St. John, East Devon, near the seaside town of Sidmouth. The home consists of two floors with a passenger lift providing level access to each floor. There are two large communal areas, both providing kitchenettes, dining areas and comfortable seating where people could spend their time as they chose. To the rear of the house was a large secure landscaped garden with country views which people could access independently.

At the time of this inspection there were 23 people using the service. One of these was staying at the service for a period of respite (respite is planned or emergency temporary care provided to people who require short term support). One house of 11 bedrooms was closed for refurbishment which was due to be completed later this year.

There was a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered persons, 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 was supported by a deputy manager and the provider's management team. They covered seven days a week and worked closely with people, relatives and the staff team.

People received outstanding care and were supported to have the best quality of life possible. People and visitors said they felt the care at the home was exceptionally good. Comments included, "It's a good quality place to be. Very comfortable. I am looked after extremely well. They are very kind here."

The provider had recruited a specialist team to design their model of care to cater specifically for people they support. They had completed research examining care models in Australia and America and best practice in care homes in the United Kingdom. They had written 'The Evolve Household Model of Care'. This model ensured that barriers between people and staff do not exist. Staff were trained to be with people, talking and listening, enabling them to maintain maximum independence and constantly evolving to improve the quality of people's lives. For example enabling people to do everyday tasks like making a cup of tea, sweeping the floor and making and buttering their own toast. It was clear people were at home at

Sundial.

The provider recognised the importance of recruiting the right staff with the right skills. They involved people in the recruitment process. The registered manager said, "Skills can be taught however the drive to have a career in care is heartfelt and driven by a person's (staff member's) beliefs and values." Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

Staff demonstrated a passion to provide individualised care for people. They were highly motivated and offered care and support that was exceptionally compassionate and kind. There was a strong person-centred culture at the home, with people being at the centre and focus of everything. Staff had a real empathy for the people they cared for and treated people like family members. They interacted positively with people and had a good knowledge of the people they cared for. Care plans contained detailed information, including life history, to help staff support people in a personalised way. Relatives were made to feel welcome and were involved in the care planning process. Staff provided care in a way that protected people's privacy and dignity and promoted independence. People and relatives were very happy with the care the staff provided. People and visitors said the care at the home was exceptionally good. Comments included, "It's a good quality place to be. Very comfortable. I am looked after extremely well."

People received care that was tailored to their individual needs. They were very well supported by sufficient numbers of staff on duty to care for them safely and spend time with them. The provider monitored people's needs and took prompt action to increase staff levels as people's needs changed.

The staff demonstrated a real passion to ensure people were supported at the end of their life with dignity and respect. There was a strong sense of people being an important part of a family at Sundial Care. An area in the garden referred to as a remembrance garden remembered people who had stayed at the home. There were numerous thankyou messages from relatives regarding the good quality care people had received at the end of their lives at the service.

Staff were highly skilled and had the knowledge to meet people's individual physical, psychological and social needs. They had received the provider's very comprehensive induction and bespoke training which was based on the provider's model of care and CQC's key line of enquiries. There were designated staff champions for providing knowledge and expertise for other staff. Equality and diversity was part of the provider's mandatory training requirements and people were cared for without discrimination and in a way that respected their differences.

People's medicines were managed safely and overseen by a medicines champion. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

People were protected from harm as staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Staff had safeguarding of vulnerable adults training and had the knowledge on how to report any concerns internally and externally and what action they would take to protect people. Robust systems were in place to manage risks to people, which were monitored by the provider's senior management team. Risks had been identified and managed appropriately with full involvement of people and relatives in a meaningful way. People had individual personal emergency evacuation plans in place. Accident and incident records showed staff had taken appropriate action at the time to protect people. The management team had analysed these to look for patterns or trends. The provider had completed a near miss project which gave staff clear examples of environmental near misses and how to report and prevent them.

People were assessed in line with the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguarding (DoLS). People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and staff worked with other professionals in their best interest. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments were being undertaken and best interest decisions were being recorded.

People were supported to maintain their health and wellbeing and had access to health professionals when needed. Staff had a strong emphasis on the importance of eating and drinking well at the home. They supported people to have sufficient to eat and drink and maintain a balanced diet and enjoy their food. The service provided good quality food with a variety of different options to choose from each day. People told us they enjoyed their meals, there was plenty of food and we observed people were not rushed. People who had previously used the service for respite stays remained involved in the life of the service, through the monthly lunch clubs and social events.

People were actively encouraged to use the two kitchenette areas to make food as they chose supported by staff. Snacks and drinks were always accessible if people required them. People's weights were monitored regularly and advice sought from GPs if there were any cause for concern.

The provider actively involved people, staff and local people in developing the service. Regular residents and relative meetings were held giving them the opportunity to voice and share their opinions and ideas about the future of Sundial. People and their relatives were happy with the way care was delivered and happy with the staff approach. The national care homes review website had six positive reviews from relatives of people using the service. They all rated the service as excellent and good. One relative recorded, "Supported very well by the friendly, helpful staff. She is so much happier than when she was living at home."

The management team continually strived to improve the service and their own practice finding new and creative ways to do that. The provider used a tailored quality monitoring system at the service. The staff team were fully involved in the provider's governance process. They were supported to identify issues, address them and find more creative ways to support people's health and wellbeing.

The provider recognised the importance of social activities and that all activities no matter how small formed an important part of people's lives. They used the phrase 'magic moment's' where staff recognised throughout the day they can support people to do tasks for themselves, what they want to do and feel a sense of purpose. There were no 'activity' staff because all staff were
involved in engagement and stimulation depending on people's needs.

