

Le Flamboyant Limited

Sunrise Care Home

Inspection report

10 Amen Place
Little Addington
Kettering
Northamptonshire
NN14 4AU

Tel: 01933650794

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Sunrise Care Home is a residential care home that was registered to provide personal care for up to 20 people. On the day of our inspection, the service was supporting 16 people. Some people using the service, were living with dementia.

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

The provider did not have robust systems in place to ensure people were protected from avoidable harm. Risks to people's health and safety were not always assessed and managed. Investigations into incidents and accidents were not always analysed to learn lessons and prevent future occurrences.

Some people, relatives and staff raised concerns that the service needed some redecoration. We found the service was undergoing a programme of refurbishment. The environment was not always kept clean and was not dementia friendly. The providers complaints procedure was not clear and there was no evidence to demonstrate how the provider appropriately deals with complaints.

Arrangements were in place for the safe administration of medicines, however the medicine management system was not always safe. End of life care was provided in close consultation with specialist agencies; people were supported to access to a range of local healthcare services. Relatives were complimentary about the quality of care provided by the staff.

There were suitable numbers of staff, who were recruited safely and in line with current legislation. Staff were undertaking mandatory training, staff told us they had enough training to meet people's needs. Consent to care was sought and recorded. Daily activities were organised which some people enjoyed. However further action was needed to ensure people were not at risk of isolation and lacked meaningful engagement.

Initial assessments were undertaken which reflected choices and needs. The person receiving support, was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported by the acting manager and seniors, however formal supervisions and staff appraisals were not consistently taking place to ensure staff were supported. The service had established links in the local community and worked in partnership with key organisations including local authorities and other agencies to improve the service for people. Staff at the service worked with health and social care professionals to ensure good outcomes for people.

No registered manager was in post, but an acting manager had been at the service since January 2019. The acting manager was open and transparent throughout the inspection. Whilst some improvements had been made, these need time to become embedded and sustained so they become part of normal practice. There

was a failure to meet the regulations.

Rating at last inspection: The last rating for this service was Good (published 4 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

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

During the inspection the provider made some improvements that were effective to mitigate some of the risks identified and improvements are still ongoing.

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 have identified breaches in relation safety, complaints and governance.

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

Follow up

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.

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

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Sunrise Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Sunrise is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 in the service. This means that only the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

An acting manager had been in post since January 2019.

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return prior (PIR) 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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, acting manager, two senior care workers, care worker, the cook and the housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with a professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 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.

Assessing risk, safety monitoring and management

- The provider's management of the security and fire safety of the service was not robust. Windows did not have restrictors in place throughout the service and fire exit doors were found to be locked in the daytime, putting people at risk.
- Some areas of risk had not been assessed which meant people were at risk of harm. We brought this to the attention of the manager who took immediate action to resolve this.

Preventing and controlling infection

- Systems to prevent and control infection were not being observed. Areas of the home were not always clean, because staff were not working to the cleaning schedule that was in place. Measures had not been taken to deal with an insect problem identified by us in the conservatory.
- Staff had completed infection control training and we saw staff used PPE (Personal Protective Equipment), such as gloves and aprons. This ensured people were protected from infection when being supported with personal care and meal preparation.

Learning lessons when things go wrong

- No evidence was seen of staff learning from events or when things have gone wrong at the service. Staff could not give examples of management sharing learning, so similar incidents would not happen again.
- An accident monitoring log was in place, but this was not being effectively monitored to identify any patterns. People had experienced falls, but care plans and risk assessments had not been reviewed to ensure measures were put in place to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- The staff and nominated individual had not reported a recent incident appropriately or put measures in place to reduce the chance of recurrence. This left people at risk of harm.
- Staff had completed safeguarding training to ensure they were able to spot the signs of abuse; however, the provider did not have processes in place for staff to report safeguarding concerns.

Using medicines safely

- We found medication being stored on the floor of a communal landing, which could have caused harm if swallowed by a person.

The provider failed to ensure they were doing all that was reasonably practicable to mitigate risks to people. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, Safe care and treatment.

The provider responded immediately during and after the inspection to the concerns identified.

- The provider had systems and procedures in place to ensure people received their medicines from trained staff. Staff told us they knew what to do in the event of a medicines error.
- PRN protocols for medications clearly described when, why and how to administer them.

