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Sun Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 August and 01 September 2016 and was unannounced.

Sun Court Nursing Home provides accommodation and nursing care to a maximum of 29 people. At the time of our inspection 27 people were living in the home.

There was registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to related to the governance of the service. The provider was already aware of shortfalls in the quality monitoring systems in the home and had started to make changes. However, these were not sufficiently advanced at the time of this inspection visit. We also found that confidential information was not always secured.

You can see what action we told the provider to take at the back of the full version of this report.

Risks specific to individuals were well managed. However, personalised evacuation plans were required. There were enough staff available to ensure that people's needs were met.

People were offered choices about what to eat and drink and specific dietary needs were catered for. People were caringly and respectfully supported to eat their meals as necessary.

Staff cared for and treated people with kindness, respect and interest. Their views about their care arrangements, life in the home and what was happening in the wider world were sought and discussed.

People were supported to participate in events happening in the community and people were able to raise concerns if necessary.

Staff enjoyed working at the service and felt valued by the management team.

The service provided a good standard of care to people who required support with complex health needs and those approaching the end of their life.

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 consistently safe.

Risks to people had been identified but an evacuation plan that took into account people's individual needs in the event of an emergency was required.

People received their medicines as prescribed but we observed that medicines were not always secured during the inspection.

Staff knew how to keep people safe and what actions they would need to take if they had any concerns.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received the necessary training but improvements were required to ensure that nurses' clinical competencies were reviewed.

People's mental capacity was assessed which helped ensure that their rights were protected.

People were provided with a choice of food and drink that met their nutrition and hydration needs.

Is the service caring?

Good

The service was caring.

We observed staff treated people with dignity, respect and kindness.

People and their relatives spoke positively about staff and told us they were happy with the service that they received.

Is the service responsive?

Good

The service was responsive.

People's needs were identified and planned for.

The service provided opportunities for people to engage with events in the community as well as in the home.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Auditing processes were not robust.

Some confidential documentation was not secured.

The service took account of the views of people who used the service, their relatives and staff to help drive improvement.

Sun Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August and 01 September 2016 and was unannounced. It was carried out by one inspector and an expert by experience on 30 August and by one inspector on 01 September 2016.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for some people) and the local authority's quality monitoring team for their views on the service.

During the inspection, we spoke with six people who lived in the home and relatives of a further four people. Some people living in the home were living with conditions which meant that they were unable to give their views about the service in any detail. We used observations to help understand people's experiences of the service they received. We also spoke with the registered manager, both partners in the business and five other staff members.

We looked at the care records of three people and other information relating to their care. We looked at the recruitment records of two staff members and the training records of seven staff members. We also looked at records relating to how the quality of the service was monitored.

Requires Improvement

Is the service safe?

Our findings

We reviewed Medicines Administration Record (MAR) charts for three people living in the home. These had been completed correctly and medicines taken by people had been recorded. We checked sampled stocks of medicines held which were in accordance with the records. However when pain relieving patches were administered to people's skin there was not always a record to show where they had been positioned. Positioning of patches in the same area can result in skin irritation. During one morning of our visit we observed that medicines for one person had been unsecured for a period of time at the nursing station.

We also saw that drink thickener had been left in one of the lounges. Whilst the manager did not feel that anyone in the home was at risk of accidentally ingesting this, it was a prescribed item and should have been secured.

A wide range of risk assessments had been carried out in relation to the environment. These included fire risk assessments and the servicing of equipment in the home to help ensure safety. A risk assessment was in place in relation to legionella and the water had been sampled and no concerns had been identified. Water temperatures were recorded. These showed that water was at suitable temperatures to inhibit the growth of any bacteria. However, the water temperature from 80 % of the hot taps was over 50 degrees centigrade. Seven taps were recorded as at 59 degrees centigrade. A risk assessment was in place for this and one of the providers told us about the steps they took to ensure that people who were at risk were protected. There was substantial work already in progress in relation to the home's water system and this included the rectifying of this issue.

