

Crabtree Care Homes

Sunningdale EMI Care Home

Inspection report

5-6 North Park Road
Heaton
Bradford
West Yorkshire
BD9 4NB

Tel: 01274545859

Website: www.crabtreecarehomes.co.uk

Date of inspection visit:
10 August 2021

Date of publication:
05 October 2021

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

Sunningdale is a residential care home providing personal care to 37 people at the time of the inspection, some of whom are living with dementia. The service can support up to 40 people and is set across two floors.

People's experience of using this service:

Medicines were not always managed safely or documented accurately, putting people at risk of harm.

Governance systems were not effective and had not identified the issues found at inspection.

Care plans were not up to date and did not reflect people's current needs.

There were not enough staff available to meet people's assessed needs at all times. Staff training had improved with supervisions in place, and staff were recruited safely. We have made a recommendation about staffing levels and request that the provider documents the criteria used for determining safe staffing levels.

Infection control procedures were not always followed with some staff not being bare below the elbow. Staff wore personal protective equipment (PPE) correctly, and the premises were clean.

Staff treated people with respect and dignity. Staff were kind, caring and compassionate and treated people well. People were asked their views and recommendations for improvement and this was acted upon.

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

Rating at last inspection

The last rating for this service was Good (published 1 March 2019).

Why we inspected:

We received concerns in relation to staffing levels, personal care and management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

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

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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulations in relation to medicine management and good governance 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?

Requires Improvement ●

The service was not always 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.

Sunningdale EMI 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 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

Two inspectors, a medicines specialist professional advisor and an Expert by Experience carried out this inspection. 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

Sunningdale 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 10 August 2021 and ended on 18 August 2021. We visited the site on 10 August 2021, the other dates were spent reviewing information provided by

the service and making phone calls to staff.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, registered manager from another of the provider's homes, senior care workers, care workers, and the activity co-ordinator .

We reviewed a range of records. This included three people's care records, multiple medication records, audits, and three staff files in relation to recruitment and staff supervision. We also looked at 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, including details around dependency tool usage and staffing levels. We also sought further clarification regarding audit processes.



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.

Using medicines safely

- People did not always receive their medication as prescribed. For example, one person had missed their medication for up to nine days.
- Arrangements were not always followed to ensure medicines prescribed to be taken 'before food' were given at the appropriate times.
- Night staff were not trained in medicine administration this meant that people would have to wait for on-call staff to attend should they need their prescribed medicines.
- There was inconsistency in recording the use of drink thickeners and nutritional supplements. This meant people in need of thickened fluids were at risk of not receiving their supplements as prescribed.
- Medicines were not always stored safely. Lockable containers had been purchased for the safe storage of creams and drink thickeners in people's own room but had not yet been installed.
- Medicines audits were completed but incident reports were not completed where errors had been identified. This means that lessons learned were not identified and used to improve practice.

We found no evidence that people had been harmed however, systems were not in place to ensure medicine management was safe. 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.

- The provider responded during and after the inspection. They confirmed actions had and were being taken to address the risks.
- People's medicines needs and wishes were considered. People able to self-administer medicines were supported to do so.

Staffing and recruitment

- There were enough staff to meet people's needs safely on the day of inspection. However, one member of staff said "We could do with some more staff, another staff member on the shift would make things better". However, they also felt that the staffing levels were not putting anyone at risk.
- The service did not use a dependency tool to determine staffing levels. We looked at three weeks staff rota, and saw that for 16 days staffing levels were lower than those determined as needed by the provider. On inspection we did not see any impact of this on the people using the service, although one person told us "They need more staff at night I have to wait a while for my buzzer to be answered".

We recommend the provider uses a dependency tool for determining safe staffing levels.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections. PPE was provided at the entrance. However, there were no hand washing facilities in the entrance where donning and doffing takes place for visitors but hand sanitiser was provided.
- The provider was using PPE effectively and safely. We observed some staff wearing watches, so they were not bare below the elbow.
- We were assured that the provider was meeting shielding and social distancing rules with mitigation where people using the service could not socially distance.
- We were assured that the provider was admitting people safely to the service
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was no effective arrangement in place for learning when things went wrong. For example, following audits of safeguarding incidents there was no action plan implemented to reduce the reoccurrence.
- Complaints to the service were managed appropriately.
- Staff meeting minutes showed managers were responsive to suggestions for improvements within the service.
- People told us they felt safe at the service
- Staff had received safeguarding training and knew how to recognise and protect people from the risk of abuse
- The registered manager and staff understood their responsibilities to safeguard people from abuse.

Assessing risk, safety monitoring and management

- Regular safety checks took place to ensure the premises and equipment were safe.
- Risks to people's safety were assessed and plans were in place to minimise risks whilst not restricting people in their lifestyle choices.

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 good. At this inspection this key question has now deteriorated 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.

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

- Governance systems were not always effective. Audits for medication, care plans and safeguarding did not identify issues and drive improvements at the service. For example, care plan audits did not identify missing details regarding people's hoisting needs.
- Governance systems and processes had not identified issues found at inspection. For example, the recording of medicines and care records not being updated.
- Processes were not in place to identify lessons learned and make improvements to the service.
- Provider audits were completed but had failed to identify issues found during inspection. For example, no issues were detected on provider audits in relation to good governance or lack of lessons learned.

We found no evidence that people had been harmed, however systems and processes were either not in place or robust enough to demonstrate good governance. This placed people 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 registered manager understood their legal requirements and was committed to improving the service.

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

- People and relatives felt they were able to approach staff and the registered manager. People told us, "The staff and manager are great". Another person told us "The registered manager is fantastic". One relative commented "They [registered manager] go above and beyond for my [relative]."
- Staff were kind and caring. We observed positive interactions between staff and people.
- Staff morale was high, and they felt supported by the registered manager. One member of staff told us "The registered manager was supportive and grateful to staff". Another member of staff said, "The manager is fair and approachable".

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

- There was an open and honest culture at the service. The registered manager worked closely with

registered manager from the provider's sister home. They offered each other regular guidance and support.

- The registered manager understood the requirements to complete notifications and to comply with the duty of candour responsibilities when things had gone wrong.

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

- People gave positive feedback about the care they received. Comments included, "You get treated well by staff. If you want anything, they do their best to get it for you", and "If we request something it's done and you get it".
- Regular staff meetings were held to discuss correct use of PPE and the process to report concerns. There was an opportunity for staff to share their views.
- Resident meetings were held. The minutes demonstrated people were involved in making decisions about the service. For example, people were asked for feedback about fun days, themed days where staff dress up, and activities.
- The service had received positive feedback from relatives, complimenting and thanking staff for the care provided. Records showed relatives were kept informed of events and care needs. One relative told us, "I had a feedback form which I completed and said the front of the home needed tidying, this has been done already. I was invited to the residents' barbeque which was lovely too".

Working in partnership with others

- The registered manager worked in partnership to develop the service, this included health professionals and the clinical commissioning group (CCG).

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 failed to provide proper and safe management of medication Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality of the services provided in carrying on the regulatory activity. The provider failed to maintain accurate , complete and contemporaneous records in respect of each service user. The provider failed to evaluate and improve their practice. Regulation 17 (1) (2) (a) (c) (f)