

N Sykes and L Beale

Sundial Cottage Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sundial Cottage is a care home, without nursing, accommodating up to 22 people. At the time of our inspection there were 21 people using the service. The accommodation is arranged over two floors with both a passenger lift and a stairlift available to access the upper floor. Some rooms are ensuite. There is an accessible, mature garden surrounding the home and a patio area with seating areas. Many of the people using the service were living with dementia.

At the time we started our inspection, Sundial Cottage was owned by a partnership, who, throughout this report, are referred to as the provider. Before our inspection report was published, the legal entity, or ownership, of the service changed to a limited company. However, there has not been any change to whom is responsible for the day to day management of the service. Mr N Sykes as the nominated individual remains accountable, along with the registered manager, for how the regulated activity, and care provision, is provided at the service.

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

Some environmental risks had not been adequately managed or mitigated. Records relating to people's care and support were not being stored securely. These shortfalls had not been identified and addressed through the provider's own checks, but they have now taken action to address these. The registered manager had good oversight of people's care and feedback about their leadership was positive. There was a friendly, supportive atmosphere at the service and staff cared for people with patience and kindness. Investigations or 'learning opportunities' had been completed following safety related incidents. The service worked in partnership with other organisations to help improve the health and well-being of people.

We have made a recommendation about how often some of the training is refreshed. We have also recommended that any refurbishment of the environment considers best practice guidance on the importance of design for people living with dementia.

There were systems and processes in place to safeguard people from the risk of abuse and to learn from safety related events. Overall, suitable risk assessments were in place which described the actions staff should take to mitigate risks to people's health and wellbeing. Overall, medicines were managed safely, but improvements were needed to ensure that medicines were being stored within recommended temperatures. Three medicines available for staff to administer were either past their expiry date or the 'in-use' expiry date. There were sufficient staff deployed to meet people's needs.

We have made a recommendation about the safe and proper use of medicines.

As part of CQC's response to the coronavirus pandemic we conducted a review of infection prevention and control (IPC) measures in the home and were mostly assured by the systems in place.

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

Rating at last inspection (and update)

The last rating for this service was Good (Published November 2019).

Why we inspected

The inspection was prompted in part due to concerns we had received about the safety of some aspects of the service, institutionalised care practices and medicines.

We did look 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 all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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. This is based on the findings 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.

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

Please see the action we have told the provider to take at the end of this report

Follow up

We will continue to monitor information we receive about the service and we will continue to work with partner agencies. We will return to visit in line with 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below

Requires Improvement ●

Sundial Cottage 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

The inspection was carried out by one inspector, an Expert by Experience and a pharmacist specialist. 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

Sundial Cottage 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. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on the first day. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, clinical commissioning group and community healthcare providers. The provider had not been asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with three members of staff, the deputy manager, provider and registered manager. We carried out observations in communal areas to see how staff interacted with people and checked the premises to ensure they were clean, hygienic and a safe place for people to live.

We reviewed a range of records. This included four people's care records and multiple medicines records, three staff files and a variety of records relating to the management of the service including policies and procedures.

After the inspection

We spoke with 12 relatives to gain feedback about the service. We continued to seek clarification from the provider to validate evidence found.



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 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.