Staffing and recruitment

- Appropriate pre-employment checks of new staff members had taken place, ensuring people were not put at harm by unsuitable staff. The service followed the provider's recruitment policy. Staff recruitment files contained all the relevant information to demonstrate that staff had the appropriate checks in place.
- There were enough care staff to meet people's assessed support needs. Call bells were responded to in a timely manner.
- One relative told us, "There is always enough staff when we visit. Staff always make us feel welcome".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported in their roles at the service. Records showed that formal supervisions were not taking place consistently. No annual appraisals had been carried out to review staff performance or development, so assurances could not be obtained that the provider was appropriately supporting its workforce.
- Staff completed a range of training, however, were unable to demonstrate their understanding of certain topics. For example, staff told us they did not know what action they should take in the event of an emergency.
- Staff received an initial induction and were expected to complete mandatory training, including annual refreshers. Training records evidenced that staff up to date with mandatory e-learning and some staff had attended face to face training. One staff member told us, "From the dementia training I was able to relate and understand what someone with dementia may be experiencing".

Adapting service, design, decoration to meet people's needs

- Ceiling and wall lighting fixtures in some communal areas did not work.
- Bathing facilities required improvement, a bathroom being used was not well-maintained or clean, and did not provide a pleasant environment for people to receive personal care.
- The building required general updating. A relative told us, "The home is looking tired and in need of redecoration, with the carpets fraying and flooring being uneven". The provider told us that the carpets were to be replaced in the service.
- The external grounds to the side and rear of the property, where people sat outside were not well-maintained, and contained limited seating.
- Several people living in the service were living with dementia, but the environment was not always dementia friendly, although bedrooms were personalised and people told us that they had photographs of their families in their rooms. We discussed with the provider the measures they could take to make the service a more dementia friendly environment in relation to the decoration and signage, to support people to live well with dementia in the service.

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

Staff working with other agencies to provide consistent, effective, timely care

- Staff were responsive to people's request for support and assistance.

- People's care records showed access to health care services; including a Doctor, Advance nurse practitioner and a Chiropodist.
- A professional who regularly visits the service told us people were well cared for, and staff followed instructions and guidance especially when supporting people at the end of their life.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure their individual needs could be met. One relative told us, "Staff made it a very easy transition".
- Records showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example skin integrity and nutrition tools.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that meals were a social occasion and people were offered a choice of food. One person told us, "It's very nice, [staff] have come around offering second helpings."
- Relatives told us that the food choices had improved recently at the service. One person told us, "There's always a choice and dinners have got better. My relative prefers to sit in the lounge, but staff do encourage them to move to the dining room to have their dinner".
- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals that met people's dietary and cultural needs

Supporting people to live healthier lives, access healthcare services and support

- People's care records confirmed they health professionals when needed or requested. People and their relatives told us staff helped people to seek professional medical advice if they were unwell. One person told us, "I tell them if I want to see the doctor, I either go there [to the surgery] or the doctor comes here."
- Care plans contained information packs for people to take with them if they needed to go to hospital. This included a photograph of the person, essential information, known allergies, health conditions, and their current medication to ensure their needs would be met appropriately by hospital staff.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff and management understood people's rights under the MCA. Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- Care plans and risk summaries included clear information about people's needs and the correct processes had been followed when people were assessed to lack capacity to make a decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and listened to them. A person who lives at the service told us, "Staff are a friendly bunch. You can talk to them if something is bothering you." One relative told us, "Staff were always around to help if needed."
- People were treated as individuals and staff supported them to live their lives how they wanted. One person told us, "We can do what we want, the staff always ask us about what we want to do or watch."
- Staff supported people to maintain relationships with people who were important to them, and close bonds between people were observed.

Supporting people to express their views and be involved in making decisions about their care

