

Sunshine Care Group Ltd

The Vale Care Home

Inspection report

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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

About the service

The Vale Care Home is a residential care home providing personal and nursing care for up to 40 people aged 65 and over. At the time of the inspection 26 people were being supported. The home provides accommodation over two floors, communal areas, bedrooms and bathrooms were on each floor.

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

Improvements had been made in response to our last inspection findings. These improvements needed to be embedded and sustained by the provider.

Systems had been improved to reduce the risk of harm to people. Most people or their representative knew how to raise a concern and who to.

The impact of people's health conditions, skin breakdown and harm had been reduced through assessment, support and monitoring by staff.

Measures were in place for the safe emergency evacuation of people.

People were supported by enough staff to meet their needs. The provider was recruiting more staff to work at the service to reduce the impact on staff working additional hours and to reduce the need of agency staff.

People received their medicines as prescribed. Some improvements had been made in 'as required' medicine protocols. Medicine audits took place and action was taken when errors were identified.

The management of infection prevention and control practice had been improved. Personal protective equipment (PPE) was used by staff following the current guidelines to reduce the risk of cross contamination and transmission of COVID-19.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-Led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The service provided support to five people with a learning disability. The provider took action immediately after the inspection to review the home's statement of purpose and submit a notification to add people with a learning disability as a service user band. The registered manager had identified to the provider training to

raise staff awareness and understanding in supporting people with a learning disability.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 November 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We identified breaches in relation to safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The Vale 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors. An expert by experience undertook telephone calls to family and representatives of people receiving 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.

Service and service type

The Vale 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 dependent on their registration with us. The Vale Care Home is a care home registered to provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service. Our Expert by Experience spoke with seven relatives of people receiving care. We spoke with professionals visiting on the day of inspection. We also spoke with eight staff including the registered manager, nurses, senior care staff, care assistants and domestic staff. We looked at a range of records. This included care records for three people, multiple medication records, a variety of records relating to the management of the service, including policies and procedures.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that people were protected from the 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.

The provider responded immediately after the last inspection. Measures to ensure people received the required risk assessments and treatments were put into place.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Some improvements had been made to manage risks safely, however, further improvements were needed. People's risk assessments had been reviewed and updated. This information had not always been transferred in its entirety to the new electronic care system to ensure consistency.

The provider took immediate action following the inspection to transfer all care information into the new system.

- Risk assessments were completed to reduce the risk of skin breakdown and manage the impact of sore skin. Staff monitored and recorded people's skin condition. Referrals were made to the appropriate professional for advice, for example, the tissue viability nurse. Staff implemented treatment advice, including the application of prescribed creams. Weekly monitoring took place by the registered manager and nurse to monitor for improvements or any deterioration.
- Assessments identified where people had long term health conditions, for example, diabetes. Staff followed guidance to support and monitor the person's condition and identify indicators of any deterioration. For example, a person was referred for medical support due to unstable blood sugar monitoring results.
- Risk assessments were completed to reduce people's risk of harm. For example, a fire-retardant blanket was used to reduce the risk of harm to a person with physical support needs who smoked.
- Information was available to ensure people would be supported safely in an emergency evacuation situation. Personal emergency evacuation plans were completed and up to date for everyone living in the service.

Using medicines safely

- Some improvements had been made to managing medicines. Protocols were in place for 'as required' medicines. Some of these protocols required further detail to ensure people's medicine was administered consistently by staff. For example, a description of how a person expressed pain.

The provider took immediate action after the inspection and introduced a proforma to develop protocols consistently as well as undertaking a review of all 'as required' medicine protocols.

- Medicine audits were completed monthly by registered manager and nurse. Some areas for improvement were identified and actioned, for example, recording the efficacy of as required medicines and medicine administration errors. Not all errors had been picked up by the audit, for example, a stock control record error and missing double signing of handwritten instructions on a medication administration sheet.
- People received their medicines as prescribed. One person told us, "Staff help me with my medicines as I struggle with them. I think they do this well." A relative told us, "My relative can sometimes refuse to take medicine. They (staff) don't force them to take medication. They do take it most of the time."
- People or, when appropriate, their relatives were informed of medicines being taken and any changes. One relative told us, "My relative had antibiotics prescribed for a condition and recovered. They have tablets for diabetes, and it is under control." Another relative told us, "My relative now has eye drops and doesn't need blood pressure tablets. They have had no recent chest infections."

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available to support people's needs. This placed people at risk of harm. This was a breach of regulation 18(1) (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the last inspection. Measures to ensure people received the required risk assessments and treatments were put into place.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(1).

