

Sunrise UK Operations Limited

Sunrise of Eastbourne

Inspection report

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Date of inspection visit:
11 July 2018
16 July 2018

Date of publication:
13 December 2018

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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The comprehensive inspection took place on 11 July 2018 and 16 July 2018 and was unannounced.

Sunrise of Eastbourne 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. Sunrise Eastbourne is a purpose-built location and is registered to support and provide accommodation for up to 107 people. At the time of the inspection there were 90 people living at the home. Sunrise of Eastbourne provides care and support for older people with various needs such as dementia and nursing. Sunrise of Eastbourne is described as a community which is divided into two neighbourhoods. The care home accommodates people across two separate neighbourhoods, both of which have separate adapted facilities. The home includes the Assisted Living neighbourhood which provides care and nursing for people dependant on their level of need and the Reminiscence neighbourhood which specialises in providing care for people living with dementia.

Sunrise of Eastbourne was last inspected in December 2016. The service was rated as Good in the domains of Safe, Effective, Responsive and Well-led. The service received a rating of Outstanding in Caring. At the current inspection the services overall rating had improved to Outstanding. The current inspection was undertaken because of changes to the providers registration. The providers Sunrise UK Operations Ltd and Sunrise Senior Living Ltd are dual registered and are both jointly responsible for managing the regulated activities at the single location, Sunrise of Eastbourne.

Sunrise of Eastbourne had a registered manager who had been in post since January 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received exceptionally effective care, based on best practice by staff with an in-depth knowledge of their care and treatment needs. People were supported by clinical governance process that looked continuously to explore areas of leading practice and drive improvements for people's quality of life. The service looked for, and promoted, innovative approaches to the delivery of care and support. Staff had very good skills in managing and reducing risk and keeping people safe whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely.

People received high standards of kind and compassionate care. People and their relatives told us the staff were extremely caring, kind, attentive and dedicated in their approach, which was evident throughout the inspection. They commended the exceptional quality of the care they received. We observed one person's comments which stated, "The care home that everyone would wish for their most beloved." People's dignity and independence was protected, and the provider had given significant consideration, and promotion to,

people's diversity.

The service promoted the use of care champions in areas such as dementia, falls, wound care and equality and diversity, amongst others, who actively supported staff to ensure people were cared for in a way that promoted their wellbeing. The management and staff were proactive in working in partnership with professionals to enhance people's health and wellbeing as well as staff's knowledge and skills. There was a strong and dedicated focus on training and continued development for staff. The provider was excellent in ensuring that staff applied their learning and training into practice to deliver person-centred care that met people's individual needs.

Staff were encouraged and supported to continuously improve their practices through specialist training, developing leadership skills, and seeking out guidance and information on best practices within the care sector. Staff worked very well together to ensure continuity of care and spoke highly of the support staff across the service gave each other. Staff worked hard to establish and maintain a strong and visible person-centred culture.

People received high quality food from award winning catering staff that ensured that it was of the highest nutritional value to promote people's physical wellbeing. People were offered an outstanding variety of options, while people who required additional support, such as those living with dementia or those with specialist dietary needs were supported using safe and creative methods.

People received a very responsive service. Staff went above and beyond to ensure people's needs and wishes were at the centre of everything they did. There was an extensive and varied range of social activities and opportunities. People used up-to-date and care-focused technology to enhance their physical, emotional and mental wellbeing. People's care was very personalised and staff demonstrated an enthusiasm and responsibility to ensure that people's individual needs and outcomes were met. Staff had individual roles and the service appointed a number of care champions who led on specific areas of support. The provider was extremely proactive in its supporting of people to engage and be involved. The provider had established outstanding links to other care organisations and partners, with local community groups and had initiated schemes that fully involved people at the service as well as engaging members of the public.

Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. Any concerns or complaints were investigated with actions identified to make improvements.

Staff were extremely knowledgeable about issues around consent and the Mental Capacity Act 2005. Staff sought people's consent for their care and treatment and ensured they were supported to make as many decisions as possible. Where people lacked capacity, relatives, friends and relevant professionals were involved in best interest decision making.

The management of the service promoted an open culture and actively promoted inclusiveness amongst staff and people. The registered manager was passionate about driving improvement and demonstrated clear values and principles by which she ran the service. The provider and registered manager had implemented robust quality monitoring systems which they continually reviewed and evaluated to improve people's care. People received a consistently high standard of care because staff and management put people first and at the heart of the service. People, relatives and professionals spoke highly about the exceptional quality of care.

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 consistently safe

Sufficient numbers of skilled and experienced staff ensured people were safe and well-cared for. Staff knew how to report concerns regarding a person's safety or if they suspected abuse.

Risks were identified and monitored and there were assessments in place to ensure people's safety. There were safe systems in place to manage, store, administer and dispose of medicines.

People were protected by safe infection control measures. The provider had learned lessons and looked to make improvements in service delivery when things had gone wrong

Is the service effective?

Outstanding 

The service was very effective.

Staff had the specialist knowledge and skills required to meet people's needs. There was an innovative approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

The provider was creative in looking at ways people were supported to eat and drink, sufficient to their needs. People had access to specialist health care professionals and received appropriate assessments and interventions.

People's individual needs, including those living with dementia, were met by the design, adaption and decoration of the service.

Is the service caring?

Outstanding 

The service was exceptionally caring

People were supported by extremely kind and caring staff who knew their preferences and needs very well and who went the extra-mile to offer both practical and emotional support.

People had a quality of life which enhanced their well-being and physical health.

The service was inclusive of all individuals and provided very personalised care. People received kind, compassionate care and their dignity and independence was upheld.

People led dignified lives and were treated with respect and could make decisions about their care and treatment. People were actively involved in their care and their independence was consistently promoted.

Is the service responsive?

The service was exceptionally responsive

People received exceptionally person-centred care from staff who knew about each person's life and what mattered to them. People were actively involved in their care planning.

People had access to a varied range of meaningful activities and events to ensure that they led fulfilled, purposeful lives. They were supported by staff who often went above and beyond to achieve excellent outcomes for people.