People knew how to make a complaint if necessary and were confident any concerns would be dealt with quickly. The registered manager had received one concern which had been managed in line with the provider's complaints policy, with the outcome satisfactory to the complainant.

There was a lovely homely environment, people were relaxed and appeared at home amongst friends. The staff team had ensured the premises and adaptations were arranged to promote people's wellbeing. The premises had undergone an extensive refurbishment and work was still being completed on the final wing. People were consulted regarding the extensive refurbishment and their individual preferences supported. The premises and equipment were managed to keep people safe. Regular maintenance checks and repairs were carried out and all areas of the service were clean and tidy.

The views of people using the service, relatives and staff were at the core of quality monitoring and

assurance arrangements. The provider learnt from concerns and incidents and used this information for continuous improvement. The provider recognised the importance of staff being supported in their role from the beginning of their employment. Staff had numerous supervisions and opportunities to discuss concerns and express their views. The provider used feedback to continuously develop the induction program to ensure it reflected the home. Staff said they felt well supported by the management team and felt involved with the development of the service. Staff spoke highly about the registered manager and management team and said they were able to discuss any issues.

The service had close links with healthcare professionals who gave positive feedback regarding the knowledge and cooperation of management and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were safely managed.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

The service was staffed at an appropriate level to safely meet people's needs.

The premises and equipment were managed to keep people safe.

Infection control processes were in place.

Is the service effective?

Outstanding

The service was extremely effective.

Staff received the provider's bespoke training which was based on the provider's model of care and CQC's key line of enquiries. This ensured staff delivered a high standard of individualised care to people.

There were designated staff champions for providing knowledge and expertise for other staff.

Staff had received an in depth induction when they came to the service. They had all had supervisions and felt supported.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity.

People were supported to maintain their health and wellbeing

and their nutritional needs were met.

There was a homely environment which was designed promote people's wellbeing.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People said the care at the home was exceptionally good. Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff demonstrated a passion to provide individualised care for people. They were highly motivated and offered care and support that was exceptionally compassionate and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were at the centre and focus of everything. Staff treated people with dignity and promoted independence wherever possible.

Staff had a real empathy for the people they cared for and treated people like family members.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained information to help staff support people in a person centred way and care was delivered in a way that best suited the individual.

Staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People's social needs were met and they were encouraged to follow their interests.

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The management team established a strong, open and visible culture within the service. They led by example and staff responded by providing high quality care to the people.

Staff spoke positively about the management team and how they were developing the new service and including them.

The management and staff teams continuously sought to improve and develop the service. They had tailor made effective quality assurance systems in place to review and assess the quality of service and monitor how it was run.

The views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements.

Staff were happy working at the service and felt supported by the management team which helped them to do their job well.

Accidents and incidents were reported and appropriate action taken. The provider had written specific training around near miss events in response to near misses to enhance learning and awareness for staff.

The management team was committed to maintaining an excellent team working in the service. Whole staff meetings were held regularly so staff received feedback about changes and were an opportunity to explore and discuss new ideas.

Sundial 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 comprehensive inspection took place on 5 and 7 June 2018 and the first day was unannounced. The inspection team on the first day consisted of two adult social care inspectors 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. The second day was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service and the local Healthwatch England to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We carried out observations using the Short Observational Framework for Inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

We spoke with eight people, two relatives and a member of the local community who wanted to share their views about the service. We spoke with nine members of the staff team including the registered manager, deputy manager, administrator, care shift leaders, care staff, a member of the housekeeping team and the cook. We spoke with the four of the provider's representatives and a visiting health professional.

We reviewed three people's care records on the provider's computerised care system and two staff files including recruitment, supervision and training information. We reviewed medicine administration records for five people as well as records relating to the management of the service. We also contacted 14 health and social care professionals for their views. We received a response from one of them.

Good

Is the service safe?

Our findings

People felt it was safe at Sundial Care Home and were well supported by staff. Comments included, "It's excellent, and I would not want to be anywhere else", "Definitely. I just feel relaxed. I know I couldn't be in a better place" and "They look after us very well here. It makes my life more comfortable."

Staff worked in an unhurried way and had time to meet people's individual needs. People, visitors and staff said they felt there were adequate staff levels to meet their needs promptly. Comments included, "I have peace of mind there are enough staff. I am very pleased." The registered manager said they had no staff vacancies at the time of our visit. Staff undertook additional duties when required to cover gaps in the rota.

There were enough competent staff on duty to meet people's needs fully. Staff had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs. For example, a twilight shift had been introduced due to the identified increased needs of people. This came from the provider's analysis of the potential risk in the increase of falls, following one person's fall in the home during the evening.

There were effective recruitment and selection processes to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks had been completed, which included references from previous employers. Any unexplained employment gaps were checked and Disclosure and Barring Service (DBS) checks were in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work.

Medicines were safely managed at the service and in accordance with the home's policy and procedure. Staff who administered medicines had received medicine training and had their competency assessed. People's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. Medicines were kept safely in locked medicine cabinets. The medicine cabinets and medicine fridge temperatures were recorded daily. Staff had guidance regarding the required temperature and what action they should take if it was outside of the required range.

Where people had medicines prescribed on an 'as and when required' basis (known as PRN), guidance was in place about when they should be used. This meant staff were aware of why and when they should administer these medicines to people appropriately. The pharmacy supplying medicines to the home had conducted an audit in March 2018. They had no significant concerns; minor improvements identified on the audit had been immediately implemented. For example, one suggestion was that all dispensing staff sign to say they have read the medicine policy; this had been done.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority safeguarding team, police and to the Care Quality Commission (CQC). A

safeguarding folder was available for staff to guide them of the step by step process to follow in line with the local authority guidance. The management team demonstrated an understanding of their safeguarding roles and responsibilities and encouraged staff to feel supported and raise concerns openly. The registered manager had raised a safeguarding concern with the local authority and had taken measures to protect people.

