

Le Flamboyant Limited

# Sunrise Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sunrise Care Home is a residential care service that was registered to provide personal care for up to 20 people. On the day of our inspection, the service was supporting 14 people. Some people using the service, were living with dementia.

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

No registered manager was in post during the focused inspection at Sunrise Care Home, but the provider and deputy manager were working closely together to manage the service until an appropriate registered manager could be recruited.

The provider was open and transparent throughout the inspection. Whilst some improvements had been made, these need time to become embedded and sustained so they become part of normal practice.

We have made a recommendation about the submission of CQC notifications.

People told us they received safe care. Staff we spoke with understood safeguarding procedures and were trained in this area.

The provider had improved their systems to ensure people were protected from avoidable harm. Risk assessments were in place to manage risks within people's lives, and staff understood how to follow them and provide safe care to people.

The provider had undertaken a programme of refurbishment to modernise the facilities for people being cared for at Sunrise Care Home. Improvements had been made to the infection control of the service.

The service was clean, tidy and well maintained, and people confirmed that staff followed infection control and food hygiene procedures effectively. The management team had an overview and cleaning schedules were in place.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely.

Staffing support matched the level of assessed needs within the service during our inspection, and people we spoke with said that staffing levels were sufficient.

The management team continued to work in partnership with outside agencies to improve people's support when required. Audits of the service were in place and were detailed. Any issues found were addressed promptly.

Staff felt supported by the deputy manager and responsible person. Staff had received formal supervisions, to ensure they were supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 23 October 2019) and there were multiple breaches of regulation. 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 and the provider was no longer in breach of regulations. However, we would need to see a consistent level of sustained good care before changing the rating.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 and 8 August 2019. 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 Safe care and treatment, Good governance, Premises and equipment and Receiving and acting on complaints.

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.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, 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 Sunrise Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

Since the last inspection we recognised that the provider had failed to notify CQC of the departure of the registered manager, the provider had also failed to display their rating on the provider's website. These were breaches of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Sunrise Care Home is a 'care service'. People in care services 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 CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager in post when we inspected and we had not received an application which had been approved, this situation is a ratings limiter for the well-led key question.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with six members of staff including the provider, deputy manager, a senior care worker, care worker, the chef and the cleaner.

We reviewed a range of records. This included three people's care records and medication records. 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.

We spoke with two professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to ensure they were doing all that was reasonably practicable to mitigate risks to people. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

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

### Assessing risk, safety monitoring and management

- The provider, along with the whole staff team had oversight and involvement in the security and fire safety of the service. Window restrictors were in place and the fire exit door was alarmed for people's safety.
- Staff had received fire training and staff told us that regular fire drills took place at the service. One member of staff told us, "An alarm is triggered, the fire panel shows where in the home the fire is. Our supervisor's check the panel, they then check the sections of the home and check the doors. We [the staff] check equipment is working."
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls, and evacuation plans in case of emergency. Staff reviewed the risk assessments regularly and put actions in place to reduce these risks.
- During our inspection we observed staff use a hoist and sling to transfer a person to a seat. We saw this support was carried out safely, by trained staff, who took their time and reassured the person.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents and incidents were recorded in detail, with actions followed up to ensure that lessons were learnt. Staff and the management team we spoke with, all promoted a culture of continuous learning to improve the quality of service.
- Following incidents care plans and risk assessments had been reviewed to ensure measures were put in place to keep them safe.
- Staff knew how to identify signs of abuse and were aware of the action they should take if they had any concerns for people's safety. Staff told us they had received training about keeping people safe and that they would always report concerns straight away.

### Using medicines safely

- We observed a senior care worker undertake a medication round at the service. All Medication Administration Records (MAR) looked at were completed fully and accurately. Medication audits had been carried out by the management team.
- Medicines were stored safely and administered by staff who were trained to do so. People we spoke with

were happy their medicines were administered correctly.

### Preventing and controlling infection

At our last inspection people's accommodation was not well maintained or clean. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service was clean and tidy throughout. We saw cleaning staff on shift, and they were able to show us the different cleaning schedules now in place for the different areas of the service.
- Staff we spoke with told us they had plenty of personal protective equipment (PPE) to ensure correct infection control procedures were carried out. This included gloves and aprons used for personal care tasks.
- Food hygiene practices were followed by staff and the kitchen areas were clean.

### Staffing and recruitment

- People told us that staffing levels were generally good. A staff member told us, "I help out where I can. We always help each other [as a team]."
- A dependency audit was used to assess the amount of staff required to provide safe care to people. During our inspection, we observed that people got the support they required promptly from staff, and that staff were distributed across the service appropriately.
- Safe recruitment and selection processes were followed. The necessary pre-employment checks were carried out. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service 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.



# 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. We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- The provider did not always understand their regulatory requirements to report incidents and events to CQC. Our records showed an incident reported to the local authority had not been submitted to CQC. The provider responded immediately during the inspection. They confirmed they had submitted the outstanding notification on the day of inspection.

We recommend the provider review guidance on submitting notifications to CQC and take action to update their practice accordingly.

- There had not been a registered manager in post since January 2019. There was no registered manager in post when we inspected and we had not received an application which had been approved, this situation is a ratings limiter for the well-led key question.

At our last inspection people were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

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

- The management team had carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified from audits, the management team acted to improve the service.

- Accident, incidents and hospital admissions were being tracked by the management team, to identify trends or patterns.

- The provider recognised there were areas that required improvement and staff worked with a service improvement plan. The local authority had also identified some areas that required attention and they worked with the provider, to complete the action plan.

- New policies and procedures were in place containing current and supported best practice.

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

At our last inspection the provider had failed to ensure complaints were properly recorded or investigated. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The management team was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour. Complaints were being recorded and families were kept informed, in line with the company's complaints policy.
- The provider had been open and honest about the challenges with recruiting to the registered manager's post and had recognised improvements were needed within the service. We saw the provider had engaged with people to acknowledge recent concerns.
- Staff were aware of the whistle-blowing policy and knew how to raise concerns with the local authority and the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke to were, enthusiastic and keen to provide a good quality service for people. Staff were observed taking their time with people and allowing them to manoeuvre themselves at their own pace and giving them verbal reassurance all of the time.
- The deputy manager told us they were proud of their communication with people and their relatives at the service.
- The provider had recently improved the service's feedback survey for the people they cared for, and their relatives, in order to improve engagement and outcomes for people in the service. The feedback from families had been positive and the provider had already implemented improvements in relation to the entrance, bathrooms, menus and activities/outings for people, as a direct result of the feedback.
- Staff told us they felt supported by the management team and that communication had improved. Staff told us there had been issues with morale in the team due to the high turnover of managers. One staff member told us, "Things have definitely improved". Another staff member said, "I like to think I am supported. If I need any help, [the management team] are there to back me up".

Working in partnership with others

- The management team regularly engaged with outside agencies and were open to working in partnership with others.
- The service worked openly with the local authority who funded some people's care.
- We found the management team and staff team to be open, honest, and willing to listen and communicate with us throughout our inspection.