

## Sunbury Nursing Homes Limited

# Sunbury Nursing Homes

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 27 July, 2 and 3 August 2017 and was unannounced. We last inspected the home in May 2016 and found one breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. This was in relation to failure to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 (MCA 2005). Following the inspection we issued a warning notice for this breach. During this inspection we found that the breach of the regulations identified in the warning notice had been met.

Sunbury Nursing Homes is registered to provide accommodation with nursing care for up to 57 people. At the time of our visit, there were 53 older people living at the home. Some of the people who live at the home had dementia, whilst others had complex medical and healthcare needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Whilst we saw there were systems in place for quality assurance, this had not been applied consistently in all areas important in the delivery of care. The service did not carry out audits on people's care records. As a result, the shortfalls we found during this inspection had not been identified and actioned.

People receiving care told us they felt safe living at the home. We received similar feedback from their relatives and some healthcare professionals. However, we noted the service did not have effective systems for the management of risk. Despite the fact that staff were knowledgeable about how to protect people from risks, in some examples, we saw that the care plans and risk assessments had not been developed to ensure this was carried out consistently.

A safe recruitment and selection process was in place. This ensured staff had the right skills and experience to support people. However, we received mixed opinions from people about staffing levels. The majority of people told us there were sufficient staff available to meet their needs. However, others shared a different view. We observed that staff were being constantly moved between areas of the home during shifts to cover workload. Staff told this caused disruption and affected continuity of care. We have given a recommendation about this in the report.

Some care plans lacked personal information about how people needed and wanted to be supported. In some examples, we observed care records contained brief details about people's health and care needs and lacked personalised information to ensure they received care in line with their preferences.

Staff received training on safeguarding adults from abuse. They could describe different types of abuse and were aware of the action they would take to protect people from harm.

Medicines were managed safely. People received their medicines as prescribed. All prescribed medicines were available at the home and were stored securely. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities completed by two members of staff. People were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed for particular decisions. Relevant people were invited to make decisions in people's best interest, as required under the MCA 2005.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered.

Each person had a personal emergency evacuation plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

People were happy with the choice of meals provided at the home. Their nutritional needs had been assessed and food and fluid intake was been monitored when this was an area of concern.

People and their relatives told us that staff were kind, caring and patient. We observed this during the inspection. They encouraged people to be as independent as possible and respected their privacy and dignity.

People understood how to express any concerns or complaints and were encouraged to feedback their views of the service provided.

The service sought and acted on people's feedback. People knew how to make complaints about the service and were confident complaints would be dealt with effectively. This was also the view of their relatives. The relatives described an open culture where they could visit at any time and that managers were approachable.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Whilst the majority of people felt there were sufficient staff, some people told us that staff were stretched. We observed staff were constantly moved from one area of the home to another to support with workload.

Care plans and risk assessments for people with diabetes had not always been developed to ensure care was delivered consistently. Repositioning charts for people at risk of developing pressure ulcers had not always been completed.

People told us they felt safe. Staff knew how to identify, prevent and report incidents of abuse.

A safe recruitment and selection process was in place. This ensured staff had the right skills and experience to support people.

Medicines were managed safely. Records showed people had received their medicines as prescribed.

### Is the service effective?

**Good** 

Is the service effective?

The service was effective.

Staff received regular supervision. Staff told us they were supported through one to one meetings with their managers.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA 2005.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People had access to healthcare professionals when needed. The recommendations from healthcare professionals were acted on.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind, caring and respectful.

Staff ensured people's right to privacy and to be treated with dignity was maintained.

People were supported to have relationships with their relatives. Throughout the inspection we saw that people's relatives could visit at any time and were welcomed.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Although some care plans detailed what care and support should be provided to ensure people's needs would be met, some contained brief details and lacked personalised information to ensure people received care in line with their preferences.

People were supported to follow their interests and take part in social activities.

People understood how to express any concerns or complaints and were encouraged to feedback their views of the service provided.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Whilst there were systems in place for quality assurance, this had not been applied consistently in all areas important in the delivery of care. The service did not carry out audits on people's care records. This meant, some shortfalls we saw in the care records of people had not been identified and actioned.

There was a registered manager in post. People told us that the manager was approachable. Regular meetings were held with staff and people who lived at the home.

# Sunbury Nursing Homes

## **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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 27 July, 2 and 3 August 2017 and was unannounced. The inspection was undertaken by one inspector, one bank inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the home. We also spoke with the registered manager, clinical manager, two service directors, four nurses and 11 care staff. We also spoke with three visiting healthcare professionals.

We reviewed documents and records that related to people's care and the management of the home. We reviewed eight people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the home such as medicine, training, supervision and quality assurance records.