People were protected because risks for each person were identified and managed. Care records on the provider's computer system contained risk assessments about each person which identified measures to be taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, moving and handling, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and pressure relieving cushions in their chairs. The registered manager recorded on the Provider Information Return, "Each family member has a fully risk assessed plan of care that is tailored to their individual needs wishes and needs. These are update as care requirements change whether that be from the individual's specific request, or from a care professional, or care needs." We saw people's care records reflected people's changing needs. For example, regarding advice from the speech and language team (SALT)

An individual risk assessment for evacuation of people in the event of an emergency situation was in place, such as fire. This provided information about each person's mobility and communication needs and the support they would require in case of an emergency evacuation of the service. There was an emergency grab bag located by the fire panel for staff to use in the event of a fire. First aid boxes were regularly checked and restocked to ensure they have all of the equipment needed in an emergency.

People were protected by the new fire and nurse call systems recently put in place to enhance people's safety. The home was protected by coded security locks on the front door. To help maintain people's safety the access code for the building was regularly changed and only given to staff members. Visitors who needed access to the home were required to ring the bell and be let in by staff

The provider managed the control and prevention of infection well. Staff were trained and understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene in the home. The home had a pleasant homely atmosphere with no unpleasant odours. One person said, "The place is immaculately kept." Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. The provider was part of the Infection Control Society. The provider told us "This is a forum (networking with like-minded infection prevention professionals) based through emails, online conversations and planned events/forums." The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean. There were handwashing guidance in communal toilets.

Premises and equipment were managed and maintained to keep people safe. The maintenance team undertook regular audits and assessments. These included electrical testing, effectiveness of window restrictors, hot water temperatures, weekly fire bells and routes of escape. Action was taken regarding any found to be unsafe.

External contractors regularly serviced and tested moving and handling equipment, fire equipment and lift maintenance. Staff recorded repairs and faulty equipment. All tasks undertaken by the maintenance team were recorded to ensure there was an audit trail of work carried out. The provider had systems in place to check the water quality at the service annually against the risk of legionella.

Outstanding ☆

Is the service effective?

Our findings

People's needs were consistently met by experienced staff who had the right competencies, knowledge and qualifications. The staff knew people well, their preferences, personalities and how they viewed the world whilst living with dementia. Staff had received the provider's required mandatory training as well as the provider's in depth bespoke training. They demonstrated exceptional skills and attitudes to support the complexities of people living at the service.

The staff were skilled at recognising people's changing behaviours and skilfully managed potentially difficult situations before they occurred. For example, two people were in the same vicinity and staff recognised there may be an altercation. Without hesitation two staff discretely intervened and engaged with the people and redirected them to different areas. They chatted with them throughout and then occupied them in an activity they enjoyed.

The provider recognised the importance of recruiting the right staff who shared their values and ethos of the home. People were involved in the interview selection process. The registered manager had been involved with all of the recruitment at the home. They said candidates were shown around the home and that she focused on the reaction of people. They went on to say this is 'working from the heart', skills can be taught however the drive to have a career in care is heartfelt and driven by a person's beliefs and values."

Staff received an in depth induction in order to have the skills required to support people. New staff undertook the care certificate and also completed the provider's comprehensive team induction booklet. All new staff received a minimum of two weeks supernumerary time, when they were assigned a buddy to offer consistent support. They worked alongside experienced staff to get to know people and their care and support needs.

New staff had in house supervision after their first day and the end of their supernumerary period to ask their views. They were also contacted by the provider's quality assurance team after their first week to ascertain any support they required. Staff all said they felt the induction enabled them to perform their role well. One new member of staff said "My induction was very thorough, the best I have ever had and I have worked in a lot of services."

The provider placed a significant emphasis on training and staff development. They ensured staff had regular opportunities to update their knowledge and skills. All of the staff said how good the training was at the service. One commented, "We get lots of training and its concise situational training with teambuilding… My induction was helpful and the training is really good." There were designated staff champions for providing knowledge and expertise for other staff.

All staff completed the provider's mandatory training and four training days a year at the provider's head office. The training was designed and delivered by the providers management team and was based around CQC's five key lines of enquiry. The registered manager was a trainer and worked alongside staff to ensure they put their learning into practice and to develop their skills further. The provider had facilitated a graphic

artist to visually represent the most recent training day staff had completed, which was 'Effective' and this notice board was displayed at the home. This gave staff and people a better understanding of the training staff had received at their training sessions and its relevance.

The provider's training was tailored to the individual needs of staff and helped staff to identify and embed their learning from a class room situation to real life. All computer-based work was written on a yellow background to support staff who had dyslexia. Staff feedback was sought following their induction experience and all training sessions. To further develop the training and induction provided. For example, a member of staff suggested the paperwork shared was collated into booklets. This was put into place for the next training session.

Staff received appraisals and a minimum of three monthly protected time supervisions to support them in their roles. The management team also worked alongside staff and were available at all times to support staff. The provider told us, "The ability for staff to be given focused and protected time with the management team internally and externally fosters the opportunities for staff to be able to form relationships where discussions can be open and mutually beneficial." Supervision discussions linked theory to practice. For example one record recorded how explanation of dehydration and malnutrition can lead to the development of pressure areas and why this occurs and how it can be avoided. Staff said they found the supervisions really useful and were positive about the support they received. One commented, "The training is very good and I have had monthly supervision since I started. I have felt looked after; the staff are treated very well."