- Staff included people in the care planning process. When appropriate, relatives were involved in review meetings.
- People's preferences and choices were clearly documented in their care records, for example one person preferred their meat to be cut up into pieces, before it was served to them.
- People had access to independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "They [staff] do [treat them with dignity and respect]. They leave me alone when I want them to." Care records described how staff were to respect people's privacy and dignity.
- Staff supported people to be independent. Care records described people's strength and what support they required. People told us that they were happy and did not feel restricted.
- Staff were observed talking to people skilfully and encouraging people to retain their mobility when moving around the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were not recorded or investigated in line with the provider's policy. Information was not available to tell people how to make a complaint. Records of complaints had not been completed.
- The service had two complaints procedures containing different information. This meant staff could not be sure of the correct action to take in relation to complaints.
- People told us they had given feedback to the management team, but no changes had been made.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Electronic care plans detailed people's support needs. Care plans included information on how to support people with personal care and other areas such as nutrition, continence and mobility.
- Reviews were regularly completed, and evidence was seen that people were involved.
- Staff recorded detailed information about people on electronic daily notes, about people's daily routines, behaviours and daily activities in most cases.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager did not understand their responsibility to comply with the Accessible Information Standard and could not provide information about the service in different formats to meet people's diverse needs.
- Care plans detailed people's communication ability and how staff could communicate with people effectively. For example, in one person's care plan, it was highlighted how care staff could support a person, with their audio aids, to ensure they could communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information about hobbies, interests, activities or the support people needed to engage, was not always recorded in people's care plans. The manager is in the process of reviewing care plans to ensure this is completed.

- A new activities programme had recently been introduced. Staff were working to identify activities which people would enjoy. One person told us, "Activities are decided on the day, [staff] will ask if you want to play bingo, do a quiz or some exercise. Nothing is forced on us."
- A digital virtual assistant had been recently purchased for the service. Staff told us many people found this positive as they enjoyed singing together. People and their relatives had been asked to create lists of people's favourite songs so they could request them to be played.

End of life care and support

- People were given the opportunity to discuss their end of life wishes. Where people had made their wishes known, these were recorded, and advanced care plans were seen. Records included preferences relating to protected characteristics, culture and spiritual needs.
- Staff had attended end of life training and were engaged in a local network of community professionals to share best practice. Staff spoke passionately about the end of life care at the service.

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. Continuous learning and improving care

- The provider had failed to notify the Care Quality Commission that the registered manager had left the service. The replacement manager had not submitted an application to be registered. We discussed this with the provider and they took immediate action.
- There were no governance or effective audit systems in place. The manager told us that they carried out some audits and the nominated individual visited the service, but no evidence was seen. Clear responsibilities or tasks were not defined or delegated. The management team had failed to identify the areas of concern found during this inspection.
- Quality assurance systems and processes were ineffective. They did not identify that care plans and risk assessments were not being updated following the incidents. This meant they did not identify where care standards fell short of those required to put actions in place to reduce risks to people.
- Accident, incidents and near misses were not tracked to identify trends or patterns. One example, the manager was unable to report how many people had a fall in the last three months at the service, as incidents were only reviewed in isolation.
- There has been a failure to swiftly address the concerns raised by the local authority (February 2019). Concerns identified during external audits had not been acted upon in a reasonable amount of time. No evidence was seen of the action plans in place, or progress made to date. From discussions with the management team, timescales for completion were frequently not met. We have detailed these shortfalls within the safe domain. No reassurance could be given that actions would be taken to rectify the concerns identified in this inspection for the people living and working at the service.
- Archived care plans and training records were found to be stored in an unlocked cupboard where they were accessible. The provider failed to keep confidential data secure.

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

- The provider had not offered regular meetings to staff, people or relatives and had not engaged people or staff to feedback on the quality of the service. Issues identified at historic staff meetings, had not been reviewed for completion of actions and there was no evidence that staff had the opportunity to contribute. This meant that the provider did not have the information to improve the quality of care.
- People's relatives told us they were kept up to date if any changes occurred to their relatives.

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. The provider failed to keep people's confidential data secure. These are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- The manager was focused on maintaining the day to day culture and staff said they were supportive when they needed guidance.
- The manager told us they understood, and would act on, their duty of candour responsibility.
- Relatives and staff told us the manager was open and promoted a culture of transparency.

Working in partnership with others

- The management team worked in partnership with other health and social care professionals and commissioners.
- Members of the management team spoke passionately about how they would make the necessary improvements to the service.
- The provider is working with the Fire Service to implement recommendations made following the inspection.

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 had failed to assess and mitigate a range of potential risks to people's safety and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed in relation to infection control, poor standards of hygiene and, maintenance of the premises.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying on of the regulated activity.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p>

The enforcement action we took:

Warning notice:

The provider will be required to send an action plan detailing how they have ensured the quality monitoring systems in place are sufficient to ensure the quality and safety of the care and support in the home.