

Sun Healthcare Limited

St Margarets

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

About the service

St Margaret's Care Home is a residential care home providing personal and nursing care to 46 people at the time of the inspection. The service can support up to 56 people.

St Margaret's Care Home accommodates people across three separate units spread over one floor, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia

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

People were not supported to have maximum choice and control of their lives. There was inconsistency regarding the application of the Mental capacity Act (2005) MCA. Where people had restrictions in place, information was not recorded in relation to capacity assessments and decisions made in their best interest.

Care plans had been updated but they were not always written in a person-centred way and people's needs were not clearly identified. This meant that there was not always enough information for staff to meet people's need's effectively.

We have made a recommendation about care plans reflecting people's current needs.

People were safely supported and protected from harm or abuse. Safeguarding systems in place supported this. Staffing levels were safe and new staff were recruited using robust procedures. Management of medicines were safe. Staff learnt lessons after dealing with problems.

Staff were trained to support people with mobility, nutrition and health care, as well as any diagnosed conditions. The premises were designed to meet the needs of the people that used the service.

Staff were kind and caring and knew all the people and their diverse needs. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

Staff provided responsive care, adapting this as people's needs changed. People and relatives felt their feedback was welcomed and were confident any concerns would be acted on appropriately.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 June 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement.

We have identified a breach in relation to need for consent at this inspection.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Margarets

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

On day one of the inspection two inspectors and an Expert by Experience visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, one inspector was present.

Service and service type

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

Notice of inspection

This inspection was unannounced on day one. We told the provider we would be visiting on the second day.

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 and professionals who work with the service. We also sought feedback from Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a senior care worker, two care workers, a nurse, the maintenance person, activities coordinator and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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

After the inspection the registered manager sent copies of policies and procedures. Feedback was also received from two professionals working with 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "I'm safe. If I want anything, I just press the buzzer and they come." A relative told us, "[Name of person] is perfectly safe. If I thought, they weren't safe I'd tell you."
- Staff were aware of their safeguarding responsibilities and would report any concerns to keep people safe.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were documented to show the level of risk and control measures were in place to keep them safe and reviewed regularly.
- The environment was well maintained, and all equipment received regular servicing.
- Fire safety was managed effectively. Fire drills were planned to ensure all members of the staff team attended.
- People received care in a timely way; there were enough staff available to meet people's needs.
- Where accidents or incidents had occurred, detailed information had been recorded by staff.
- The provider had systems in place to review and analyse any accidents and incidents each month. And share lessons learnt with staff through handover, staff meetings and supervisions.

Staffing and recruitment

- A dependency tool was used to help the provider identify and evidence safe staffing levels. People confirmed staff supported them in a timely manner.
- The provider followed safe recruitment processes. When nursing staff were employed additional checks were used to assess their clinical experience.

Using medicines safely

- Records showed people received their medicines as prescribed. Medicines were stored safely and securely.
- Medicines management policies and procedures were in place. Records showed staff had been trained in the safe administration of medicines and their competency to administer medicines had been checked.
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection. Staff had received training in infection control and personal protective equipment was used.
- The environment was clean, free of malodours.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure that people using the service had given their consent before care or treatment was provided. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 11

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.

- Mental Capacity Assessments and best interest decisions were made by staff without any external agency involvement.
- Relatives signed consent forms, however there was no information recorded in care plans they held Lasting Power of Attorney.
- Restrictions were in place for example, the use of bedrails, lap straps and medication. People's capacity to make these decisions was not always completed or recorded why the restrictions were in their best interest and the least restrictive option.
- Staff had completed MCA training and gained peoples consent when supporting them to meet their needs

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent had been obtained lawfully. This placed people at risk of harm. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and considered their preferences when arranging their care. The assessments were used to develop care plans and these provided guidance to staff on how to support people.
- Care and support was delivered in a non- discriminatory way and respected people's individual diverse needs.
- People's rooms were personalised to their tastes and included family pictures and hobbies they liked to take part in, including completing jigsaws and knitting,
- The environment had been adapted to promote the independence of people living with dementia. Doors and doorframes were painted to help them stand out. Dementia friendly signage was used to support people