The provider used a bespoke model of care at the home called 'The Evolve Household Model of Care'. This had been developed by the provider after looking at care models from Australia and America and best practice in care homes in the United Kingdom. The provider told us the model of care covered the key areas they believed were required to operate a care home that intertwines quality of life and quality of service. The registered manager went on to explain that the care model was called the BEE model which stands for Believe Enable Evolve . This means staff being with people, talking and listening, enabling them to maintain maximum independence and constantly evolving to improve the quality of people's lives and support staff learning. For example, enabling people to do everyday tasks like making a cup of tea, sweeping the floor and making and buttering their own toast. We observed people actively using the two kitchenette areas to make food as they chose, laying the tables and wiping dishes and appearing at home at Sundial.

The staff had been reactive to people's changing needs. They had made changes to the mealtime experience following an incident where two people had become unsettled during lunch. They had introduced a wedding theme with a guest list for meal times on display along with a wedding dress to help the theme. They had matched people to sit at tables with staff members being the 'guests'. We observed staff demonstrating excellent skills engaging and creating discussions amongst people. They then stepped back and allowed them to continue and develop social friendships. Since this had been introduced there had been no further incidents.

Where people required specialist equipment staff had created visual care directions to support staff and the person to remain in control. For example, one lady wore a piece of equipment and instructions were displayed in her bathroom room using pictures giving clear instructions.

People were supported to have regular appointments with their dentist, optician and chiropodist People were also supported to access other health services when necessary. For example, community nurses, speech and language therapist (SALT) and opticians. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "It's really good,

patients are well looked after, staff spend time with people. I have no concerns. It's a pleasure to come here, people always seem very happy and it's always very clean. Staff are friendly and willing to help." There were staff champions within the service who made sure people experienced good healthcare outcomes leading to an outstanding quality of life.

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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made appropriate applications if they needed to restrict a person's liberties. One of these had been authorised by the DoLS team. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.

The provider was committed to maintaining a homely environment. The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. People were involved in choosing the decorations for their rooms including floor coverings, lighting and soft furnishings. They had been consulted regarding the extensive refurbishment which was being undertaken. This meant people's environment reflected their individual preferences and culture, and supports their needs in the way they choose.

The provider ensured people were informed and guided around the service. The noticeboard in the main hallway was well stocked with relevant and current information about the service. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors. All areas were maintained and decorated to a high standard, with one wing not accessible to people, still undergoing extensive refurbishment. The two communal areas felt cosy and welcoming, but spacious enough to move around freely. Chairs were placed in small groups, with small tables for drinks. People with various walking aids were able to move around freely. People could access independently the large beautifully landscaped garden and outdoor dining area. A new ramp had been installed at the front entrance to increase people's independence and accessibility.

People were supported to have sufficient to eat and drink and maintain a balanced diet. The service provided good quality food with a variety of different options to choose from each day.

Staff gathered information about people's dietary requirements likes and dislikes when they first arrived at the home. This information was available in the kitchen for the catering team to inform them about people's requirements. People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referrals made. The registered manager recorded in the PIR, "Where an individual is losing weight or not enjoying the menu the chef will tailor a menu to ensure the way the food is

cooked to their liking."

People were happy about the food and said they were offered a choice if they did not want what was on the menu. Comments included, "Lovely... I am always pleased with whatever comes along. It's a very homely place" and "It's a very good standard."

We observed a lunchtime meal at the service. Tables had tablecloths, cruets, fresh flowers, place mats and jugs of fruit juice. Printed menus were on the dining tables detailing food choices available each day. The menus had pictorial illustrations; this was very helpful for people who had cognitive impairment as it helps them to understand what the food options are.

People were not hurried and were supported to maintain maximum independence and dignity. People served themselves from serving dishes so they had what they wanted. There was a happy, chatty atmosphere amongst people. Staff sat at each table, eating with people and were caring, considerate and supportive. The registered manager told us, "Team members join family members at the table as their guest…The team use conversation and chatter as appropriate to people…" On each table were postcards depicting wildlife and pictures of interest which people could pick up to initiate conversations.

The cook met with people after their meals to receive feedback and to help develop new menus. Snacks and drinks were always available in both communal areas for people to access as they chose. Refreshments of hot drinks were also readily available and frequently offered.

Outstanding ☆

Is the service caring?

Our findings

There was a strong person-centred culture at the home, with people being at the centre and focus of everything. When entering the home there was a real sense of people being at home and amongst friends. Staff mingled amongst people skilfully and treated them as their equals.

All staff demonstrated a passion to provide individualised care for people. They were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff had a real empathy for the people they cared for and treated people like family members. For example small gestures like a smile or holding a person's hand. Staff visited on their days off to spend additional time with people and take them on outings.

People were seen positively interacting with staff, chatting, laughing and joking. People and visitors said the care at the home was exceptionally good. Comments included, "It's a good quality place to be. Very comfortable. I am looked after extremely well. They are very kind here. I am free, you don't feel trapped", "They are very helpful and pleasant. If you want to do something with a ball, they will find a ball. If there's something you want, they get it" and "They are so good with him, made him enjoy it. They spend time with him." One person said how staff were very responsive, always asked how they were and if there was anything they could do, "Very supportive. They (the staff) helped me enormously."

Staff all said the service was a nice place to work. Comments included, "I love it, I really enjoy it. I feel you can give people time here, there is no routine, it all depends on what the person wants, what time they want to get up, what time they want breakfast, when they want a shower. I enjoy the occupational side; I do a lot of singing. I have suggested a sensory garden area for a person who loves being outdoors. We had a giant Frisbee outside last week and his face just lit up." The registered manager confirmed there were plans to make a sensory garden at the home.

Staff recognised when people needed support and when they required some personal time. When one person was feeling low a staff member sat with them for over half an hour. They did not make a fuss, just sat and held the person's hand and listened and reassured them; slowly the person became relaxed. Throughout our visit the staff member returned to the person several times to ensure they were still alright.