People were supported with compassion and dignity at the end of their lives.

Outstanding 

Is the service well-led?

The service was well led to a very high standard

The management led staff by example and had set high standards for the care and support people received. There was a positive, person-centred culture. People were central to decisions that affected their lives and were at the heart of the service provided.

The provider had implemented robust quality assurance systems which were consistently reviewed to drive improvement in people's care. The service demonstrated that it was consistent in its high performance with an ethos of continuous learning for all staff.

The management was forward-thinking and looked to

Outstanding 

implement current best practice throughout the service. They maintained excellent links with the community and external organisations in the drive to maintain high standards of care, and provide stimulating engagement, for people.

Sunrise of Eastbourne

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 inspection took place on 11 and 16 July 2018 and was unannounced. The inspection team consisted of three inspectors and two experts by experience in dementia care and older peoples care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information available to us about this service. We requested that the provider complete a 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. This was received from the provider. We also checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with 21 people living at Sunrise and 14 staff members. This included the registered manager, the assisted living and reminiscence co-ordinators, care workers, registered nurses and kitchen staff. We also spoke with seven relatives and visitors. We also spoke to three healthcare professionals following the inspection. Not everyone was able to tell us about their experiences of living at Sunrise, therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at care records for seven people. We looked at the files of nine staff members and reviewed the records relating to areas such as the management of medicines, provision of training, safeguarding procedures, risk assessments, incidents and accidents quality assurance systems and complaints.

Is the service safe?

Our findings

People were safe because a safety culture was embedded at the service. People told us they felt completely safe living at Sunrise. One person told us, "I always feel extremely safe. The staff make us feel safe." Systems were in place to help protect people from the risk of harm or abuse. Staff demonstrated a very good understanding of how to recognise and report safeguarding concerns. Staff were very open about the need to learn from experiences to ensure continued safe practices. One staff member told us, "It is just about being open and educating others, learning from others and improving care. It is a learning experience for us all." Staff had access to policies and procedures for Safeguarding, whistle blowing, consent, non-restraint, health and safety and the Mental Capacity Act to provide guidance on to how to deliver safe, consistent practices.

Appropriate checks had been completed prior to staff commencing employment that included proof of identity, employment references and employment histories. These had ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Documentation confirmed that all nurses employed had registration with the Nursing and Midwifery council (NMC) which were up to date.

Staff had good skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. Staff had a good understanding of people's needs and supported people to safely use equipment to assist with their mobility and maintain their independence. Staff were aware of the importance of enabling people to continue to take risks as part of an independence lifestyle. For example, one person was at high risk of falls and a detailed assessment identified the risk factors specific to them, and the support they needed to ensure that independence with their mobility was maintained and prompted. This included guidance for staff on how to provide emotional reassurance with their fear of falling and improve their confidence, while maintaining advice and guidance from the falls team to ensure physical mobility was sustained. Another person who moved to the service because of continued falls at home was supported by staff in mitigating risks to prevent further falls but was also encouraged to preserve independence with their mobility as much as possible. The person's relative told us, "The staff keep an eye on my mother, but allow her to walk around independently." Risk assessments were regularly reviewed by management staff to ensure they provided current guidance for staff. People received pre-move assessments and full medical reports are received from GP's. People's wellbeing was reviewed a month after they moved in to ensure that they could continue to be safely supported, and to ensure that other people were not at risk.

Evidence based tools were used to assess people's needs and identify if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. For example, where people were at risk of choking and had difficulties with swallowing, they had been referred to the speech and language therapist for advice. Staff had undertaken training on supporting people to manage these risks and personalised care plans gave specific advice for minimising these risks, such as information on how people required their food to be pureed to ensure safe nutritional intake. We saw this during our observations of the lunchtime meal as

people with specific nutritional guidelines, received their food according to the guidance within their risk assessments.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

There was a strong and stable workforce to ensure that the physical, emotional and social needs of people were met. A 'daily labour tool' was used to determine the levels of staff needed each week. This was a method to calculate staffing requirements based on the number of hours people require to undertake their support. The provider said that they recruited 12% of staff over what was required to ensure that needs were met fully. Care levels were regularly re-assessed. We observed sufficient numbers of staff throughout the inspection and staff were deployed adequately when required. Staff received the same training programmes and were therefore able to move seamlessly between both wings of the service. By having sufficient directly employed staff, as well as an internal bank of casual staff, the provider could reduce the need to employ agency staff. The impact of this was that people received good continuity of care and staff's knowledge of people's needs always improved.

People were receiving their medicines safely by registered nurses and trained medication technicians who had their competence regularly assessed. Staff were trained to administer medicines, and recording within Medication Administration Records (MAR) was consistent and accurate. Medicines were ordered, administered and stored safely. A system was in place to ensure that people's medicines were reviewed with their GP regularly. Medication profiles were seen for each person that detailed their preferences on how they wished to receive their medication. Specific instructions were recorded where people required assistance to administer or swallow their medication. Some people could manage some medicines themselves and appropriate systems were in place to support them to do this safely. Self-medication risk assessments had been completed that documented people's understanding and ability to recognise and differentiate medicines, along with their purpose. People's ability to continue to self-medicate were reassessed every three months to ensure that person could, and wished to, continue with this practice. People had guidance and individual protocols for when to offer and administer any prescribed 'as and when required' (PRN) medicines. Auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. We observed lunch time medicines administered safely and in line with policies and individual requirements. For example, a person's medicine to support them to live with Parkinson's, which is time critical for managing this condition effectively, was administered exactly at the time their care plan stated. Records showed that any decisions to administer medicines covertly had been taken in line with the Mental Capacity Act 2005.

People were cared for in a clean, hygienic environment and control measures were in place to minimise risks of cross infection. We observed staff using protective equipment such as gloves and aprons to reduce cross infection risks. Staff had a firm understanding of infection control procedures. Records confirmed that a regular cleaning regime was in place. Staff had undertaken infection control training and infection control audits were carried out to ensure that standards were maintained and any improvements made.

