

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
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Kettering
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Tel: 01933650794

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Sunrise care home is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 20 people.

The home is set out across two floors with a communal lounge, dining room and conservatory. People's rooms have en-suite facilities.

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

Medicines were not consistently managed safely. We were not reassured that people received their medicines as prescribed or that medicine stock was managed safely and effectively.

Risks to people and risks in the home environment had not consistently been identified and mitigated. The providers systems and processes had not identified all of the issues found during the inspection and lessons had not always been learned from previous inspections and local authority audits.

Infection control was not always well managed and required improvement to ensure people were well supported with personal and oral hygiene. Risks from water born infection and COVID-19 were not consistently mitigated.

People were not consistently supported to have maximum choice and control of their lives and we were not reassured staff supported them in the least restrictive way possible and in their best interests as the policies and systems in the service did not support this practice.

People had not been involved in the planning of their care but felt staff knew them well and they were happy with the care they received. People had been encouraged to join a meeting where they had shared ideas and suggestions which had been implemented.

Staff spoke highly of the manager and felt they were able to share ideas and raise concerns. A recent staff supervision for all staff had taken place. Supervisions were scheduled to take place regularly going forward.

The provider had a complaints procedure in place and the manager understood the need to be open and honest if things went wrong.

Staff were recruited safely, and checks were in place to ensure they were suitable for the role. There had been a recent increase in staff numbers for some shifts. We have recommended that staff numbers are reviewed to ensure people's needs are met across all shifts.

People were protected from the risk of abuse. Staff had received training and knew how and where to raise

concerns.

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

This service was not rated at the last inspection as we only looked at infection control measures within the service. We identified breach a of regulation during this inspection and a report was published. (published 15 January 2021).

The last rating for this service was requires improvement. (published 2 October 2020). This service has been rated requires improvement for the last three consecutive rated inspections. The service remains rated requires improvement.

The provider completed an action plan after the last rated inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met on a specific concern we had about infection control. We also checked they had followed their action plan from the last rated inspection 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.

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 coronavirus and other infection outbreaks effectively.

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

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.

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.

Enforcement

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

We have identified breaches in relation to the safety and management of the service at this inspection.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not 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.

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

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection prior to entering the building, this was to help the service and us manage any risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, the chef, a care worker/maintenance person and two care workers.

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

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at insurance records and provider audits and action plans.

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 rated inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last rated inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always managed safely. Medicine records were not always completed when people were given their medicines and stock control was not effectively managed as staff were not consistently completing the running balance on the record. This meant people were at potential risk of receiving either too much medicine or not receiving it at all as it would not be clear to staff what medicine had been given and what hadn't.
- Where people had been given as and when required (PRN) medicines staff had not consistently recorded the reason for giving the medicine, therefore, we were not reassured that these medicines were being given as prescribed.
- Risks to people were not always well managed. Risk assessments were not consistently individualised to people's needs, with some generic risk assessments in use. For example, we identified one person's risk assessment and associated care plans did not reflect current needs clearly for staff guidance. The person was also using a mobility aid and requiring the support of a staff member which had not been risk assessed.
- One person was using a pressure relieving mattress with no regular settings and maintenance checks taking place. The risk assessment recorded the person as at low risk of pressure sores with no recorded rationale as to why they needed a pressure relieving mattress. It was unclear if the person was at risk, we were therefore not assured that pressure area risks were being managed safely.
- Risks to people from the environment were not consistently mitigated. For example, some people would be unable to summon the support of staff from their room as we identified not all rooms had a working call bell. One person's room contained an unlocked cupboard housing electrical circuit boards and wiring. Heavy furniture was not always secured to the wall to prevent tipping and entrapment.
- Risks around fire were not consistently mitigated. Personal emergency evacuation plans (PEEP's) had not always been updated to reflect people's current need or room location. A self-closing fire door in a communal area was not in working order and there was no evidence that emergency lighting checks were taking place. There was a potential risk that people would not be evacuated safely in the event of a fire.
- Routine safety checks and maintenance of equipment by qualified professionals had not consistently

taken place to ensure safe working order. For example, gas, oil and electrical safety checks had not been completed in line with the providers policy. The gas oven in the service was not in good working order with only some parts operational.