Staff were considerate and caring in their manner with people and knew people's needs well. One person had a planned outing and their relative was late. A staff member recognised this would cause anxiety and had started to look through photographs with the person to distract them. Another staff member recognised a person was anxious and asked if they would like to have their feet bathed. They gently soaped the person's feet and ankles and chatted with them throughout. The person told us they found this very comforting.

Staff treated people with respect, dignity and as individuals. When each person arrived in the communal area, staff greeted them by their preferred name and it was evident that people were genuinely pleased to see the staff. People and relatives said staff were respectful. Comments included, "Yes, we get on very well"; "They call me (shortened first name). I don't have any problems with the way they help me" and "Yes. I love

the way they sit at the table. It doesn't feel institutionalised. Carers are so respectful. I have never seen anything the least untoward in here."

Staff used the phrase 'magic moment's' where they recognised throughout the day where they could support people to do tasks for themselves, or ask for something and feel a sense of purpose. For example, the deputy manager explained, "a family member who leant into my shoulder and said give my back a scratch…this was a moment that demonstrated trust and being comfortable with intimacy and she knew that she could ask me."

Staff had made genuine efforts to tailor-make care to the individual and was not task orientated. Staff spent time with people doing whatever they wanted to do at the time. A staff member said, "The people are called family members and I am encouraged to spend time just talking and listening to them… it's a brilliant place." Staff emphasis was on ensuring the quality of a person's life. They kept relatives informed about 'magic moments' so they were given meaningful information about their loved ones life, aspirations and achievements.

Staff treated people with dignity and respect when helping them, particularly when assisting when assisting with intimate care. One staff member said, "I keep doors closed, give them a towel to cover up when we are doing personal care, close the curtains." People confirmed staff respected privacy and dignity. Comments included, "They always knock on the door" and "They make sure if I am getting dressed or undressed that my curtains are always drawn, doors closed. They always knock before coming in."

Staff knew people's preferred routines, such as who liked to get up early, who enjoyed a chat and who required reassurance and emotional support. Staff involved people in their care and supported them to make daily choices. For example, people chose where they spent their day, had keys to their bedroom doors and the clothes they wore. One person said, "I'm independent. I do try to wash myself properly. I only strip wash. I choose to do that." A relative said, "They ask him 'do you want lunch outside?' I can honestly say he is more happy at Sundial care home than at home. He has been content from the time he came in." In people's care plans staff were reminded to seek consent from people before carrying out tasks. People had been asked for their preference of gender of care worker. Formal consent was also obtained regarding having their photographs taken and staying at the service.

The staff were highly motivated and constantly looked for creative ways to embrace people's lifestyle choices. This meant people lived their lives how they wished to do so. People were supported in the least restrictive manner, maximising their opportunity for choice and control. For example, one person was supported to undertake the weekly shopping activities for the home. This was the opportunity for this person to continue to fulfil their love for providing for their family. Another person whose life prior to moving into care was based around the countryside, walking and being close to nature. Staff supported the person to access the outdoors on a regular basis to continue to fulfil this passion. A relative said, "They spend the time with them. I never tell them when I am coming and many times they were out in the garden with staff... their emotional needs and contentment needs are met."

People were encouraged to be as independent as possible. Staff had supported a person to access the beautiful gardens on their own. They had removed the locks from the door into the gardens and had placed a hat stand with coats, top hats and wellington boots by the door. This was to prompt the person to put on a coat independently as they had done all their life before going into the garden without staff support.

People benefitted from the strong relationships staff had built up with them and their families. People's relatives and friends were able to visit without being unnecessarily restricted. They were made to feel

welcome when they visited the home. Comments included, "A lot of people bring in their dogs. You can go in your room if you want to, or in the quiet room" and "Friends come and see (person) and say 'what a lovely home it is'. They (staff) are just so friendly, I really like it. I feel very pleased that (person) is happy. It's a nice home. What more could I ask for." One relative said how visiting their relative was the same as when they were in their own home. Their comments included, "I know it is a home from home, no structure, people can visit have lunch the same as if they were at home."

There was an area in the garden referred to as a remembrance garden. This had a bench that encircled a tree and a birdbath. This had been donated by a family of a person who had passed away at the service and had requested their ashes be scattered there. There were individual plaques paying respect to all of the people who had passed away at the service. This demonstrated a strong sense of people being an important part of a family at Sundial care who people cared for. .

The management team had developed a means to identify when staff required support. This was because working with people with a cognitive impairment can be stressful and cause additional pressure. The deputy manager explained how staff used the word 'daffodil' when feeling under pressure. This served as a safety valve and gave staff the opportunity to acknowledge how they were feeling. It enabled other staff to recognise when colleagues were feeling overwhelmed so they could intervene and take over.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's homes and did not rush around carrying out tasks. The staff team did not wear uniforms which helped to provide an inclusive family environment. They wore brightly coloured clothing. The provider told us that at times they brought in different items of clothing to change into to enhance the atmosphere of the activities and the events planned. At night, staff wore pyjamas. The provider said, "Staff wear pyjamas at night to help minimise confusion for people living with dementia who may wake at night time or find it difficult to settle at night owing to disorientation."

People were supported each day by what was referred to at the home as 'home makers'. This was a staff member who's role was to be based in the main communal areas and to support people with refreshments, encourage social activities, greet people and be around at all times. Throughout our visits these staff were seen interacting with people and supporting them use the kitchenette areas.