Incidents and accidents were recorded and reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. For example, if a person had experienced a fall or accident, staff would support the person's immediate well-being by ensuring that basic vitals like blood pressure and heart rate were recorded and analysed, with additional monitoring put in place to ensure the person remained safe

and healthy. Issues were identified and both immediate ongoing changes were made to prevent further incidents occurring. Staff described discussing incidents and accidents in handovers and team meetings to ensure that learning was identified and communicated between staff. One staff member told us, "This improves all of our practice as they bring back learning which is disseminated to all staff to improve practice consistently. This all helps to keep people safe."

Is the service effective?

Our findings

People received an exceptionally effective service. People were supported by clinical governance process that looked continuously to explore areas of leading practice and drive improvements for people's quality of life. The service looked for, and promoted, innovative approaches to the delivery of care and support. An occupational therapist worked alongside therapy assistants to deliver a new Memory Care Strategy for people living with dementia. This programme worked in partnership with a university to pilot a Cognitive Rehabilitation programme, that had shown to reduce the cognitive decline of people. People in the service had been identified to benefit from the programme. The service had implemented the Cognitive Rehab Implementation Programme that had shown to reduce the cognitive decline of older people by establishing goals that are important to them in supporting them to maintain their lifestyle.

Another example was the service's collaborative approach to the prevention and treatment of wound care. This also demonstrated the impact that one of the service's champions roles had for people. The lead wound care nurse and the wound champion, had introduced best practice and innovative techniques into the service's treatment of people's wounds. One person had developed a heel ulcer during a hospital admission that had been assessed by specialists as being non-healing and potentially requiring invasive surgery. In addition to implementing dietary changes and the installation of equipment, the nursing team were trained by orthopaedic practitioners in delivering specialist exogen therapy treatment. Exogen therapy uses ultrasound techniques to speed up healing. The impact of this was that, following months of treatment from staff using the new therapy, and working in partnership with the tissue viability nurse, the person's wound healed, allowing them to retain full mobility and enhanced physical wellbeing.

Another person had moved to the service with long standing leg ulcers. This left the person living with poor mobility, continuous leg pain and the need for ongoing pain relief. Staff worked through various clinical options to identify the most effective treatment. The impact of this approach led to the person no longer having a dependency on pain relief and being able to walk independently around the service and participate in activities. Staff work collaboratively with external partners that specialised in wound healing services, that used evidence based approaches to chronic wound healing. Staff's dedication to wound care had led to improved prevention, and a noted reduction in cases, of pressure area damage. One health professional we contacted told us that staff were, "Very attentive to what we say and instructions we give they follow up on."

People's wellbeing had been enhanced through the providers introduction of other care champions in areas such as dementia, falls and equality and diversity. Staff who had taken on these roles had brought best practice into the home, shared their learning, acted as role models for other staff, and supported them to ensure people received excellent care and treatment. There was a dedicated infection control champion who, through research of best practice and specialist guidance, had been instrumental in introducing new ways of improving infection control, and as a result integrating this into staff training. The training educated staff on the link between good hydration in care homes and the prevention of infections that lead to sepsis. Infection control audits demonstrated that the provider had been successful in the sustained prevention of common infections throughout the service because of this approach. People were supported to access a

variety of healthcare services to improve and maintain their physical and mental wellbeing, including physiotherapy and occupational therapists, dieticians, mental health services, advocacy groups, tissue viability nurses and speech and language therapists. Staff were proactive in ensuring that aftercare support was provided following specialist healthcare input. People's relatives and professionals told us that staff were exceptionally skilled in meeting the needs of people and spoke highly about the care and support at the home. One professional told us, "I found my patients always well looked after with personalised comprehensive care plans and my medical recommendations were always introduced and communicated in a timely manner."

People's care had greatly benefitted from the providers dedicated focus on training and development of staff. Staff had developed excellent skills to meet the specific needs of the people. Staff undertook dementia pathways training, an extended learning programme to ensure they had sufficient knowledge and skills to support people with dementia. Feedback from staff was overwhelmingly positive of the impact and effectiveness of this training. One staff member told us, "I am now able to understand body language better and can identify non-verbal clues to how people are feeling." Relatives had also been supported to access the provider's virtual dementia training to increase their awareness and knowledge of the condition and to see how staff were supporting their family members. The impact of the dementia pathway training was reflected in the quality assurance audits undertaken by the provider. Since its introduction, the service has seen a reduction in the use of anti-psychotic medication and distressed behaviour. Records showed that staff maintained a very high compliance standard in completing training in areas such as moving and handling, safeguarding and infection control. Staff completed specialist training in areas such as dysphagia and leg ulcer care. One staff member told us, "The training here really supports you to do job well, we have regular refreshers so we don't become complacent and we can learn new things. I find the training has supported my development but mainly improved the care I give to people." New staff attended a corporate induction programme which included training, shadowing experienced staff at the home and completion of the care certificate. The provider was robust in implementing competency checks and assessments to ensure staff training had been effective and that they possessed a good level of understanding before commencing their roles. One staff member told us, "Training improves all of our practices, as legislation and ways of working change, and it keeps our practice up to date and ensures residents have the best most up to date care."

People were highly complementary about the food delivered by a national award-winning chef and catering team. One person told us that the meals the chef presented were, "so tasty and attractive." The provider employed a Head of nutrition and hydration who ensured that food within the service met high nutritional standards. Staff ensured that people on the dementia unit had protected mealtimes to ensure their emotional wellbeing was promoted. Staff ensured that dining tables were not set up too early to avoid unnecessary confusion with people who were living with dementia. Staff were employed effectively during mealtimes to ensure that people who required enhanced support, such as people who were living with dementia, received it. Staff would plate up different foods and show it to people so they could make their specific choices, as they may have had difficulty remembering choices made earlier. Creative methods had been introduced to encourage those who people who were reluctant to eat. Following research completed by the director of memory care, the service introduced a project where specific stimulating aromas such as biscuits, bread and coffee, were specifically filtered through areas of the service. The providers research had identified that people living with dementia often forget or refuse to eat and drink regularly, which can increase their delirium and lead to rapid weight loss. The impact of the introduction of this system, was that people's appetites were stimulated to help them reconnect to food.