Whilst there was an evacuation plan for the home, this was not specific to individual people's needs. This meant that in the event of an evacuation the emergency services would not know what assistance people might need to mobilise or whether they had a cognitive impairment that could hamper their ability to vacate according to verbal instruction.

We found that there were individual risk assessments and plans in place to minimise risks to people's wellbeing. For example, we noted assessments including the management of risks associated with mobility, falls and the use of bed rails. We found that the risk of people developing pressure areas was well managed. This included people being repositioned as necessary and a nurse checking the skin condition of people at risk on a daily basis during routine personal care.

Incidents and accidents were analysed at internal Health and Safety Committee meetings held by the provider. Incidents were discussed and improvements were made to reduce the likelihood of similar events re-occurring.

The service had not fully implemented the nutritional screening tool they used but this was in the process of being done. However, weight records showed that only one person was of a significantly low weight and this person was receiving the additional support of a dietician.

We received mixed views about whether there was enough staff to meet people's needs. Two relatives and two people who lived in the home told us there was enough staff. However, two other people said sometimes they had to wait for staff to assist them. One of them said, "Sometimes they are a long time coming when I ring."

Staff members told us that there was enough staff to meet people's needs. One thought that because there was considerably more staff on in the morning than on afternoons people had the impression that they were short staffed. During our visit there were enough staff to meet people's needs.

The provider did not use a dependency tool to determine how many staff were required. Staffing numbers were determined by clinical judgement and experience. Two nurses were on duty during the day in the week with one at weekends and overnight. There were eight nursing auxiliaries on duty in the morning which was a busy time. In the afternoons this figure reduced to four.

Recruitment practices ensured that the risks of employing staff unsuitable for their role were minimised. References were obtained and checks were carried out with the Disclosure and Barring Service (DBS). However, there was no proof of identity on record in the two recruitment files we viewed. One of the providers advised us that this would have been seen during the recruitment process, but that they had neglected to keep a copy for their records.

One person told us, "People here are friendly and I feel safe." Another person's relative said, "My [family member] feels very safe here." Staff we spoke with understood their responsibilities in relation to keeping people free from harm. They understood the different types of abuse and what signs could indicate that there was cause for concern. They also knew what action would need to be taken and which external organisations would need to be alerted. The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace, without fear of the consequences of doing so.

Requires Improvement

Is the service effective?

Our findings

People and their relatives had confidence in the staffs' ability to care for them or their family member. One relative told us, "I think they are well trained, they know what they're doing. They have a high level of registered nurses."

Staff had received training in a variety of subjects that would help them to provide effective and safe care for people. However, there was no competency testing programme in place to ensure that nurses' practice was effective in specific clinical tasks such as venepuncture or catheterisation.

The majority of nursing auxiliaries in the home had social care qualifications and considerable experience. They told us that they were well supported by nursing staff and other colleagues. The provider was keen to encourage staff to develop and had supported four nursing auxiliaries to access a foundation degree course in nursing. New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to.

Recent training had been provided in the Mental Capacity Act (MCA) 2005. One staff member showed us a small card that they had been given as part of their training. They carried this around to help remind themselves of the five principles and the two stage test of capacity. They told us that this was helpful for them and re-enforced their training. We also saw that staff had completed a 'Know Your Equipment' test which tested staff knowledge about the equipment in use in the home. Staff also knew what to do to keep people safe in the event of equipment failure.

However, we noted that only three supervisions had been recorded in the records of seven staff members and two of these supervisions had been carried out in 2015.

People were supported to have enough to eat and drink and had choices. Those that required assistance with eating and drinking received the necessary assistance. One person said, "There are two different choices but I feel I could ask for something different if I like." Another person told us, "The food is excellent, always fresh and tasty." One person who required a pureed diet told us, "It's nice, but it can be a bit monotonous for me." A person who was living with diabetes told us, "They help me make good dietary choices and I don't feel that I miss out." Their blood glucose level records showed that their diabetes was being well managed.