People's rooms were personalised with their personal possessions, photographs and furniture. People moving into the home were actively encouraged to personalise their bedrooms and had sample wall papers and colours to choose from. This enables people and their families to start creating a sense of home and reflect what was important to them. People were able to make changes to their decisions. For example, one person had chosen wooden flooring and a rug and had become nervous due to their mobility and their confidence had deteriorated. The provider had replaced the flooring with a carpet of the person's choice. At the time of the inspection a person who had previously not been interested in designing their room was working with staff planning furniture and colours. The person's wellbeing had improved and they wanted to be involved. The maintenance person explained how a person had wanted some shelves and the next day they had been fitted.

Good

Is the service responsive?

Our findings

The service provided responsive care to people. It was evident from speaking with the registered manager and staff people were at the heart of the service and that they mattered. They spoke with pride about the people they cared for and wanted to make it a lovely place to live.

A comprehensive pre admission assessment of need was completed prior to people coming to live at the service. The registered manager explained the process used in the Provider Information Return (PIR), "A pre-assessment is completed which looks at the individual as a person and identifies any risks the individual may have. This enables matching to Sundial and the people currently living here. Before being admitted to Sundial we obtain equipment that may be required for the individual to keep them safe from harm, identify and carry out any additional training for staff and hold a meeting with staff to discuss any risks around the admission. The pre- assessment is scanned to the quality assurance team for approval and risk assessments processed on the (computer system used by the provider); a draft care plan is produced for the team to read and finalise..." This was a check to ensure all relevant risk assessments and care plans were put in place to ensure people received appropriate care for their needs.

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. This information was used to develop care plans on the provider's computerised care system. On admission staff completed the provider's comprehensive admission document within the first 24 hours. This included gathering key information and undertaking risk assessments. The information was then reviewed by the provider's quality assurance team.

People's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. They guided staff to know how to provide the care people required when they moved into the home. The care plans were reviewed after both seven and 28 days to enable changes through the settling-in period to be captured. Staff said they found the care plans helpful and were able to refer to them when required.

Staff were familiar with people's history and backgrounds and supported them fairly and as equals. They had worked with people and their families to complete an extensive life history of each person. This was displayed outside people's bedroom doors or in their bedroom in line with the person's preference. The information gave staff a sense of who the person was and what was important to them and enabled them to have meaningful conversations and connections. This had a positive impact on people and gave them a sense of belonging. For example, on the computer system staff had recorded for one person how they had stopped outside their room, showed real signs of recognition to their name and family and said, 'I am home'. This gave people a sense of safety and belonging. Some staff had also completed their own life histories which were displayed in the hallway for people and visitors to read. This helped to reinforce the strong sense of family at the service.

People's personal information and the relevant people involved in their care, such as their GP, optician and chiropodist was recorded on the computerised system. This meant that when staff were assisting people

they knew their choices, likes and dislikes and provided appropriate care and support. The staff were required to record all interactions with people and the support they gave on the computer. This included people's dietary and fluid intake if they were assessed as being at risk of dehydration and weight loss.

Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Each month staff would review people's care needs. They would involve people and their relatives according to their individual wishes. A staff member said, "People are really involved in their care plan…I think people are well cared for." Staff ensured as appropriate that relatives were kept informed and discussed how and when they would like to be contacted. One relative said, "A few weeks ago he fell… They were straight on the phone to me. I feel confident they will ring me, even if I'm abroad. They have assured me if you need to be here we will let you know."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. Staff used a blackboard to support one person to communicate who had communication difficulties.

Information was provided to people in accessible formats where needed, to help people understand the care and support available to them. The registered manager said they were constantly working with people to ensure they had the information they required in a format that suited them. For example, they had used different colours in the newsletter to highlight different days, produced a eulogy in large print following the funeral of a person at the home and sourced large print books for the book club. To aid staff there was also a care plan guide in both a written and visual format.

There was no one receiving 'end of life' care at the time of our visit. The registered manager recorded in the PIR, "If their (people) wish is to stay at Sundial their home…if a family member should deteriorate, and the district nurse team are willing to support us, we ensure that at Sundial our family members are supported at their end of life to have a comfortable, dignified and pain free death." The deputy manager was an end of life champion at the service. They demonstrated a real passion to ensure people were supported at the end of their life with dignity and respect.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Relatives had sent thank you cards to the team thanking them for the care the staff had given their loved one.

The provider recognised the importance of social activities and that all activities no matter how small formed an important part of people's lives. There were no 'activity' staff because all staff were involved in engagement and stimulation depending on people's needs.

A monthly bulletin had been produced to keep people and relatives informed about activities taking place. This had pictures to help guide people. The activities included chair exercises, painting, quizzes, film afternoons, poetry club and book club.

People were very positive about the activities and how they had developed friendships at the home and were included in deciding what activities took place. Comments included, "I like singing, I was in a choir", "We like reading. They get books from the Devon County Council library. We have a book club which we

have one afternoon. We go into the other room [quiet sitting room]. Sometimes we get as many as 15... We have talking books and machines for playing them, if you want. (Resident) started it" and "I read a lot. I get books out of the mobile library. I enjoy the reading group. I have been out. I went back to my house on Tuesday, saw my garden."

One person said they loved the birds and that staff had placed a chair next to the french doors looking out onto a birdfeeder. Throughout our visit the person spoke to us about the different birds they had seen coming to the bird table. Another person said how they enjoyed the outings, "We go to different places…the countryside, the sea, Sidmouth. I really enjoy getting out." Another person liked to spend time in the garden. Their relative said, "He has settled so much better than I thought he would. All summer he was out in the garden and that was instrumental in him being able to settle." The registered manager told us, "Outside of the planned events and engagement household occupation is key, setting tables, folding laundry".

