

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
Little Addington
Kettering
Northamptonshire
NN14 4AU

Tel: 01933650794

Date of inspection visit:
12 August 2020
13 August 2020

Date of publication:
30 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

Risks to people had not consistently been mitigated. We identified concerns around fire safety and infection control. Peoples individual risk assessments were not reviewed regularly to ensure the information was current and relevant in mitigating risk.

The provider and management team had not consistently maintained effective oversight of the safety and quality of the service and lessons had not consistently been learnt when things went wrong.

Medicine records were not consistently completed to ensure people received their medicines as prescribed. Medicines were stored safely and were administered safely by senior members of staff.

Some improvements were required to the recruitment process to ensure staff were recruited in line with current legislative requirement. Criminal record and barring checks were completed. There were enough staff available to meet people's needs and people and their relatives spoke positively of the staff and management team.

Staff knew people well and demonstrated a person-centred approach to care that supported choice and decision making but relatives did not consistently feel involved in the planning of care.

Improvements were required in record keeping for people to ensure oversight of people's health and to allow for early recognition of a decline of health. There was evidence of partnership working with professionals to support people's healthcare needs.

The home was not consistently clean and was visually unkempt. Further refurbishments were required to ensure a homely environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice. Deprivation of liberty safeguards had not consistently been applied for. Mental capacity assessments were not completed and best interest decisions were not recorded.

People were protected from the risk of abuse. People and their relatives knew how to raise concerns or make a complaint if needed.

PPE (personal protective equipment) was readily available, and staff used this appropriately.

People, staff and relatives spoke highly of the provider management team. Staff told us they felt well supported.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunrise Care Home on our website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about infection control and people's safety. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

During the inspection the provider took action to mitigate some of the risks, further improvements were needed to ensure risks all were mitigated.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and managerial oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunrise Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager application had been submitted and was in process at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced; however, we spoke to the manager on the telephone before entering the service. This supported the home and us to manage any potential risks associated with Covid -19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, two care workers, a senior care worker and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, refurbishment plans and a water temperature policy.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Fire risks were not consistently well managed. The personal emergency evacuation list to be used as a quick reference for staff and emergency crews did not provide clear information on who would need support to evacuate. There were duplicate room numbers across the buildings fire zones and zones were not labelled. This meant there was a risk of confusion during an evacuation. We discussed this with the manager who arranged for temporary signage on the second day of inspection.
- An emergency fire exit door alarm did not sound on opening, the closure mechanism on the door was broken. This meant there was a risk of people with dementia exiting the building unnoticed.
- The risk of legionella was not managed effectively. Hot water was not stored at an appropriate temperature, there was no record of the flushing of unused water outlets, no schedule for the descaling of shower heads and routine water testing was overdue. This placed people at risk of developing Legionnaire's disease.
- People's risk assessments were not consistently completed and reviewed. One person's risk assessment had not been reviewed to include the use of moving and handling equipment, the information was outdated and was relevant to the persons past mobility. Another person who was at risk of severe side effects due to a health condition did not have a risk assessment or care plan. This meant staff did not have information needed to mitigate risks to people.
- Staff had not consistently recorded information or recognised changes in people's usual health effectively. This had led to a delay to identify decline in a person's health and ensure timely access to medical care which may have prevented a hospital admission.
- Medicines were not consistently managed safely. Individualised PRN (as required) protocols to support the safe management of medicines were not consistently in place for staff guidance. This meant people were at risk of not receiving their medicine as prescribed or when needed.
- Window opening restrictors were not fitted in line with the Health and safety executive requirements and the providers policy. This put people at potential risk of falls from height.
- The provider had not ensured that government guidance was adhered to regarding the admission of people to care homes. The guidance states that new admissions should be self-isolated for 14 days. We identified a person in the communal area of the home who should have been in isolation. This had exposed people to the potential risk of contracting Covid-19.
- The provider had introduced temperature checking of visitors on arrival to reduce the risk of Covid-19. However, staff had not noticed that the thermometer was consistently recording low temperatures. This was highlighted by the inspector and the thermometer was replaced on the second day of inspection.

- Cleaning records had not consistently been completed. We found some surfaces in the home such as window sills and radiator covers required more frequent cleaning to prevent the build-up of dust and dead insects. However, People's bathrooms, furniture and bedding appeared clean and were odour free.
- There was no evidence of increased frequent cleaning of high touch areas to prevent the spread of Covid-19. The manager advised that door handles were cleaned at shift changes and they would ensure light switches and other frequent touch areas were included following the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A designated room at the entrance of the building with handwashing and clinical waste facilities was available for putting on and taking off personal protective equipment (PPE). This ensured that staff and visitors were wearing appropriate PPE before entering the main area of the home. We observed staff were wearing PPE in line with government guidance.
- Medicines were stored and disposed of safely. Regular temperature checks of the medicine's storage area took place and medicines were stored in locked tamper proof cabinets.