# Is the service safe?

## Our findings

People felt safe at Sunbury Nursing Home. People told us they felt safe living at the service. Comments included, "Oh yes, [I feel safe]", "Yes, [I feel safe]. There are lots of people around", "Absolutely, [I feel safe]. [Staff] are very helpful" and "I have no reason not to [feel] safe."

We reviewed risk assessments and found that improvements were required. Whilst we saw that risk assessments had been carried out in areas such as falls, moving and handling and pressure ulcer management, in some examples we saw that staff had not always ensured actions to reduce the risk were followed. For example, the pressure ulcer risk assessments of six people showed that the respective individuals were at high risk of developing pressure ulcers. Their care records stated that they needed help and support to be re-positioned on a two hourly basis. We looked at their repositioning charts and found that these had not been completed.

We also examined the files of two people who had diabetes. Whilst we saw evidence that their diabetes was well controlled, their files did not contain a diabetes care plan and an accompanying risk assessment. This meant that the files of both individuals did not contain relevant health information or method of mitigating the risks. When we brought this to the attention of the registered manager she told us relevant information was in a separate document, which we saw. However, this document was not referred to.

Whilst we saw that accidents and incidents were recorded and analysed, we noted that in some instances this did not always lead to a review of risk assessments. For instance, we found no updated risk assessment following an incident where a person fell from a commode. The investigation did not identify why the accident had occurred, why the person was left alone and why a call bell was not within easy reach. This showed staff had not always ensured people were safe when they were alone.

There was no consistency with documentation of wound care. For example, in some examples, body maps were not completed or photographs taken. The registered manager told us these were completed for other people. All wounds should be assessed and documented, so that any common causes can be found and prevented. The National Institute for Health and Clinical Excellence (NICE) recommends a validated measurement technique such as photograph so that progress or deterioration can be recorded.

We spoke with the registered manager about these shortfalls. On the second day of this inspection, we saw that the registered manager and other senior managers had started to take action. Whilst we were satisfied that action had commenced to address the concerns, we considered that an effective system was not fully in place to ensure risks to people were properly managed and monitored.

The above is evidence of a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. The provider was not doing all that was possible to mitigate risk.

The majority of people told us there were sufficient staff available to meet their needs. Feedback from some people using the service and their relatives was that staff were stretched. Their comments included, "Staff

will say they will be back in five minutes and it takes an hour. Staff are very busy", "There are occasions when there seem to be fewer staff", "I just wait until they are free in the morning. It is not easy" and "There are less staff during weekends." Our observations showed that staff were constantly moved from one unit to another to support with workload. Staff told us this disrupted the continuity of care as often staff moving from different units were not knowledgeable of people's needs. Comments from some staff included, "We do not have enough staff", "I have washed two people who use hoists on my own", and "We do not have sufficient staff. Everything is rushed." The manager told us they were reviewing their staffing arrangements.

We recommend that the home finds out more about staffing levels in nursing homes, based on current best practice.

Safe recruitment procedures were in place. This ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We found that all staff records had application and employment history checks in place. At least two references were in place for all staff. An enhanced Disclosure and Barring Service (DBS) check had been completed. Checks had also been undertaken to ensure that all the nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC). The home employed 13 nurses. The home held details of their pin numbers, and renewal dates.

There was a safeguarding policy and details of the local authority safeguarding arrangements. Staff were aware of safeguarding procedures and could explain how they would recognise and report abuse. They told us they would report concerns to their manager, who they would expect to report to local authority safeguarding team and the Care Quality Commission (CQC). They were aware of the provider's whistleblowing policy and said they would report any concerns to external agencies if the provider did not take appropriate action.

Medicines were managed safely. All prescribed medicines were available at the home and were stored securely in locked medicines trolleys. The fridge temperature was found to be in the appropriate range of 2-8°C. Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the pharmacy. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities completed by two members of staff. We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. Fire alarm was checked regularly and fire drills were undertaken regularly. Contingency plans were in place in case the service needed people to be evacuated. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.



# Is the service effective?

## Our findings

At the last inspection in May 2016 the home was in breach of the regulation regarding failure to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 (MCA). At this inspection we found that improvements had been made.

The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the home had identified people who received restrictive care that amounted to a deprivation of their liberty. For example, the front door was kept locked for people's safety and some people had bedrails to prevent falls. In all examples, we saw that DoLS authorisations had been put in place to protect people's liberty. Some applications were waiting for authorisations and the registered manager was monitoring progress.

People received effective support from staff that had the skills and knowledge to meet their needs. We asked people if they received care from competent and capable staff. Their comments included, "I think so", "Staff are marvellous", and "I have no complaints".