We observed the lunch time period in both dining areas. People were offered choices about where they wished to sit and what drinks or condiments they wanted with their meal. They were asked whether they wanted music to be played over lunchtime and if so what type. One person suggested, "Something upbeat" and this was provided. Staff supporting people to eat their meals were attentive and patient. People utilised adapted cutlery or plates to promote their independence when necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

Where appropriate mental capacity assessments had been carried out. Staff understood about obtaining people's consent and what they needed to do or be mindful of if people were unable to consent. One staff member told us, "Sometimes I try a little bit later on, that often works."

The manager told us that DoLS applications had been made in respect of three people. They told us about the restrictions that were in place for each person to help keep them safe and how they ensured that these restrictions did not hamper the freedoms of other people. For example, one person had mobility but would not have been safe to go out of the building alone. However, the weather was very warm during our visit and most people wanted the doors and patio windows open on the ground floor. The manager told us that there was always a staff member in the lounge where the person tended to spend their time. If the person wanted to go outside they would be accompanied.

People received support from a range of health professionals. A GP visited on a weekly basis, but was available for call outs if required. A physiotherapist visited weekly to help people do exercises to promote their mobility. Staff were available to support people attending health appointments if they wished. People living in the home also received support from a range of specialist health professionals including nurses, dieticians, dentists and opticians.

Good

Is the service caring?

Our findings

People who lived in the home told us, "They always ask me things. I feel like I'm part of this place." "The girls are good here."

One person's relative gave us their views by way of a letter. They stated, "The staff have been so supportive and nothing is too much trouble for them. We are always informed what is going on with [family member]. [Family member's] interaction with them is very good because they spend time with them and this gives them confidence. This has made such a difference to [family member] and to us as a family."

Another person's relative stated, "We chose this home on the basis of the staff we met and above all the understanding and kindness shown by the providers during our initial meeting. The dedication and length of service of most of the staff says a great deal about the home."

A third relative told us that they had been sitting outside with their family member one day and they had mentioned that an ice-cream would be nice. One of the providers had overheard this and returned a short while later with two ice-creams. The relative told us, "You cannot buy that sort of care. It is over and above the norm."

We observed that staff were caring and thoughtful and sought to uphold people's dignity. A staff member covered up one person's legs discreetly when their blanket had fallen off of their lap. Another staff member was keen to ensure that one person who was going out had a cardigan with them in case the weather changed.

The level of interest in people as individuals and their views was notable. The home's newsletter was available throughout the home and, with permission, provided detailed insight into people's histories and life experiences which were shared with others. Some of these acted as topics for the discussion groups which were led by one of the providers and held regularly. These were well attended and enjoyed by many people in the home. Discussions took place about past and current world events and issues affecting the home were also discussed. For example, menus were discussed and how people wanted to participate in the town's annual 1940s weekend celebrations.

Records showed that people, or their relatives where more appropriate, were engaged in discussions about the care they received. Some people weren't aware of the existence of a care plan as such but knew that records were kept and that they had access to them because they were kept in their rooms. One person told us that, "When they write in my care plan they tell me." However, another person told us, "Communication is a bit weak in this area."

The home had won the category of End of Life Care at the 2016 Norfolk Care Awards in February and was accredited with beacon status under the Gold Standards Framework. This is a care model of good practice to benefit people nearing the end of their lives. A relative told us, "They looked after [family member's] physical needs with respect and empathy. End of life care was sensitive and great compassion and affection

was shown to us all." A thank you letter from another relative stated, "You looked after [family member] exceptionally well, understanding their needs and respecting their dignity. You were there to answer questions and give support but you were also discreet when we needed time with [relative]. There is nothing you could have done better."

Good

Is the service responsive?

Our findings

A relative told us, "Prior to moving in to the home an assessment was done. We were given all the information we required and all our questions were answered." People's care needs were assessed before people moved into the home to ensure that the service would be able to meet their needs. One of the providers told us that due to the older style of the building with narrow corridors and dead ends that the home was not suitable for people with a primary diagnosis of dementia who often needed to walk about. As a result they were mindful when doing pre-assessments whether the home environment would be suitable for people.

People told us that the service responded well to their health needs. One person told us, "There's always a trained sister on. They wouldn't be slow to call for the doctor here." Another person told us about an ongoing health issue. They said, "Staff here have been really good and got the doctor in."