People's specific dietary needs relating to conditions such as diabetes and high cholesterol had been supported through specialist input. The kitchen staff held information for each person that identified

people's preferences and the individual risks with their nutrition which was updated monthly. The chef told us, "Before residents move in we get dietary notifications from the hospital, from the Speech and Language Therapy team." People who had dysphagia, a condition which makes it difficult to swallow, were supported by staff. The chef, and kitchen staff, who had received dysphagia training, would ensure that food was pureed to the need of the individual, then creatively reconstructed using moulds and thickener to match the appearance of the original dish. We saw examples of this practice. The impact of this was not only to ensure the safe nutritional requirements of the person, but it also made the food look original and appealing to the individual, and to preserve their dignity when dining with others. People were further supported to maintain their dignity when eating. Kitchen staff would carry out people's specific requests for their meals to be cut up when they were being prepared in the kitchen. The impact of this was that people did not require someone to sit with them at the table, allowing them to retain their dignity and independence while eating.

People had the choice to dine in two restaurants a separate Bistro and shop where people had 24-hour access to snacks and drinks. Comprehensive menus offered multiple choices for each of the three courses served. People had flexibility for when they chose to have their meals and could dine at any time during the day. We observed people accessing the dining room at different times during the afternoon according to when they wished to eat. People were able to freely access water and other healthy flavoured drinks from 'hydration stations' throughout the service. The impact of these was that people could independently maintain good hydration levels, promoting their physical wellbeing. Data that had been collated, that incidents of urinary tract infections had decreased by 57% since the introduction of hydration stations. People living within the dementia area of the service, who were unable to independently access fluids, were observed being offered drinks throughout the day by staff.

The service was decorated and furnished to a very high standard, and was open and spacious throughout. People's individual needs and wishes had been met by the decoration of the premises, and adaptations and designs had been carefully considered to promote people's wellbeing. For example, the top floor of the service was dedicated and designed for the care of people living with dementia. People had access to a secure terrace that enabled them to explore the space independently. The terrace had been adequately covered and shaded to ensure protection against excessive sunshine. This was because people with dementia can often take medication that makes their skin more susceptible to sunburn. People had access to raised flower beds for easier access, and the design of the terrace had been specifically tailored for people to explore and engage in gardening and quiet reflection. The service had been decorated and furnished to promote remembrance and memories. The areas had been designed with a retrospective theme and were decorated to stimulate memories and reflections for people. Within the communal hallway and outside the room of one person who was living with dementia, staff had arranged a decorative display of historical memorabilia and jukebox music that reflected the specific cultural, historical and recreational interests of that individual from that era. The purpose and impact of this was to orientate the person to their surroundings when they left, and returned, to their own private space, and to provide a stimulating and calming transition to the communal hallway. Staff told us that this had had significant impact on the person by promoting more access to the communal settings and therefore encouraging more social engagement with other people. We saw one comment from a relative that said, "The layout has been thoughtfully and creatively designed to be a stimulating environment for someone suffering from dementia, and the attention-to-detail felt truly person-centred."

Communal areas had been designed to support effective orientation for people and to maintain their independence. A small 'amenities' shop and post office, which was run by people, had been built mid-way along a long corridor. The provider had designed a 'bus stop' area with seating. Originally implemented to support one person who would get lost going to their room, this area had acted as a co-ordination spot for people living with dementia and a social area for people to interact. Corridors were well lit, had adaptive

hand rails and with regular seating, that promoted people's wellbeing by encouraging them to mobilise independently and safely. There was enhanced signage and visual aids throughout to make navigation easier for people with varying visual abilities. People had access to different areas to use for their preferred activities, including spa baths. There were many spaces for quiet reflection and for people to spend time with their families or visitors. The external grounds were accessible and well maintained, and had been paved to allow people of all mobilities and needs to safely mobilise, with or without the support of staff.

The provider was very proactive in ensuring that frameworks were in place for staff within the service and across organisations, to work together to deliver effective support. Staff contributed to three daily handovers on each unit of the home. Staff discussed up-to-date information on the wellbeing of each person that shift and what additional support was needed. The impact of this was that people received seamless and effective daily support from a staff team. One staff member told us, "We have a very comprehensive meeting every morning so we all know what is happening. We are a solid team with good communication." Staff participated in 'reflection' discussions at the end of each shift as an opportunity to discuss what had gone well and what improvements could be implemented. A staff member on the dementia unit told us that these sessions were very useful to unwind if the shift had been particularly challenging.

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 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).

The provider had implemented a DoLS tracker that provided clear oversight of the DoLS process within the service. Staff demonstrated a very good understanding of the Mental Capacity Act 2005, assessing the capacity of those who have been deemed to lack it, and the application of Deprivation of Liberty Safeguards. Staff spoke confidently about the five key principles of the MCA and of the impact that DoLS had on people. Best interest decisions had been documented to support decisions made and had been taken with the involvement, in all cases, of family members and relevant health professionals. The service had a nominated champion for mental capacity to seek best practice guidance and ensure that staff were kept up-to-date on guidance, practice changes and innovative approaches to obtaining consent.

There was a skilled and comprehensive approach to assess and determine people's capacity. The reminiscence co-ordinator told us, "I will always reassess capacity even for someone who has advanced dementia to ensure we are treating people fairly. I will assess multiple times in different environments and times of day to give people every opportunity to make decisions". This was demonstrated with an example where a person was assessed to have capacity through the flexible and comprehensive approach of staff. As a result of the provider's multiple approaches to assessing capacity, it was discovered that a sensory difficulty was preventing the person from fully communicating his wishes. By supporting the person to overcome the sensory barrier, they were deemed to have capacity. The impact of this is that the person continues to make decisions independently and is now appropriately supported in the service's assisted living wing.

Is the service caring?

Our findings

People and their relatives told us, without reservation, that the staff and management were very caring, kind and compassionate in the way they provided care. One person told us, "I can't think of a word to explain it, just wonderful. You can approach anybody. Everybody's helpful. So supportive, kind, quick." Feedback from one relative to the service said that the service was, "Loving, kind, happy safe, calm and personalised, giving dignity to everyone."