Assessing risk, safety monitoring and management

- People had hand wash basins in their rooms. The temperature of the hot water being discharged from a number of these basins had, for several months, been recorded as being in excess of recommended safe limits. Whilst there was no evidence that anyone had been harmed, this increased the risk of people being scalded. The basins did not have thermostatic mixer valves (TMVs) fitted. TMVs regulate the temperature of water being discharged from taps to ensure it does not exceed recommended limits.
- The legionella risk assessment had not been completed to the standard recommended by the Health and Safety Executive. This meant we could not be assured about what control measures were being used to prevent and control the growth of legionella. People living in care homes can be more vulnerable to harm arising from contracting illness caused by the legionella bacteria.
- The provider has, following our feedback, made prompt arrangements for TMVs to be installed to ensure all hot water outlets are within safe parameters. They have also arranged for a legionella risk assessment to be completed by a competent person and for a clear plan of on-going Legionella management actions to be identified in order to minimise and control any future risk.
- Overall, suitable risk assessments were in place which described the actions staff should take to mitigate risks to people's health and wellbeing such as falls, risk associated with moving and handling, poor nutrition and hydration and choking. During the inspection, we observed that people were being encouraged to drink plenty of fluids.
- One person had a risk assessment concerning their risk of absconding from the home. To address this, the provider had secured an area of the garden which meant the person was able to safely, but independently, access an outdoor area.
- Where people could become distressed or agitated, care plans were in place to guide staff on how to respond to this. A social care professional told us that the service cared for people living with advanced dementias that other homes would not cope with and said, "But Sundial always find a way round".
- There was evidence that staff had escalated concerns about urinary infections or weight loss to the GP. One relative said, "She's eating much better than she was when she came in and she seems to have put on a bit of weight".
- People's changing needs or new risks were shared and monitored through the three, daily handovers.
- Staff had effectively used a monitoring tool, RESTORE 2, to identify that a person's health was deteriorating, allowing emergency medical attention to be called in a timely way.
- We did note that one person did not have a risk assessment for the use of bed rails. This is important so that the risks of entanglement or entrapment are carefully assessed. One person's diabetic plan did not contain all of the information required to support staff to manage the risks associated with this health care

need. The registered manager is liaising with the GP and community diabetic team to develop this.

- Personal emergency evacuation plans (PEEPs) were in place.
- Equipment such as alarm mats were used to alert staff when people at risk of falls were mobilising and might need support.
- The provider had invested in a CCTV system to enable them to enhance the safety monitoring of communal areas and a business continuity plan was in place.

Using medicines safely

- Medicines were mostly managed safely, but there were some areas where improvements could be made.
- The risks associated with some medicines had not always been transferred to relevant care plans. For example, the risks associated with being prescribed blood thinning medicines whilst also being at risk of falls. Action has been taken to address this
- The current temperature of the areas where medicines were stored was being monitored. However, the temperature of the medicine's fridge had been outside of the recommended temperature range for at least 20 days in July 2021 without action being taken to address this. It is important that medicines are stored at the recommended temperature as this ensures they continue to be safe and effective to use.
- Three medicines available for staff to administer were either past their expiry date or the 'in-use' expiry date. Whilst additional information would suggest one of the medicines was in fact dispensed after its expiry date, the provider's own checks had not identified this. Checking expiry dates is important as medicines can become less effective over time.
- Medicines audits were undertaken on a regular basis by the service, but these had failed to identify the issues noted above.

We recommend the provider reviews their monitoring processes and the effectiveness of medicines audits.

- We also found a number of positive areas.
- Care staff had received additional training and were administering some medicines by injection.
- Staff checked controlled drugs stock regularly in line with national guidance.
- Staff administered people's medicines in a person-centred manner.
- Protocols were in place to guide staff on the use of 'as required' or PRN medicines. These included information about the de-escalation techniques staff should use before resorting to the use of medicines in response to behaviours which might challenge others.
- The use of covert medicines was taking place within the context of relevant legal frameworks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- The provider had built a comfortable lodge in the grounds to facilitate visits. By appointment, indoor, close contact, visits were now also taking place in the smaller lounge which could be accessed from the outside of the home limiting contact with others.
- The registered manager spoke positively about the hard work and dedication which staff had shown throughout the pandemic which had helped to minimise the impact of the COVID-19 on people's health and wellbeing.
- One relative told us, "They were very robust with covid restrictions early on which was good. We've visited her in the courtyard; the visits have been well organised, and staff have been wearing the PPE all the time".
- We were assured that the provider was meeting shielding and social distancing rules. Sundial Cottage is a smaller home and it was not possible for social distancing to be practiced at mealtimes. We discussed this with the registered manager who said that they were keen to promote mealtimes being a social experience for people. The provider will undertake a risk assessment to ensure that all possible measures are being

taken in mitigation.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely. Staff were currently lowering their masks to enable lip reading. We have asked that this approach be risk assessed to ensure all mitigating measures are in place.
- 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.