- There were enough staff deployed to meet people's needs. The provider used a dependency tool to identify staffing requirements. The manager regularly reviewed the dependency tool and update the staffing rota to make sure enough staff were on shift.
- People and their relatives told us they believed there were enough staff on shift. One person told us, "Staff make me feel safe and support me when I need help with something." A relative told us, "I think they are well staffed during the day when I visit."
- Where required members of staff had worked additional hours and agency staff used to ensure staffing requirements were met to keep people safe. A relative told us, "I think staffing must be a challenge with COVID-19 going on. I think my relative does get the care that they need."
- Recent recruitment by the provider had been successful and resulted in more care staff being employed to work at the service. The recruitment campaign was ongoing to ensure the impact on staff was reduced. The registered manager had introduced a personal file audit to ensure safe recruitment procedures were followed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes had been improved to reduce the risk of harm to people. Systems were in place for the recording and reporting of safeguarding incidents, investigations and outcomes. Safeguarding incidents were reviewed to identify reoccurring situations.
- Staff had attended safeguarding training and felt confident to recognise and report abuse. Some staff had limited experience to raise an alert but said they would feel comfortable to do so and knew who to report to.
- People and relatives consistently told us they felt safe in the home. Relatives were kept informed of concerns, including bruises and bedsores. One relative told us, "I do think it is safe. Staff contact me if there are any problems. I am told about any accidents."
- Most people and their relatives knew how to raise concerns and felt comfortable to do so if necessary. One person told us, "I feel safe here and don't think anything needs to change but I would raise any concerns with the manager if I needed to."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visitors to the service in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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

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

- The provider had introduced a new electronic care plan system. Not all information had been transferred into the system. There was no audit in place to identify what information was missing, where it could be found and by when it would be available in the system. The provider did not have oversight of the roll out of the new system. People were at risk of care being omitted or receiving inconsistent care.

The provider took immediate action following the inspection and set a completion date for the transfer of all information into the new system by the end of February 2022. The registered manager identified the electronic system was able to facilitate a care plan audit and planned to implement this going forward.

- People did not always have access to a call button to alert staff they required assistance. One person did not have a call button in their room, another person was unable to reach their call button which had been placed out of their reach on their bed frame. People told us staff came if they called for them. Relatives told us staff checked on people regularly. The provider did not have an audit in place to identify where call buttons were missing or not being used.

The provider took immediate action following the inspection to ensure everyone had access to a call system with written guidance on how it could be used or what alternative actions were to be taken to meet people's preferences and needs. The provider introduced an audit to address the issues identified and to monitor call system use.

- Staff knew how to support people, for example, when they were anxious. Guidance to ensure consistent support for people was not always available in care plans. Support plans did not always include details of how best to communicate with a person or prompts to identify triggers and instructions for how and when to complete behavioural record charts. It is not clear the provider had oversight of these omissions.

- The feedback from people and their relatives about the registered manager was positive. People were confident they could approach the registered manager and raise any issues. Relatives were confident the manager would listen and address any concerns they may have.

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

- Notifications were usually submitted by the registered manager as required. We identified where one notification had not been sent to CQC. The registered manager identified the email to submit the notification had been completed but not sent.

The provider took action after the inspection to include monitoring of notification submissions in the monthly audit completed by the regional manager.

- People and their relatives knew who the registered manager was and felt comfortable to talk with them. Relatives told us the registered manager kept them informed of changes and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended regular supervision meetings with the registered manager. These were scheduled and recorded. Staff had the opportunity to give and receive feedback. One staff told us they appreciated positive feedback from the registered manager.
- Support for the registered manager had been arranged by the provider. Regular supervision meetings took place and operational manager support. The registered manager felt supported by the provider. The registered manager was completing a relevant qualification for their role.
- Some visiting relatives had completed feedback questionnaires. These were reviewed by the manager. There were numerous completed forms complementing the home, none raised any concerns or issues about the home.
- People had the opportunity to have their say in what happened at the home at monthly resident meetings. One person told us, "Staff do listen to what we say. The menu has been changed to include meals that people have chosen". Not everyone felt they had the opportunity to provide feedback.

The registered manager took action after the inspection to ensure feedback opportunities were accessible to people taking into account their preferences and needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the lack of governance oversight by the provider meant people were placed at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the last inspection. The provider updated the dependency tool and implemented auditing processes to review actions and improvements.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager used a dependency tool to identify the staffing requirements to meet people's needs. The dependency tool was reviewed regularly. The staff rota identified the number of staff on duty, this was usually in excess of the number indicated by the dependency tool.
 - The registered manager had implemented a monthly review of incidents and accidents and safeguarding incidents to identify any trends or patterns.
- Working in partnership with others
- The provider took action in response to our last inspection findings and developed an action plan to make

improvements. This included the service refurbishment plan to improve the environment.

- The recent infection control assessment completed at the home by the NHS infection control team reports an increase in compliance in all areas. The provider had taken action to improve cleaning, maintenance and spot checks by the registered manager.
- The provider has worked with the local authority to make improvements in the service. The local authority completed an action plan review visit in December 2021. It was found that on the whole the service had understood the improvements required and was making good progress. The provider had taken on board recommendations to improve risk management and care planning.