The home had very close links with the community, the local church, primary school and the memory cafes in the local area. The registered manager had recorded in the PIR, "People are supported to attend church and access the community activities that they wish to. Safe trips to places of their choice are supported also. Community events are also hosted at Sundial to ensure inclusion of everyone..." Local people were invited to the home to speak at the book club events.

People who had previously used the service for respite stays remained involved in the life of the service, through the monthly lunch clubs and social events. The local art group used the grounds for art classes which people were involved in as they chose. People were supported to link with the local memory café and attend if they chose.

During our visit people were doing a variety of things as they chose. One person was listening to music; another was watching TV with their feet up and reading their paper. Others were watching the birds and gardener in the garden. A care worker was singing with people, who sang along with song sheets (although many of the songs were well known and song sheets not needed). The care worker spent time sitting with each resident as she sang the songs. People enthusiastically joined in with armchair exercises led by carer.

The main lounge also had many items of interest to stimulate conversation. A wedding dress was displayed on a mannequin, along with bunting people had made for the royal wedding. One person spoke to another about their own wedding dress and another commented about the wedding dress needing an iron. Around the home there were photographs of people on the walls and magazines for people to pick up and read as they chose. There was a doll in a cradle, covered in a blanket. The registered manager said the doll was used as a therapy for one person who believed it was their child. Staff supported the person to care for the doll and put it to bed each night in a crib next to their bed. There was a real sense of feeling homely.

One person had expressed a wish to watch children playing. The provider had had wooden play equipment erected in the garden with park benches around to enable people to watch the children that visited the home play. Children from the local school had visited. This enabled people to benefit from contact with the younger generation and supported the local children to be an active part of life within the care home.

The provider had a complaints procedure which made people aware of how they could make a complaint. The complaint procedure identified outside agencies people could contact if their complaint was not resolved to their satisfaction. This included the local government ombudsman, local authority and The Care Quality Commission (CQC). In the main entrance there was also an opportunity for people and visitors to record their views. There were four different leaflets clearly labelled, 'outstanding, thanks, okay and poor' with large emoji faces which depicted a relevant expression. The provider had received numerous positive

responses. They shared feedback with us they had received from a visitor to the home, "What struck me was how the individuality of each person living in the home had been retained, from them choosing decoration to their "shortened life stories" outside their doors. "

People and relatives said they would feel happy to raise a concern and knew how to. A relative said, "There have been minor things…They have all been dealt with, and I am happy (with the outcome)." There had been one concern raised with the registered manager. The registered manager had followed the provider's complaints policy to respond.

Outstanding ☆

Is the service well-led?

Our findings

The service was very well led. The provider's aims and objectives were to provide people with high quality care and support. People and what was important to them were the focus of the staff's work.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC) who had a clinical and training background. The registered manager was supported by a deputy manager and the provider's management team. They had established a strong, open and visible culture within the service. They led by example and staff responded by providing high quality care to the people. People and relatives were very positive about the registered manager and the management team. They said they were always available and ensured there was always time to discuss things important to them. Comments included, "Yes, they are very, very good" and "They are very good, I find them so. Things run smoothly." One person said, "No rules and regulations. A home, a peaceful home like you would have yourself. Your own home."

Staff praised the management team and said they felt very well supported. Comments included, "The managers are brilliant. (Registered manager) is so open and understanding, they are a good team. They are always responsive… I have never thought so highly of a place. They really practice what they preach" and "Its brilliant here, I love it. The staff and managers listen to you and if you suggest an idea they will run with it or give you a good reason why not…I think they are proactive. It's very personalised here."

The management team continually strived to improve the service and their own practice. There was open and transparent communication amongst all team members. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always used.

The whole team demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life. The culture within the home was an approach where everyone was responsible for ensuring people felt safe, important and supported well. Everyone had a clear understanding of their responsibilities and referred people appropriately to outside healthcare professionals when required. The staff knew each person's needs well and were very knowledgeable about their families and health professionals involved in their care.

Staff benefitted because the management team had a strong ethos which reflected a strong 'no blame culture'. Their vision was to ensure the culture remained honest, open and true and that blame could not simply be proportioned to individual staff members.

The provider had a strong emphasis on continuous improvement and finding new ways to help people live their life to the full. The staff team were fully involved in the provider's governance process and trained to identify issues, address them and find more creative ways to support people's health and wellbeing. For example, staff had recognised that two people had periods of disorientation and confusion regarding each other's bedrooms. Staff had recognised the risks and before any harm had been caused, arrangements had been made to relocate their bedrooms with the appropriate consents in place.

The management team was committed to maintaining an excellent team at the service. The registered manager had recorded in the Provider Information Return (PIR), "As a manager I am aware of and keep under review the day to day culture in our home, including the attitudes, values and behaviour of team members and whether they feel positive and proud to work in the organisation." They encouraged strong relationships and support to each other among the staff team because they believed this would have a positive impact on the people and support they received. A staff member explained how people were included, "If a family member comes into a staff meeting they are invited to join us and given a cup of tea."

People and staff were actively involved in developing the service. Regular residents and relative meetings were held giving them the opportunity to voice and share their opinions and ideas about the future of Sundial. As a result of these meetings people had decided about activities they would like to see at the home. For example, the poetry club had been developed, community events, the implementation of the activities calendar and the dining experience. This gave people living and visiting the service a sense of control and ownership. A newsletter was produced on a quarterly basis to inform people, staff and relatives, professionals of upcoming events, changes within the home.

The national care homes review website included recent comments from friends and relatives such as, "My mother settled very quickly into Sundial, supported very well by the friendly, helpful staff. She is so much happier than when she was living at home with carers popping in. We were so pleased and relieved to hear her reply when we asked what she thought of her life at Sundial. "I'm really happy here, I couldn't wish for a better place to be. It's lovely!" Everyone that had entered a review had recorded they were extremely likely to recommend the service.