Staff were highly motivated to ensure that people received the highest standards of care. We observed warm, kind and caring interactions between staff and people. Observations confirmed that people were extremely comfortable when engaging with staff. Staff knew people well and adapted their support to ensure it was person-centred. One person told us, "Staff are second to none. So caring." One staff member told us, "We are always thinking of what we can do to make the home better for people, the culture is outstanding."

Staff were positively engaged in finding out about the histories, background and interests of the people they supported. This engagement was used to identify areas of support that could improve people's lives and wellbeing. One person had been supported through a period where they had become frail from refusing to eat and drink. In conjunction with health support, the person's designated care assistant spent days engaging with them and reflecting on their life and memories to support their emotional wellbeing. After discovering that the person wished to interact with horses again, which was their lifetime passion, the service arranged for the person, to spend a day at the local stables. Staff went further and arranged for a pony to visit the person who was bedbound in their room so they could touch the pony. The impact for the person of this caring and compassionate approach from staff was significant and staff saw a dramatic improvement in the person's emotional and physical wellbeing. Of the staffs caring approach to supporting people, one relative had commented, "All the staff go the extra mile, allowing a great deal of freedom, choice and understanding of individuals. There is excellent emotional and intellectual support."

Peoples equality and diversity was recognised and celebrated. The team's ethos, which the provider displays throughout the service, encourages staff and people to 'embrace diversity'. The provider actively promotes open discussion amongst staff to enable a supportive environment to develop. The provider demonstrated their inclusive values in actively extending support to a person from the Lesbian, Gay, Bisexual and Transgender (LGBT) community to attend the local LBGT festival that was very important to them. The person is also supported to access their choice of in house barber, a decision that is particularly important to them and reflects their choice based on their gender preference. People from the LGBT community are also provided with one to one support from the services' LGBT champion. An LGBT Champion at the service supports people, and staff, to ensure their needs are respected, whilst ensuring their rights and diversity are protected and celebrated. The service has people and staff members from diverse cultures and the provider looks to match carers with people to enable them to explore cultural needs. For example, the service supports people to celebrate an important religious festival in their calendar each year and uses staff from the same background to support them with this. The provider is also proactive in ensuring that diversity and cultural differences are promoted and supported amongst staff. For example,

the provider supports a staff member, who identifies themselves as gender neutral to wear a uniform that they feel comfortable in and which respects their choice and dignity. The impact of this is that the service maintains an open and honest relationships between staff and people where diversity issues are both protected and celebrated.

People interacted with each other and with staff enthusiastically and happily. Observations showed that staff were aware of how much personal interaction each person wanted and felt comfortable with. We observed staff constantly interacting with people on a one to one level when required, with staff offering warm touches, like holding hands or resting a hand on someone's arm when talking with them or when providing some additional emotional support when they felt they needed it. Staff recognised immediately if people were confused or upset and responded with compassion and kindness. We observed one staff member being very attentive to a person living with dementia who was showing signs of confusion and distress. The staff member showed immediate and genuine concern for the person and was able to quickly reassure them.

The provider and registered manager had embedded a proactive approach to ensure that staff had a very strong person-centred approach to the care they provided. The registered manager and coordinators led by example in this area. Staff spoke very positively, and without exception, about the caring environment and ethos that had been created. One staff member told us, "We as a team have a way of making people feel comfortable. It is about the way we do it which is having that something special in our approach. We always have time for the residents and nothing is too much." Another staff member told us, "All the team go above and beyond and think outside the box to meet people's needs and improve their quality life. The team often do little things in their own time because they care." The staff member cited an example where a staff member had proactively sourced a ticket for an important football match for a person who supported a local football team.

People received compassionate and personalised support to people when they first moved to the service. When new people moved to the service they received a dedicated carer to be with them for their entire first day, regardless of their level of need, to orientate to their surroundings and to settle them into the service. The impact of this is that it reduced the anxieties that people may develop during the transition from their own home environment, and provided people with a personalised and compassionate introduction to the service. One person, who was living with dementia, moved to the service from hospital after suffering a fall and seizure. Although previously assessed as requiring palliative care, the staff's caring and dedicated approach to their transition had a dramatic effect on their wellbeing. The person's relative had said, "My perception of the staff is that they have extraordinary patience, but also demonstrate genuine compassion and I'm sure this has contributed to my husband's growing strength and energy." Another relative commented about their family members support to move in, "The whole process of trying to find permanent residential care is very traumatic and nothing could compare to Sunrise. The whole process was so smooth and staff have been helpful and supportive every step of the way. It gives my sister and I great comfort to know our (relative) is being well looked after in a place that feels 'alive' and stimulating."

Staff were patient in often responding to some people's hesitance to engage in tasks and activities. One relative told us, "Staff encourage mum to get involved in activities, but she is not always wanting to join in, they leave her for a while and try again." Another person's support plan indicated the emotional and practical support they needed from staff, "I am an exuberant man with a great sense of humour. I love company and need lots of reassurance to feel safe. I sometimes forget where my wife is who has recently passed away. Please spend time with me I love to chat and enjoy discussing the times newspaper." We observed a staff member during the inspection sitting with the person creatively engaging him with stories from the newspaper they were reading together. The impact of this was that staff were particularly sensitive

to times when people needed caring and compassionate support, and delivered it in the way that they needed it.

People's views were actively sought, and acted upon, by staff, and were involved creatively in decisions about their care. People were involved in the development of their care plans in order to capture every element of their background and support needs. Care plans considered people's religious and spiritual needs, and documentation considered how people liked to express themselves. People's views were sought on the quality of new technology and products that the provider was looking to introduce. By seeking the opinions of people on what they found useful about the technology, they could identify what could make the products more effective. For example, dementia focused puzzles were trialled and people fed back that the colours weren't vivid enough to enable people to use them effectively.