Staffing and recruitment

- People told us there were sufficient staff deployed to meet their needs. One person said, "Yes sometimes there is someone lacking in the mornings, but there are enough to meet my needs". A relative told us, "Whenever we have visited, there seems to have been enough staff". A social care professional told us, "The staffing ratios allow staff to give the residents time".
- The provider used a dependency tool to inform staffing levels. Planned staffing levels were four care staff in the morning, three in the afternoon / evening and two staff at night.
- Additional staff were rostered at busier times to help ensure support could be provided in a flexible and responsive manner. The registered manager and deputy manager were also supernumerary to the planned staffing levels, and both took an active role in the provision of care.
- Agency staff were not used and gaps in the rota were covered by existing staff. This helped to ensure that people received care from staff that knew them well.
- Overall staff felt there were sufficient staff to keep people safe. Two staff felt that additional staff would ensure they were able to spend more one to one time with people. The registered manager told us they had just appointed another member of staff to support with the provision of activities and they were assured that this would address the points raised by staff.
- Safe recruitment practices were observed.

Learning lessons when things go wrong

- Each month the registered manager reviewed the number of falls and other concerns such as weight loss to help identify whether there were any themes or trends which might require further action.
- Investigations or 'learning opportunities' had been completed following safety related incidents. Remedial actions were identified and shared with staff at the daily handovers.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Sundial Cottage. One person told us, "Yes I feel safe, all the people [staff] are very, very nice...very kind, there is nothing nasty about any of them".
- Relatives were confident that the service monitored the safety of their family member and supported them to stay safe. One relative said, "I know she's safe there" and another said, "If there's any health issue they always ring me, so I know she's safe".
- Staff displayed a commitment to protect people from harm. Those we spoke with were all confident that the registered manager and provider would act on any concerns raised.

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 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; Continuous learning and improving care

- We acknowledge that our inspection has taken place within the context of the service responding to the COVID 19 pandemic and the difficult circumstances and challenges this presented to staff and providers. This has been considered when reaching the judgements outlined in this report.
- The current registered manager had been in post for many years but had recently taken the decision to resign from their post. They were working their notice period when we inspected. The deputy manager had also resigned during this inspection. Both of these changes were planned and were not in response to the inspection.
- We found some areas where improvements were needed.
- Whilst there was no evidence that people had been harmed, this inspection found shortfalls in the ways in which the provider had managed the safety of the water systems within the home. This placed people at risk of harm. These shortfalls had not been identified and addressed through the provider's own checks of the service which included mini mock inspections.
- Records relating to people's care and support were not being stored securely. This meant there was a risk of people's confidential information being compromised.
- We found that a number of the carpets within the home were tired and worn and needed to be replaced. We were concerned that some of these could be trip hazards. The provider told us they had planned to replace these with wooden floors prior to the pandemic but that this had had to be placed on hold. Since the inspection, the provider has sought quotes to have a number of carpets replaced. We will monitor this to ensure that this improvement to the environment is completed in a timely manner.
- The provider told us they also had plans to develop other aspects of the premises by installing a wet room and a new call bell system for example.

As part of their plans to develop the environment, we recommend that the provider consult best practice guidance on the importance of design in creating spaces which actively support and enable people with dementia.

- The provider also told us they had plans to introduce electronic care plans and medicines administration records to improve the quality, accessibility and safety of record keeping. There were, however, no clear timescales for these improvements to be implemented.
- Prior to this inspection, CQC had received a number of whistleblowing concerns raising concerns about

the safety of some aspects of the service such as institutionalised care practices and medicines management. Whistle-blowers are people who raise their concerns about the care provided by their employer in a certain way and may receive protection in any employment dispute.

- Investigations into the whistle-blowing concerns had been undertaken openly by the provider and the concerns were not found to be substantiated.
- The registered manager kept oversight of people's care by undertaking care plan, medicines and infection control audits. They monitored falls and weight loss monthly to assist with identifying any themes or trends that might need further action. They maintained a real presence within the home and regularly worked alongside staff and told us this enabled them to mentor new staff and demonstrate how care should be provided.
- People and their relatives spoke positively about the leadership of the home. One person said, "Yes she [registered manager] comes and sees me, there is nothing she can do better". A relative told us, [registered manager] is excellent, she seems remarkably professional in the circumstances and handles difficult situations very well". Another relative said, "[Registered manager] is incredibly patient and professional.... I've got concerns that she is retiring, it's the staff and particularly [registered manager] that makes them fantastic".
- Staff spoke positively about the registered manager and told us they had confidence in their leadership. Staff said the registered manager maintained an open-door policy and was always available should they need advice or support. Their comments included, "She actually adores every single one of the residents and relatives" and "She is the backbone of the home, she is not an office manager... she is this place".
- Staff were clear about their role and responsibilities. Staff undertook the Care Certificate as part of their induction training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the social care sector. Thereafter they undertook a range of training which was considered mandatory by the provider. Training in safeguarding, medicines management, moving and handling, dementia care, food hygiene and infection control was delivered in house during monthly sessions by senior staff who had 'train the trainer' qualifications. External trainers delivered training in emergency first aid and fire safety. The provider required staff to refresh this mandatory training on an annual or 3 yearly basis.
- Skills for care also recommend that staff refresh training in subjects such as dignity and equality and diversity every three years. The registered manager told us there was currently no requirement for this training in these subjects to be refreshed.