People's care plans were reviewed regularly. There were detailed plans in place to inform staff about the support people required with specific health conditions, for example diabetes. One person had a skin condition that required an intensive support regime. Their care plan included clear details advising staff about how to manage this need. These details included what creams and dressings were to be used, when they were to be used, how the person needed to be positioned and what signs would give rise to further concerns about their welfare. Whilst most care plans we reviewed provided sufficient guidance for staff, we were unable to find a care plan in respect of one person who was living with epilepsy. We were told that this would be rectified.

The home offered a variety of things to do to keep people occupied if they wished. The home was situated in a coastal town which had lots to offer people, particularly in the summer months. The providers had forged good links with the local theatre and people were asked if they wished to attend local events. We saw that in recent months some people had been to a classic car show in the town, some had enjoyed watching Morris dancing, the town's carnival and sea front visits. The weekend after our inspection a boat trip was planned on the Norfolk Broads. The majority of the people in the home had signed up to go on this trip.

One person told us that they had asked to attend church one Sunday but was told that no-one was available to take them on that day. Records showed that this person and others had attended church on several occasions in recent months. A few people who chose to spend their time in rooms told us that they would like to have people to chat with a bit more often.

In the home we saw that bingo, quizzes and gardening was available. Local school children came in to sing and people joined them or played hand bells. One person told us, "I love to listen to audio books. I have learned so much. The hairdresser comes regularly and I like having my hair done." Another person said, "I like to read and get books from the bookshelves in the lounge.

Everyone we spoke with knew who the manager and the providers were. The service's complaints guidance was available to people in the foyer. One relative told us they were, "A thousand %" that any complaint they

made would be dealt with to their satisfaction. Two people who lived in the home said that if they needed to make a complaint they would ask their relative to do this on their behalf. One person raised a concern with us. However, the resolution to their concern lay with other healthcare professionals. The provider told us the concern was known about and being addressed by the relevant healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required in terms of the quality assurance processes in place. The monthly medicines audit had a narrow focus which was mainly on stock control. It did not identify the concerns we found. For example, it did not consider competency testing for medicines administration or ensure that processes for recording the administration of patches were adhered to. There was no infection control audit in place but cleaning schedules were being developed. There was no process in place for the auditing of care plans.

Some people's records were not secured. The nursing station was in the centre of the home and adjoined the main corridor on the ground floor. People's MAR charts were not secured. Other confidential personal documentation was left unattended at the nursing station. This included wound charts and folders which included current details about people's health. One person's room joined directly on to a lounge area. We saw that their care records were left on a radiator at the entrance to their room in the lounge. The provider told us they were in the process of making adjustments to the layout of the building to provide more space for the nursing station. However, people's records needed securing pending these new arrangements.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive, relaxed and welcoming atmosphere in the home. There was plenty of general chatter and cheerful banter between people, their visitors and staff. The management of home had been unchanged for many years. This had helped foster a sense of stability in the home.

One person told us, "I've been here more than ten years. [The providers] have their fingers on every problem, they are very likeable." Another person said, "It's well led, there's great cohesion." A relative stated, "We're very fortunate to have found Sun Court. It's very well managed, the staff know their roles. It feels right."

Staff felt well supported by the manager and the providers who treated them well. In return they were loyal to the service and dedicated to the wellbeing of the people they supported. Many staff members had worked in the home for several years. One staff member who was a nurse told us, "Both the manager and providers will get stuck in, that's the ethos here. I'm happy to come in and do a shift as a nursing auxiliary if needed." Another staff member told us, "It's well organised here, everyone pulls their weight." A third staff member said, "We work together and support each other. We check that other staff don't need help before we go on our breaks."

The views of people and their relatives had been sought in April 2016 via an independent company. These views were mainly positive and plans had been made and carried through to address any issues raised as far as was possible. Staff views were sought through meetings. It was clear that staff felt able to speak up and make suggestions. Staff told us they were listened to and their suggestions were valued.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to determine quality of the service they provided for people and confidential records were not secured. Regulation 17 (1)