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

Preventing and controlling infection.

At our last inspection we only looked at infection control practices. We issued a warning notice for none compliance as the provider had failed to robustly assess and mitigate the risks around infection control. 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 was compliant with the warning notice at this inspection. However, not enough improvement had been made from the last rated inspection and the provider was still in breach of regulation 12

- The risks associated with COVID-19 were not always well managed. The provider had introduced daily temperature checks of people to monitor for potential early signs of infection. However, these checks were not consistently taking place. This meant there was a risk of delay in identifying a raised temperature as a potential symptom of COVID-19 and therefore a potential delay in isolating infected people. Support with handwashing for people who required encouragement with personal care had not been considered as a risk factor on people's COVID-19 risk assessments. This put people at increased risk of contracting COVID-19.
- People who required help or encouragement with personal and oral hygiene were not consistently well supported. Some people's records evidenced several days without personal and oral care. This meant people were at increased risk of infection and skin conditions from poor hygiene and increased risk of chest infection from poor oral hygiene.
- The risk of legionella was not consistently well managed. There was no schedule for the descaling of shower heads and routine flushing of unused water outlets was not regularly taking place. Hot water was being stored at too low a temperature to prevent infection. This placed people at potential risk of developing infections from water such as Legionnaire's disease.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection control was well managed and risks were mitigated. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and a recent audit had identified the need for the manager to monitor for trends and patterns. This would need to be continued and embedded in practice.
- Where an accident had happened, the manager had worked with other professionals to ensure supportive and manual handling equipment was in place. However, risk assessments had not considered the risks from all of the equipment in use.
- Staff demonstrated a good understanding of action to take following an accident or incident including, seeking medical attention if needed, reporting to the manager, recording the details and monitoring people regularly for deterioration.

Staffing and recruitment

- Staff were recruited safely. There was a recruitment process in place that ensured only suitable staff were employed, this included an interview process, previous employer reference checks and an induction program.
- Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff numbers had recently been increased to ensure people's needs could be met due to increased manual handling needs. One staff member told us the increase was needed and welcomed to ensure people were safe. Another staff member agreed that there were now enough staff. However, staff told us they were responsible for the cooking at weekends which impacted on their time, they advised the provider was aiming to recruit a weekend chef. One person told us, "I think the staff here could do with a couple more, they get over run especially mealtimes".

We recommend that staff numbers are reviewed to ensure people's needs are being met across all shifts.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding and had a good understanding of recognising the signs of abuse and how to report it. Staff had access to the safeguarding and whistleblowing policies in the office for guidance if needed.
- People told us they felt safe. One person said, "I feel safe with all of them (staff)". Another person said, "Oh yes (to the question of feeling safe), it's a good place".

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 rated inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last rated inspection, the provider had failed to ensure systems and processes were either in place or robust enough to ensure the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have systems and processes in place to ensure the home remained a safe environment. Annual routine safety and maintenance checks such as gas, oil and electrical safety were not scheduled and had therefore not taken place when required. This meant people were at potential risk of harm from faulty equipment.
- The provider had failed to act on previous advice and guidance from qualified professionals when told that the electrical installations in the service were potentially dangerous. Repairs had not been commissioned and therefore the situation remained potentially dangerous. The risk to people was further increased by poor fire safety measures including a faulty fire door and PEEP's either not in place or not reflecting current needs of people. Following the inspection, the provider advised they had arranged for repairs to be completed.
- The provider had not acted on the Care Quality Commissions previous reported risks to people or risks within the home. For example, the provider had failed to ensure the risks of legionella were mitigated at this inspection and people had remained at increased risk of infection.
- The provider had not ensured that systems and processes were consistently effective in identifying issues such as gaps in personal care and oral care records or fire alarm testing. Risk assessments remained inconsistent in mitigating risk to people. Auditing had not identified that fire safety checks such as checking emergency lighting and fire safety doors were not taking place. Therefore, these issues had remained unresolved. A new audit schedule had implemented following a consultant audit which would need to be embedded into practice.
- The provider had failed to ensure public liability insurance was consistently in place. There had been a short void period in insurance where suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes had not been in place.
- The provider had not addressed issues from the last rated inspection around mental capacity