The service used the care certificate framework as their induction tool for new staff. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. We saw evidence of induction completion was in place for eight of ten new staff. The two outstanding were still in their induction period.

Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed mandatory training was completed in key aspects of care to ensure staff and people at the service were safe. This included, fire safety, infection control, safeguarding, manual handling and medicines management.

Staff told us that they received supervision and appraisals. The home's supervision policy stated staff would be provided with formal supervision at a minimum of four times per year and also a yearly appraisal. Following the inspection we received evidence that staff received supervision regularly. We saw evidence that staff had regular meetings with senior staff which gave them opportunities to discuss any concerns they may have. Staff told us they were supported through one to one meetings with their managers.

People were supported to have enough to eat and drink. We checked if people were happy with meals and

choice available. Comments from people and their relatives included, "The food is very good. I eat in my room. I don't have a special diet", and "There is something different every day. The food is well cooked."

Nutritional assessments were carried out and people's weights were monitored. Specialist support and advice had been sought, for example from the speech and language team (SALT) in relation to textured diets. When people were having their food and fluid intake monitored, records had been completed in full that showed that people had been given enough to eat and drink each day. The chef and catering staff were given a summary sheet, which detailed key information for staff. Information included dietary preference such as vegetarian, egg free, consistency (puree or soft), and special meals for those with allergies or diabetes. The catering staff were aware of these requirements.

Records showed that people had access to healthcare professionals. We saw that people were visited by their GP and were referred to other healthcare professionals including, district nurses, physiotherapists, speech and language therapists (SALT) and dietitians. A healthcare professional told us, "If my mother was to be old, she would come here." A second health professional said, "The home is well run. Staff follow our instructions very well." A third healthcare professional told us, "I do not have any concerns. My [patients] are well-supported."

## Is the service caring?

### Our findings

People receiving care and their relatives told us that staff were caring. One person told us, "Staff are very good. They have been very caring with me. When I was in hospital they came and visited." One relative told us, "Staff are very caring and attentive." Another relative said, "Staff are excellent. They are mostly around when needed and always greet [my relative] by name."

Staff ensured people's privacy and dignity were respected. They gave us examples of how they respected people's privacy. They knocked on people's doors to ask for permission to enter when attending to personal care and they ensured doors were closed and curtains drawn. This was confirmed by people. Their comments included, "Staff close the doors and curtains [when attending to my personal care]", "Staff keep doors closed and curtains drawn. They help me dress" and "Staff are all very good. They will have a chat." We also asked people's relatives if they felt privacy and dignity of people were respected. One relative told us, "They keep the door closed. [My relative] has not complained." Another relative said, "Yes they treat [my relative] with dignity. They always knock before they come in."

People and where possible their relatives were involved in making decisions about care. Care plans documented how to involve people in their care. For instance, one person chose to spend time in her room and the participated in activities she preferred. Another person told us their religious and cultural choices were respected.

A recent survey drew mostly positive feedback from people. Questions included, 'do you wish to be more involved in decision making within the home' and 'do staff listen and act on what you say'. People highlighted in their feedback that they were involved in decision making. They said staff listened to them. People told us they contributed to the planning of their care and that staff supported them to make informed choices.

People were supported to have positive relations with their relatives. Throughout the inspection we saw that people's relatives could visit at any time and were welcomed. Relatives told us that they were invited to special events held at the home, including like birthdays, Christmas and Summer BBQ's.

People were also supported to meet their religious needs. People were supported to worship if they wanted to. Representatives of local churches visited the care home regularly to give Holy Communion.

People's preferences with end of life support had been recorded in their care plans. Information included how people wanted to be supported during end of life and funeral arrangements. People and their relatives were involved in making decisions with end of life arrangements.



## Is the service responsive?

### Our findings

We examined the care records of people and saw that assessments were carried out to identify people's support needs. This covered areas such as medical conditions and details about people's preferences. Care plans were developed from these assessments to give guidance to staff on how these needs were to be met. However, the level of detail in people's care records was inconsistent. Whilst some care plans detailed what care and support should be provided to ensure people's needs were met, some did not always reflect how people liked to receive their care, treatment and support. In addition, some care plans were not personalised and made reference to 'resident' rather than the name of the person. Some care plans had not been signed by people to confirm they were in agreement.

Reviews of care plans were generally in place however the updates were generic and did not always reflect changes. Most reviews stated 'no change' rather than a proper evaluation of progress. For example, one person did not communicate verbally. Their care plan had not been updated to reflect they could communicate with facial expressions. Their action plan was standardised, consisting of circled standard prompts.