People with communication difficulties were supported in creatively to ensure their views were obtained as much as possible. For example, one person who was living with dementia, had particularly challenging communication issues. The person's physical decline was such that they went from being able to communicate their views and wishes, to being sedentary and spending considerable time with their eyes closed. Staff identified certain activities that were more stimulating in encouraging the person to open their eyes and engage. Staff then integrated these activities into the person's care plan to ensure the person was given maximum opportunity to open their eyes and communicate their wishes and needs.

Respect for people's privacy and dignity, together with the promotion of their independence, was at the heart of the service's culture and values. Staff treated people with the utmost dignity and respect. Sufficient staff numbers, together with the caring ethos that staff possessed meant that they had time for people and could sustain and develop positive interactions. Throughout the inspection there was an atmosphere that was positive, happy and stimulating. One person told us, "It's brilliant. The whole atmosphere." This demonstrated that staff's training and their continuous development had contributed to the caring attitude being embedded across the service. Staff supported each other well and provided emotional support and words of support to each other that improved their own practices. This was reflected in the respect observed being given to people at the service. One person told us, "Staff show a lot of respect."

The provider was proactive in finding ways to promote and respect people's independence. One person, who was unfamiliar with the local area, was supported to visit their spouse in a local nursing home. Staff discussed with the person about using tracking technology that would allow them to independently visit their spouse but remain safe. With the person's consent, they have utilised this technology very effectively in independently exploring the local area. Another person, whose physical dexterity was limited, and who found it difficult to utilise cutlery to eat, was supported patiently and compassionately by staff to regain the skill. The person had identified an outcome of being able to dine, unsupported, at a family members wedding, which they were able to do. The impact of this promotion of independence was that their dignity was regained and promoted proudly to their family.

Is the service responsive?

Our findings

People experienced a responsive service where staff went above and beyond to ensure people's needs, wishes and aspirations were at the forefront of everything they did. People, relatives and professionals consistently gave us feedback about how the service was exceptionally personalised to meet people's individual needs. One healthcare professional told us that the service was, "on the whole very person-centred." One staff member said, "We all care, we make it fresh, relevant and tailored to people's needs. Not everyone wants to do the same thing."

People were supported to live as full a life as possible. People's likes and dislikes were identified so they could be incorporated meaningfully into an activity for each person. People needs and wishes were supported through the innovative use of new technology. For example, within the reminiscence neighbourhood, consideration had been given to activities for those living with dementia. Staff continuously sought for ways to improve care so people had positive experiences and led fulfilling lives. There was an innovative approach to using technology to support people. People living with dementia were able to access a motion activated projector table, or Magic table as people named it. This was an interactive visual table for people within care settings to become involved in physical activities that stimulated movement, communication and mental engagement. This technology had been beneficial in improving the emotional wellbeing, co-ordination and communication of people. Staff had supported a person with very limited means of verbal communication, who rarely opened their eyes and was reluctant to engage in activities. The person was supported to explore the activities within the technology table and began to engage proactively in a swiping programme that required adding colours to detailed pictures. Staff obtained feedback on what gave the person pleasure from the repetition of certain activities, which has allowed staff to tailor other activities around them. The technology has also improved the person's physical wellbeing by increasing their upper body mobility through interacting with the table. One comment from a person's relative was, "We have never seen such a lovely place for the dementia patients you have in your care. They all appeared very happy and all doing different things to keep active."

People had access to a gardening club and extensive garden areas, which they were empowered to organise and maintain. People had made decisions on the layout and contents of the communal garden areas, and were able to help themselves to the fruit and produce they had been supported to plant and care for. People living with dementia were involved in an annual project to make hanging baskets, which they did in conjunction with staff from a local nursery. People had access to a large lounge where they could watch films on a large cinema screen that the provider had installed following a number of requests from people. The popularity of this prompted the management to organise a Golden Oldies Club for people where they could watch films of previous eras and were served popcorn and ice cream by staff.

People's life histories and interests were used effectively to provide person-centred activities. For example, one person living with dementia who often expressed distressed behaviour when engaging in social situation, was known to increase their engagement with the aid of classical music and singing. Staff supported the person to attend a prominent classical concert. Staff demonstrated a willingness to open personalised activities out to the wider service and staged a 'Last Night at the Proms' concert at the service

where people experienced the trappings of a night out. People had access to an extensive and wide variety of activities which they selected themselves. An interactive television was used for people to complete quizzes and activities. People had access to a pool table and a well-stocked library to promote mental stimulation. We observed people engaging enthusiastically with the activities coordinator in a giant interactive crossword puzzle, a regular session that people informed us they found very enjoyable and stimulating.

People requests for further activities to encourage exercise and promote their physical wellbeing had been responded to. In partnership with a local rehabilitation company that specialised in neurological physiotherapy, the provider introduced sofa cycling machines, designed for the older population. The impact of this was that people could safely engage in an activity that enhanced their physical wellbeing. At the time of the inspection, the provider was trialling a virtual reality system whereby people could undertake this activity in front of a big screen that would track their progress through bespoke routes in the local area, to give the feeling of real outdoor cycling. Aromatherapy scents and installed mood lighting were located around the Reminiscence wing to stimulate people's senses. People could experience personalised pampering sessions in areas specifically designed for women and a parlour for men. A small shop was located in the communal area where people could purchase small items and toiletries. The shop was run by both people and staff and had allowed people who were former shopkeepers to gain a sense of fulfilment and dignity through supporting other people at the service.

A staff 'Host' role had recently been developed which had been specifically designed to support people to bridge the gap between care and activities. Staff told us about one person who had experienced a difficult relationship with one close relative, in part due to the relative's lack of understanding about their family members dementia. The host acted as a support to the person when they engaged in social activities and private events with their relative. The host was able to act as mediator, and interpret actions and responses by the person, to their relative. The impact of this role for this person was that it supported them to maintain, and improve, this important relationship with their relative.

Staff used creative methods of physical rehabilitation to stimulate and encourage the independence of people. For example, one person was observed, by staff, attempting to eat using utensils despite being unable to eat independently for years. Staff began working with the individual over months to utilise flexible ball exercises to build up strength and dexterity in their hands, with a goal of eating independently utilising cutlery. With this support from staff the individual could eat independently again. The person's success in being enabled to recover this skill was reflected and demonstrated at a family celebration where he could eat with dignity and independence. One person was living with advanced Parkinson's disease. Whilst living at home, the person had found it easier to mobilise on the floor due to their condition. Staff ensured that this information was prominent in their care plan and ensured that their environment was considered to allow them to continue to exercise this choice safely.