assessments and best interest decisions. Mental capacity assessments were not decision specific and did not evidence how decisions were made in people's best interest. The manager was not clear on who had an authorised DoLs or if any people had conditions on their Deprivation of Liberty Safeguard that would need to be met and was in the process of clarifying this with the local authority team. There was no clear guidance for staff on what decisions people could or couldn't make for themselves.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance within the service was well managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a manager registered with the Care Quality Commission. The manager was in the process of registering at the time of the inspection.
- The provider had understood the requirement to display their CQC rating and this was displayed in a communal area.

Continuous learning and improving care

- The local authority quality improvements team had worked closely with the provider and management team to support with improvements. However, there had been limited improvement by the service and the provider had voluntarily suspend new admissions until the service improved.
- The provider had commissioned a consultant to audit the service shortly before our inspection which had identified some of the issues we had found during inspection. The consultant had implemented an action plan to support the provider to make improvements in the environment. All actions were marked as "priority" to complete within three months. At the time of the inspection work had not yet started so would need to be implemented and continued in practice.
- The provider had acted to ensure the issues identified at the last inspection resulting in a warning notice were addressed. However, there was limited evidence of overall improvement. The provider had failed to address many of the issues from the rated inspection prior to the last inspection which had also resulted in enforcement action and therefore remained in breach of regulation at this inspection.

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

- The provider had a complaints policy and procedure in place which was also displayed in a communal area.
- The manager understood the need to be open and honest when things had gone wrong and remained open and transparent throughout the inspection. Families told us they were kept informed of any incidents or concerns with their relative.

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

- There was no evidence that people had been involved in the planning of their care and people and their relatives told us they had not been involved in this process. Therefore, we were not reassured that care planning was person centred or inclusive. However, people felt staff knew them well. One person told us staff were responsive to their needs and knew them well. A relative told us the staff were getting to know their relative and they felt they had settled well in the home.
- People's feedback had not been formally gathered. However, the manager advised they were in the process of arranging a people and relative survey. This would need to be continued and embedded in

practice.

- The provider did not employ an activity lead. There was a limited activities program and we observed activity which was limited to what staff could provide alongside other tasks. One person told us, "You can't do a lot, you just sit here, but otherwise it is alright".
- We saw evidence of a recent residents meeting where people were given the opportunity to share ideas. People had made menu suggestions which had been listened to and followed through. The manager planned to hold these meetings monthly going forward.
- Staff spoke highly of the manager and deputy manager and felt they could make suggestions for improvement and were listened to. All staff had a recent supervision and a schedule was in place for bi-monthly going forward, this would need to be continued and embedded in practice.

Working in partnership with others

- The manager was working in partnership with families and other health care professionals to support with transition into the service. For example, during the inspection we observed good communication with a family to discuss routine appointments were booked for a medication review and dental treatment.
- The manager had identified that some people had not previously been supported to access the continence service to receive support with continence aids. They were in the process of monitoring people under the guidance of the continence team to ensure the right support was implemented going forwards.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health, safety and welfare of people.

The enforcement action we took:

We imposed a condition on the providers registration that they must send us an action plan on the last Friday of every month.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were either in place or robust enough to ensure the safety and quality of the service.

The enforcement action we took:

We imposed a condition on the providers registration that they must send us an action plan on the last Friday of every month.