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction.
- Staff spoke positively about the range of training opportunities available to them including specialist training for example Huntington's and Parkinson's Diseases.
- Staff received regular supervision and attended staff meetings to develop their practice, skills and knowledge.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were encouraged to help themselves to drinks and snacks. A variety of snacks and cold drinks were available for people and these were refilled regularly.
- People were supported to maintain their independence with eating and drinking.
- Staff were aware of any specialist diets that people had, and information was provided to the chef to ensure they were updated of any changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional said, "Staff support us with nutritional care assessments which is vital for people's nutritional well-being."
- Care plans contained specific information about people's healthcare needs which provided staff with consistent understanding.
- Staff understood people's health needs and knew how to access additional support if this was needed.
- People's changing needs were communicated with their relatives.
- Staff recognised the value of working together, this achieved positive outcomes for people,

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 remained the same. 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

- Positive feedback was given by people and their relatives. One person said, "The staff are very nice, it's very pleasant here."
- Interactions between staff and people were natural and showed positive relationships had been developed. A healthcare professional told us, "The team work hard to build relationships with the people who live here and I have seen how this impacts positively."
- Staff provided a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were cared for and supported by staff that were kind, patient and respectful.
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported to practice their religion and celebrate religious festivals.

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

- Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to find out how they liked to be cared for and this was recorded in their care plans.
- People were supported by an advocate when they required support to be involved in decision-making. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One relative told us, "The staff treat them with respect and they also respect their belongings too."
- Staff respected people's privacy and waited for their permission before entering their bedrooms.
- Staff promoted people's independence, recognising where they were able to meet their own needs and times when additional support may be needed. People were approached by staff in a polite and respectful way to offer help.
- Care records were kept securely, so confidentiality was maintained.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans had been updated but did not always give staff clear guidance to provide people with person centred support because they did not always reflect people's current needs. This shortfall had not affected people, we found staff were knowledgeable about how to meet people's needs and their changes in circumstance. The problems were with inconsistent record keeping, which we have addressed within the well-led section below.
- People's care plans contained information on their health care needs and medication requirements.
- People received person-centred care and support with their personal and social needs.

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.

- People's communication needs were understood and supported.
- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs. Staff explained information in ways people could understand.

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

- A range of activities were provided, enabling people to pursue their interests and practice their religions. People's participation in activities was monitored to ensure they were engaged. One person told us, "I join in all the games and activities."
- Staff identified people at risk of social isolation. Where people were unable to join in activities in communal areas alternative arrangements were made to provide them with stimulation for example some people had hand massages.
- People were supported to develop and maintain friendships and relationships. This included spending time with relatives.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately to address the issues highlighted and improve care.
- A complaints procedure was in place for people and visitors to access.
- People were supported to raise concerns. People and their relatives told us they were confident in raising

concerns with the staff if they had any issues.

End of life care and support

- Where appropriate, people's end of life care preferences was recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.
- Staff recognised the importance of good end of life care and told us they liaise with healthcare professionals to ensure people have the right medicines and equipment in place to help maintain their comfort and dignity.

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 Requires Improvement. At this inspection this key question has remained the same. 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; 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 was not always clear about their role. Care plans had been reviewed and updated since the last inspection but did not always identify all of people's needs. There were inconsistencies in the information recorded, some care plans were detailed, others had little information and some information was missing. This was discussed with the registered manager who was aware that care plan audits need to ensure they identify shortfalls and action concerns we found during the inspection.

We recommend the provider maintains accurate and complete care plan records which are updated as people's needs change.

- Staff performance was managed appropriately in-line with the provider's processes. This ensured standards were maintained in the service.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner.
- The registered manager demonstrated good understanding of their responsibilities of the 'duty of candour' regulation: to act in an open and honest way when shortfalls in providing the service were identified. They knew about being required to make apologies when problems arose.

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

- The registered manager and staff promoted a friendly, homely and caring culture where people experienced appropriate outcomes.
- People were supported with their needs, taking into consideration their age and any disability they had. Staff recognised people's changing needs, for example, because of age, illness or desire and knew when to reduce the pace or change the approach.
- The management team knew people, their needs and their relatives well. Staff told us, "The managers are really good and very approachable."
- Staff said they felt supported by the registered manager.

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

- Regular meetings were held at the service to ensure everyone was involved in developing and improving the service.
- Staff were focused on developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.
- Quality assurance checks were shared with staff to include them in the running of the service and improvements.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were monitored to look for patterns and trends to learn from them and improve care. Learning was shared with relevant professionals.
- The service worked well with other organisations. They had good relationships with the local authority, healthcare services and worked with them to achieve good outcomes for people.
- The service had links with the local community including local churches. People were supported to attend community events where possible.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not consistently acted in accordance with the Mental Capacity Act (2005) in relation to when people were unable to give consent because they lacked capacity</p>