Learning lessons when things go wrong

- Lessons were not consistently learnt when things went wrong. For example, the provider and management team had not ensured that risks around Covid-19 were consistently reduced despite experiencing a previous outbreak. This meant that people were at an increased risk of infection.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "I use the call bell sometimes, they answer quickly, I have never known them be longer than 5 mins." Staff told us there were enough staff deployed across shifts to ensure people's needs were met. One staff member said, "There are enough staff per residents (when referring to staffing ratios)."
- Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. "One person said, "I feel safe, I would tell [deputy manager] if I didn't." A relative told us, "[Relative] is safe, there is no ill treatment there."
- Staff were trained and could competently explain signs of abuse. Staff understood that they could report abuse to the local authority and the Care Quality Commission as well as the manager and provider.

Is the service well-led?

Our findings

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

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

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

- The provider had not maintained effective oversight of the quality and safety of the service. A newly implemented auditing process was not yet embedded in practice and required further review to ensure this was effective. The most recent audit had not identified issues we found during the inspection. For example, the medication audit had not identified the missing PRN protocols and the environmental audit had not highlighted the safety concerns around legionella and fire. This meant that people had remained at potential risk.
- Systems and processes around recruitment required some improvement to ensure they were fully compliant with regulations. For example, we found that a record of interviews was not kept on staff files. One staff member had not completed a health declaration and a reference from their most recent employer had not been obtained. There was no evidence on staff files of an induction process to ensure staff were well supported and demonstrated competency. The provider had not maintained oversight of the suitability of staff for their role.
- Systems and processes had not identified that mental capacity assessments had not been carried out where required, Deprivation of liberty safeguards (DoLs) had been applied for prior to the thorough completion of a mental capacity assessment. The provider had not implemented a Dols tracker to provide a clear picture of who had a DoLs and who didn't, however a tracker was in place by the second day of inspection. Where decisions had been made in people's best interest this was not recorded. The provider could not evidence the legal authority required to deprive people of their liberty.
- Staff had not received regular supervision and appraisal. The manager was in the process of compiling a schedule to ensure oversight and would be arranging formal documented supervisions and appraisals as soon as possible.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This placed people at potential risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The home was visually unkempt with tired décor and furnishings. The garden was untidy with discarded rubbish and an inadequate amount of suitable seating to support good use of this space. Further

refurbishment was required to ensure a pleasant living environment. Staff told us they were completing some of the work themselves. For example, staff had stripped wallpaper in their spare time to help improve the environment. The provider was in the process of recruiting a handy man.

- Prior to the inspection the manager had recognised that the current system of staff recording information about people electronically was not effective. Record keeping was inconsistent and sporadic. The manager had started to implement an alternative system to ensure better oversight, this would need to be continued and embedded into practice.
- The provider and management team were open and transparent throughout the inspection and accepting of findings that identified a need for improvement. Some issues were addressed by the second day of inspection. An action plan was in place promptly following inspection to address concerns raised from our feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively of the deputy manager and staff team. We observed that the staff and management team knew people well and demonstrated a person-centred approach in how they supported people. One person told us, "I need my bed sorting out so it's how I like it, [deputy manager] sorts it out for me."
- People were encouraged to make decisions around where they wanted to spend their time and what they would like to eat. One person made a specific request for a meal, we observed the deputy manager making enquiries for a special food order to ensure the request could be fulfilled.

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

- Relatives had not consistently felt involved in helping to plan people's care. One relative told us that although they had been asked for some basic information for care planning this had not included personal preferences and the person would be unable to communicate this for themselves. Another relative said they hadn't been invited to contribute to the care plan.
- People were recently supported to be involved in and share views on the service. There was evidence of a residents meeting from July with monthly residents' meetings scheduled going forward, this would need to be continued and embedded in practice.
- Socially distanced visits had resumed with relatives to support people's wellbeing.
- Staff told us they felt well supported by the provider and management team. One staff member told us they had been well supported during a period of ill health.
- The deputy manager worked in partnership with other professionals such as GP's district nurses and chiropodist to ensure any specialist needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were informed if something went wrong or if there were changes in people's health and social care needs. People and their relatives told us they would speak to the deputy manager if they needed to and were confident complaints would be dealt with. One relative told us, "The minute there is a problem they will be onto it." A person told us, "I haven't had to make a complaint, but I would if I needed to."
- The registered provider and management team had demonstrated transparency by reporting incidents to the local authority and CQC appropriately when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the risks to people and risks in the environment were effectively assessed recorded and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained effective oversight of the safety and quality of the service.