In another example, an assessment of one person showed that they were at high risk of losing weight. The weight chart showed that this person had lost 7.6kg since December 2016 to June 2017. The registered manager and the nurse manager advised that this person had been in hospital for five weeks during this time. However, there was nothing documented in the person's care plans or reviews to reflect this.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw good practice in other examples. Some care plans detailed what care and support should be provided to ensure people's needs would be met. For example, the eating and drinking care plan of one person had been updated to reflect their feeding regimen as prescribed by their dietitian and SALT. Action plans for swallowing and gastrostomy in situ were in place, and had been amended to reflect their needs. Some people had PEG feed tubes in situ. PEG is a medical procedure to assist people who are not able to feed orally. PEG rotation monitoring charts and PEG feeding tube records charts were in place to monitor their intake. There were other similar examples of good practice.

We asked people whether the service provided at the home was responsive to their needs. Mostly, people told us they were well looked after and staff met their needs. One person told us, "They do offer choices. They will take me to activities if I want to go. They know what I like to do." Another person said, "I like to stay in [my room] and do my word search and crosswords. [This is respected by staff]." A third person told us, "Some staff do know if I want sugar in my tea. There is one [member of staff] who is always in a hurry to clear plates away."

We asked people and their relatives if the service had appropriate activities. One person told us, "They have lots going on. I have been to the cinema and out in the garden." One relative told us, "Yes. [My relative] has

her favourites; music, singing and films." Another relative said, "They will come and spend one to one time with [my relative]. I come in every day. He has his music on and we discuss what is going on." A third relative said, "The home had a store of room full of different games and activities which staff can use for residents." A healthcare professional told us, "My patient gets taken to the garden. They enjoy it."

There was a complaints policy in place. Staff were aware of how to manage complaints. People and relatives told us they had no concerns but knew how to make complaints and were confident this would be addressed. We asked people if they were aware of the complaints procedure. One person told us, "I have not made a complaint. I have much to be thankful for." Another person said, "I think so- I've never had to complain." A relative told us, "I have read about it. I would complain if necessary."

## Is the service well-led?

### Our findings

Our discussions with staff, people and their relatives and healthcare professionals found everyone felt the service was well managed. People were happy with the support they received. One person told us, "It's really good here. The [managers] know their residents very well." Another person said, "It's well structured. The [managers] hold it together. They are very proactive. A third person told us, "The directors are very hands on. If you pass them in the grounds they always stop and chat. You don't get the feeling it is run for profit."

Whilst we saw that there were systems in place for quality assurance, this had not been applied consistently in all areas important in the delivery of care. Regular audits had been carried out by the registered manager and the registered provider every quarter to make sure policies and procedures were being followed. We saw that audits had been carried out in many areas, including health and safety, infection control and medicines management. In all examples, areas for improvements had been identified and followed up with an action plan. For example, a 'fire alarms and fire doors' audit that was carried out July 2017 identified that some doors required repairing, which we saw was carried out immediately. In another example, the service had taken swift action to put in place PRN protocols, following an audit of medicines.

However, we also noted that the service did not carry out audits on people's care records. The registered manager and nurse manager confirmed they had not undertaken audits on people's care records. As a result, the shortfalls we found during this inspection had not been highlighted and actioned. For example, relevant monitoring charts for people using the service were not being completed by staff. Some care plans were not detailed. The service did not have an audit system in place to identify these areas.

Systems were in place to make sure staff learned from events such as accidents and incidents. However, the analysis of the incidents was not robust. The action taken following incidents did not always reduce the risks to people using the service or helped the home to continually improve. For example, one person had a fall from a commode. The analysis that was carried out did not comprehensively identify why that incident occurred. The risk assessment of the person was not updated and there was no evidence that any learning had been transferred to the care other people were receiving.

The findings above meant the systems and processes in place for good governance were not fully effective in practice and there was a breach of Regulation 17 – Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had been able to share their opinions and views about the service through an annual survey. Feedback was analysed and learning points identified to improve the service. However, the feedback was not always followed up by a corresponding action plan. For example, in a survey that was carried out in September 2016, people were asked, 'If you could change one thing about life here, what would it be?' Responses from people included, 'better mobility/health', 'more trips out' and 'cat or dog'. An action plan was subsequently sent to us following this inspection.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and

allowed them to discuss any issues. Minutes showed staff held discussions on staffing, training, people's feedback and incidents. A staff member told us, "The [registered manager] is very supportive."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. The manager had informed us of events that they were required to. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.



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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care plans did not always reflect how people liked to receive their care, treatment and support. There was a risk that people may not receive care, treatment and support they needed.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks associated with people's care were not identified and mitigated, specifically in relation to checks to people's positional changes.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have an effective system to assess, monitor and improve the quality of care records. The provider had not carried out audits on people's care records. As a result, the shortfalls we found during this inspection had not been highlighted and actioned.
Treatment of disease, disorder or injury	