Whole staff meetings were held regularly so staff received feedback about changes and were an opportunity to explore and discuss new ideas. The meetings were used to ensure staff were an integral part of the continued service development. At the last meeting the staff were developing their own mission statement for Sundial Care. Records of meetings showed staff were able to express their views, ideas and concerns. Between each shift there was a handover to give staff key information about each person's care and any issues brought forward. Each day staff at 11 o'clock got together to see how the morning had been and if there were any issues which needed to be addressed.

Staff feedback was recognised as a fundamental part of service development and sustainability. The views of staff following their induction experience and all training sessions completed were collected, reviewed and actioned. Staff had a clear message that their views were listened to and acted upon. For example, a member of staff suggested two projector screens within the training venue, another member of staff suggested the paperwork shared was collated into booklets. This was put into place for the next training session.

The registered manager and deputy manager completed unannounced checks to support the staff and facilitate time with different groups of staff. The registered manager had an out of hour's duty manager system across seven days so staff always had support if required.

The provider had links with five other care services. They worked with all of the services to share learning, best practice ideas and to discuss challenges. This was achieved through regular meetings, staff away days and facilitated training days. The provider said that if an adverse event occurred at any of the services, the learning would be shared across the homes.

The provider was keen for the home and people living there to be an integral part of the local community. Several of the people at the home were from the local area and had family and friends who visited regularly.

The provider kept local organisations informed about the development of the service and asked for local people's views about the future of the service. They had held meetings with local people and the local newsletter 'Tipton Times' had informed local people about the ongoing development of the home. In one article they recorded, "We watched it being transformed into a bright warm and welcoming home... have worked wonders with an excellent team around them…the future is bright." Local organisations visited the home and people were supported to access the local community. For example, access the local church, local school, memory cafe and public house.

The provider had written specific training around 'near miss' events in response to near misses to enhance learning and awareness for staff. For example, they had used the quality assurance audit spreadsheets of the actual times people were repositioned and identified when the people's required reposition time exceeded the required time. Training had been developed to explore the risks of pressure damage, the reality when pressure damage occurs to the person both physically and emotionally and the impact this had on staff time and resources.

This training was mandatory for all staff despite there being no evidence of actual harm occurring at the home. This ensured staff had a learning opportunity to prevent near miss events turning into actual incidents where harm occurred. A staff member said "I feel that management listen to staff and take action on any concerns. I have been to them a couple of times and they are responsive. They prefer you to be honest and admit any mistakes and they will support you."

Accidents and incidents were reported and appropriate action taken. They were reviewed by the registered manager and the provider's senior management team to identify ways to reduce risks as much as possible. The registered manager recorded in the PIR, "We show honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using our service and their families in line with the duty of candour." The provider's induction booklet reflected the learning and the projects initiated within the home. For example, the 'near miss' project which gave staff clear examples of environmental near misses and how to report them. A staff member said, "We try to interact all the time with family members. If anyone has a fall everything is recorded, we are encouraged to have input into the care plans."

The management team had promoted a positive culture at the home. This included recognising staff abilities and supporting them to develop their skills. The registered manager had put in place lead roles for staff. These included a champion for falls, medicines, tissue viability, nutrition, lived experience, safeguarding and The Mental Capacity Act 2005 (MCA), infection control and end of life. This enabled staff to widen their knowledge ensure good practice in line with current legislation, work alongside the management team and the quality assurance team and share their learning with other staff members.

The provider used a range of quality monitoring systems, including audits which were used to continually review and improve the service. The registered manager oversaw audits regarding nutrition management, medicines, accidents and incidents and documentation. They had taken appropriate action for issues identified. The information they gathered fed into the audits completed by the provider's quality assurance team.

The provider's quality assurance team undertook regular visits during office hours and at weekends and nights. Staff were not always aware that they would be visiting. The system used was designed based on the provider's model of care and driven by the provider's vision and values, regulation and compliance, national learning outcomes and best practice innovations i.e. National Institute for Health and Care Excellence (NICE), Infection Prevention Solutions, NHS England. The provider told us, "The quality assurance system reflected the model of care in its entirety and is woven though all aspects of life within the care home. There

are layers to the quality assurance system which together complete the circle to be able to evaluate the outcomes and the experiences of the people living and working in the home."

This meant the views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements. Learning from concerns and incidents were one of the contributors to continuous improvement. Any issues or questions were discussed within the team and they took action to address them. For example following feedback from people regarding the menu not being varied, a person living at the home had worked with the chef to plan new menus. They became the representative for people regarding food at the staff and residents and relative meetings.

The quality assurance team had a planned schedule they completed. This included comprehensive audits of care records from admission and throughout people's stay. The quality assurance team put the individual person at the forefront of its focus. They focused on looking at patterns, and trends to identify issues before incidents occurred. They were responsive to any identified needs they found through their visits and audits. Examples of action they took included, the provider's near miss project and subsequent responsive training, focused supervisions, updates to the induction package, Increase in staffing at specific times based on analysis of risks.

The provider were involved with the 'music for minds' study for people living with dementia. This is a project that is conducting research into personalised playlists for people living with dementia using assistive technology. The technology allows people to press a button to provide an emotional response to tracks. The provider said they would like to implement this for people living with dementia at Sundial.

In January 2018 the service was inspected by an Environmental health officer to assess food hygiene and safety. The service had scored four with the highest rating being five. This was because the pantry required painting which was actioned the same day. The provider was confident of a five at their next visit. This confirmed good standards and record keeping in relation to food hygiene had been maintained.

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified CQC as required and provided additional information promptly when requested.