Staff used an electronic system for staff to document the support they had given people, and used laptops or station mounted units on the walls to complete this. We observed a staff member using the system to record their interactions with a person they had just supported. The staff member explained that this system had significantly cut down the time writing notes and that they could, "Now spend more time with the residents." Staff told us that they preferred the system as it provided up-to-date daily information and they could log the support as they completed it. The system also positively impacted on the responsiveness of staff. Staff could enter alerts on the system, for example when people had suffered a fall. The alerts were transferred directly to the nursing station to ensure rapid medical response in the event of falls.

Staff were exceptionally responsive to people's individual's needs. When providing personal care to people,

staff were diligent in ensuring that care was delivered how the person wished for it to be. One staff member told us, "If people refuse personal care we try different approaches and we allocate staff to people's choices. We work in a very fluid way." We observed staff responding to a person's specific preferences during a medication round. One person has specific requirements on how they wished for their medication to be dispensed and administered to them. The lead nurse stated, "She prefers you to mix the sachet in water in front of her." This information was being given to a new nurse who was shadowing the more experienced lead nurse. The impact of this is that not only are people's specific nursing needs delivered to them in a way they wished, but that person-centred information was being shared between staff.

We observed a handover session where staff discussed a new resident who was moving into the dementia unit that day. The neighbourhood co-ordinator provided staff with an excellent background history of the person, that included specific details about their life, their likes and dislikes and as well as important care and support needs. Staff were actively engaged in discussions and showed a genuine and warm enthusiasm for the new person arriving at the service.

The provider was proactive in ensuring that the service complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Signage was provided with braille throughout the service for people with visual impairments. The provider also provided a hearing loop for people with hearing issues. Staff utilized talking books and newspapers and documents with large print to make sure people understand the information they receive.

People knew how to make complaints and told us that actions were taken to address any concerns they had. We saw evidence of responsive and timely acknowledgements to people who had raised concerns. Where it was deemed necessary, the provider had arranged meetings with complainants to apologise and discuss where improvements were to be made. The service was proactive in ensuring improvements had been made because of concerns. One complaint prompted a service review and had resulted in the provision of additional suctioning equipment that was used to remove substances from a person's airway. We saw positive feedback from a relative on how staff had handled their complaint when they had called the service. The relative praised the staff member for ensuring that they spoke to a member of the nursing staff quickly, stating "He explained (person's) condition very calmly, with compassion, in layman's terms. He answered my questions, and upon my asking gave me the benefit of his experience when faced with these symptoms before". People told us that they would be happy to raise concerns and would speak to any of the staff or management if they needed to.

People received compassionate and dignified end of life care that respected their wishes. The provider's support extended fully to family members and those closest to the person. People were given the opportunity to discuss their end of life care and this information was documented in Peace Plans, which recorded the person's wishes for how they wished to be cared for. Advice had been sought from external healthcare professionals, equipment hired if needed and anticipatory medicines had been prescribed and were stored at the home, should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. Staff received end of life care training from staff at the local hospice. One example of a compassionate response by the service to the passing of a person at the service was shown. Staff placed a picture and candles on top of the piano in the main lobby so that the person's memory could be shared by others they lived with. People and staff showed their respect by lining up when the person left the service for last time. We observed several comments from relatives about the quality of compassionate support that staff gave them and their family members at the end of their lives. One family member said, "Our father was only with you for three weeks but they were possibly some of the most important weeks of his life. They were his last and each and every one of you gave him peace and comfort

and great, great kindness. Your kindness and compassion extended to all of this family members."

Is the service well-led?

Our findings

People at Sunrise benefited from an exceptionally strong management team and proactive provider who made people at the centre of the work they did. The registered manager had a clear vision of the direction and standards she wished to see at the service. The management team worked hard to ensure that care and support continuously improves and that people experienced a better quality of life. The management and provider were very effective in conveying their vision and values to staff so that person centred care was at the forefront of the support they delivered.

People were actively supported by a leadership team to be engaged and involved. People had been supported to establish strong links with the local community and public that had enriched their lives considerably. For example, senior staff had attended a local school to give a talk and engage with younger students about living with dementia. Following this talk, people within the reminiscence neighbourhood linked up with students from the school to assist them with an art project. At the service, students were paired with people to create tactile fabric art that was based on an aspect of the life of the person at the service. People could relay elements of their lives and personal histories with students, who then donated the collaborative art work back to the residents to display. In line with this approach of engaging people with younger generations within in the community, the service has looked to extend its approach to intergenerational therapy. Intergenerational therapy looks to improve the cognitive functioning, as well as the social and emotional wellbeing of older adults, through engagement with younger generations. The management organised for children from a local nursery school to attend the service and interact with people in activities, such as the interactive magic table.

The management team was proactive in engaging people in community projects and fundraising activities. On a weekly basis, people within the reminiscence neighbourhood bake biscuits and sell them to family and visitors to raise money for a charity that they chose dealing with animal welfare. There were established links with local emergency services and their personnel, such as police and ambulance, for dementia friend sessions. Emergency personnel were encouraged to drop into the service to meet and have coffee with people and to establish closer links with staff.

The service successfully worked with other external organisations as part of their development and sharing of best practice. Registered nurses and champions formed partnerships with tissue viability nurses, heologic specialists and orthopaedic consultants to successfully implement innovative practices for the treatment of wounds. The service has appointed Link nurses who work in partnership with, and receive specialist training from, professionals in falls management, continence, infection control and dysphagia. These close links ensure that staff deliver up-to-date care and treatment methods, and best practice, to people at the service. The provider worked in partnership with the Alzheimer's Society, the local Community Dementia Team and the police to develop Sunrise as a 'safe haven' for people living with dementia in the community who found themselves in crisis or immediate need. The service would act as a place of safety for that person until the necessary authorities intervened and support could be provided. The management team were at the forefront of promoting dementia awareness and seeking to embed outstanding practice in dementia support throughout the service. The registered and deputy managers had formed partnerships with the

Alzheimer's Society to train as Dementia Champions. They have used these roles to share knowledge and guidance on the personal impact of dementia and what others can do to support people.