We recommend that the provider review the training programme to ensure that the frequency of refresher training is developed in line with best practice recommendations for minimum learning in the health and social care sector.

- We were advised that many staff had undertaken online training in areas relevant to people's needs, but we were not provided with any records to demonstrate the extent of this.
- The provider and registered manager encouraged staff to undertake additional competency and study-based qualifications in health and social care and most staff either held such a qualification or were studying for one.
- Staff had had an annual appraisal and supervision did take place. This was largely confined to group supervisions, or brief individual discussions, which were combined with the monthly in-house training sessions.

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

- During the inspection we observed that there was a friendly, supportive atmosphere at the service. Staff told us there was a positive culture and that morale was good. For example, one care worker said, "Teamwork is always good, if there is a particular problem, it's discussed, aired, we call ourselves the Sundial family".
- Staff understood the importance of person-centred care and cared for people with patience and kindness. For example, we observed staff supporting a person to transfer to an armchair. The staff did not rush the person, they were encouraging and provided just the right amount of support which helped to ensure that the person was confident to undertake the task whilst also maintaining some independence. One staff member told us "Making a difference to these guys, that's more reward than anything, even those that can't speak, I get so emotional, it's a privilege to care for them".
- Relatives told us staff were attentive, knew their family member well and that this helped to achieve positive outcomes. For example, one relative said, "I can't praise their care enough in terms of well-being... and whenever we visit, she looks good... I think they're wonderful and it's only because of them that [family member] still living." Another relative said, "It's been brilliant. [family member] thinks it's home from home. It's a lovely cosy homely place... she's always been clean and tidy and looked healthy.... they appear to be on top of her medications; she likes the food and they watch her intake.they know how to help her when she has her down days".
- People told us they were able to make choices about how they spent their time and that staff accepted their decision to decline care or support.
- The home had received a number of cards thanking staff for their hard work, care and attention throughout the pandemic. The team had been described as 'Amazing' and 'Heroes' for the care they provided.
- However, we did see a small number of interactions which were more neutral in nature. For example, two people had clothes protectors put on without the staff member seeking the person's consent. Some people were not asked what they wanted for lunch, instead their meal was placed in front of them without an explanation given by the staff as to what the meal was. One person was given their meal of quiche, mashed potato and salad to eat with just a spoon. They were having to use their fingers to try and cut the lettuce into bite sized pieces. We brought this to the attention of a staff member who supported the person, and fed back our wider observations to the registered manager.
- A picture book showing photographs of meal options was available to help people make their meal choices. The days menu had been written on a small whiteboard, but the text was small. The provider has bought a larger board to ensure that this information is more accessible to people.
- Resident meetings did not take place, but people told us they were able to express their views. For example, one person told us, "If there is anything you don't like you just have to voice it and they put it right".
- The provider intermittently undertook surveys to capture people's, and their relative's, views about the care provided. The most recent relative surveys undertaken in November 2020 were positive.
- Most relatives felt that communication with the home was good and told us they received regular emails from the provider with updates and also now had access to a social media group where they were able to see photos of their family members and the activities they were taking part in. Three people's relatives expressed regret at the lack of regular relatives' meetings, they felt this was an area which could be developed further.

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 registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care.

Working in partnership with others

- The service worked in partnership with other organisations to help improve the health and well-being of people. For example, staff had worked with community nurses, independent mental capacity advocates and mental health nurses.