The providers commitment to continuous learning and improvement was embedded in the learning opportunities and training framework it offered to staff. The staff were actively encouraged to develop leadership skills and pursue extended learning in areas of specialist support. A member of staff had completed a teaching course with Parkinson's UK to become an accredited trainer for the charity. This learning and training is cascaded to staff to ensure continuous and sustained improvement in the delivery of care to people living with parkinson's disease. There was a clear career pathway that offered leadership training and development that was tailored for all staff. There were two fully trained nursing mentors, with a further two members of staff completing the training at University, so that the service could take on, and mentor, nursing students. The provider also organised regular Nursing Alliance meetings at the service. These were forums for other nurses within the care sector to visit the service and gain support, share best practice and training advice with staff. The impact is that nurses will keep up to date with current medical practices and introduce student nurses to working in the care sector, as well as ensuring that clinical governance at the service stayed at the forefront of leading practices.

The managements drive to enrich the lives of people through the continuous improvement of staff and care delivery was evidenced in the awards that had been achieved nationally. Staff had been rewarded for their outstanding engagement with people at Sunrise. The reminiscence co-ordinator was the recipient of the Resident Engagement award at the National Care Awards. This is a national event recognising excellence throughout the care industry. The website states the awards were "created to highlight and pay tribute to the care home teams making an outstanding contribution to caring." This was in recognition of the work undertaken to involve people in sharing their views to make improvements in the care and support provided. The service were also finalists at the National Dementia Awards for Best Dementia Team and Dementia Care Inspiring Leader. The service had also been recognised for the development and quality of the food it provided when it was awarded the National Association of Care Catering's 2015 award for Care Establishment of the Year. The provider had introduced other staff engagement strategies such as the Heart and Soul Awards, which looks to recognise and reward staff across the wider company for above and beyond delivery of care. We observed the impact of this through our conversations with people and staff. Staff told us how proud they were of the service's accomplishments and these successes drove them on to make further improvements. One staff member told us, "We are always thinking of what we can do to make the home better for people, the culture is outstanding."

The views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements. The providers ethos of continuous improvement to drive positive changes in the service was evidenced in its efforts to obtain feedback and to involve people, their relatives and staff. People and their relatives were involved in the development of their own Individual Service Plans to allow a more detailed and personalised approach to care planning. Family members of people in the Reminiscence neighbourhood are invited to a quarterly meeting to advocate and represent residents living with dementia. We saw evidence of regular and comprehensive Resident's Council Meetings which are held monthly. Minutes of these meetings showed that residents questions were a priority for staff to address where required. Residents are also invited to feedback their views and suggestions through an annual resident survey. Staff surveys are completed externally to allow a transparent and independent approach to feedback. The provider was exceptionally responsive in making comprehensive changes because of feedback it received from people and relatives. For example, a daily call bell audit was introduced following feedback from surveys undertaken in 2017. Daily audit information was analysed and discussed at daily 'huddle' meetings so that staff could discuss improvements and suggest resolutions to any issues raised. This impact of this was exceptionally well monitored and responsive practice in ensuring people remained

safe. Outside of formal approaches for engagement, the management had implemented other ways in which people and staff could feedback their opinions and suggestions. People were encouraged to make suggestions which they could return discreetly through suggestion boxes. Management ensured that staff could openly offer praise and support for fellow team members, through a message board in the lobby where staff had pinned messages of appreciation to each other.

Sunrise of Eastbourne had a registered manager who had been in post since January 2015. The registered manager worked very hard to ensure that the care people received continually improved. Feedback from people, their relatives and staff was overwhelmingly positive about the leadership and management. The registered manager was enthusiastic and fully committed to ensuring staff were trained and skilled to a high standard and recognised that this was essential to providing high standards of care. One staff member told us, "The company is good at keeping you up-to-date with best practice." Another staff member told us, "We are well supported by our national dementia team lead who is fantastic, we have quarterly forums to get together and share best practice, talk about projects to improve quality and make things better." Staff told us they felt very well supported by the management structure. Staff told us that quality assurance was accepted as the responsibility of all staff, and they spoke proudly of the responsibilities they held to ensure excellent care for people. Staff spoke very positively about the support, guidance and drive to continuously improve that came thorough from the management team. One staff member told us, "I feel really supported by Nancy (deputy manager), she is excellent and always there if I need to ask for something. She is committed to my personal development which has allowed me to get to a level of promotions." Staff were supported through a variety of engagement strategies such as a staff recognition programme, Heart and Soul awards, the Your Voice Counts feedback system that allows staff to share their thoughts and ideas on the service and through a very thorough annual staff survey. Staff also had access to an employee assistance programme that supported staff by recognising their contribution to the company, while a Good Samaritan Fund had been initiated to support staff should they experience unexpected financial hardship.

The management team had a robust and highly structured quality assurance system in place to assess and monitor the service delivered. The registered manager ensured that these systems were continually reviewed, evaluated and improved people's care. The provider used a number of systems to monitor and evaluate the quality and effectiveness of the service. The provider's regional dementia team undertakes a dementia audit which, amongst other performance indicators, assesses the understanding of staff of the principles of the Mental Capacity Act (2005). The service received rigorous regional care assessments, and undertook its own audits, that assessed quality in areas such as falls and incident management, medicines management and wound care. The regional audit also assessed, in detail, the competency and knowledge of staff on supporting people who exhibit distressed behaviour. Management ensured that all training and supervisions were closely tracked and monitored to ensure that compliance with person-centred training is high and that staff are suitably supported. Medicines and clinical outcomes are monitored monthly and reviewed in clinical governance meetings. They also reviewed reported incidents and accidents related to falls, health and any errors made when providing care. They used the information to drive improvement within the service. All the information was recorded and actions taken to address any concerns.