Sun Healthcare Limited

St Margarets

Inspection report

Littlecoates Road
Grimsby
DN34 4NQ
Tel: 01472 241780
Website: www.sunhealthcare.org

Date of inspection visit: 29 September & 2 October 2015
Date of publication: 31/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

St Margret's provides nursing and residential care for up to 56 people. The service provides support for adults over the age of 18 including older people, people living with dementia and people with a physical disability. At the time of our inspection the service was supporting 46 people, 30 of which required nursing care and 16 required residential support. The service offers various communal lounges, a large open plan dining area, an activity area, kitchen and an enclosed outdoor space which is wheelchair accessible and offers outdoor seating and flower beds. The building is fully accessible to people with mobility difficulties and there is a car parking available on site.

The inspection was unannounced and took place on 29 September and 2 October 2015. The last inspection was completed on 28 August 2013 and the service was compliant in all areas assessed.

The service had a 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.

Summary of findings

We found that staff understood how to identify sign of possible abuse and knew how to report suspected abuse to the relevant bodies. Staff were recruited safely and appropriate checks were

completed prior to them working with vulnerable people. Staff had good knowledge and understanding of the needs of the people who used the service. People who used the service told us they felt safe.

There were sufficient numbers of staff to safely support people. Staff received supervision, observations of practice and annual appraisals to support their practice. We found people received their medicines as prescribed and staff were appropriately trained with the skills to carry out their role effectively.

People were offered choices of food and drinks and individual dietary needs were catered for and monitored in line with their care plan. People had access to health services when required and the service responded quickly when advice or guidance was needed from other professionals.

People were treated with respect and staff were kind and patient in their approach to people. A range of in house and community based activities were offered by the activities co-ordinators and people were encouraged to participate and get involved.

The service had a complaints policy and welcomed feedback from people living at the service, relatives and staff in order to make improvements and develop.

People who used the service had personalised care plans in place and individual's likes and dislikes were clearly documented. Risk assessments were in place along with life history, medical conditions and professional contact records. Family and friends were welcome to visit and people living at the service were encouraged to maintain family contact.

Summary of findings

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.

Staff understood how to safeguard people and could explain how to report possible abuse.

Safe recruitment practices had been followed and appropriate checks had been made of the staff who worked at the service. There were sufficient numbers of staff to support people effectively.

We found that medication was stored, recorded and administered safely in line with current guidance.

Is the service effective?

Good

The service was effective.

People's rights were respected and care was only provided when consent had been given or if Best Interest processes had been followed. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Peoples were offered choices of food and drink which took into account nutritional and dietary needs. People also had good access to health care services.

Staff had received appropriate training, supervision and appraisals to ensure they had the skills and knowledge to support the needs of the people who lived at the service.

Is the service caring?

Good

The service was caring.

Staff were kind and patient with people who used the service. Staff understood people's needs and involved them in decision making.

There was friendly atmosphere within the service and people's privacy and dignity was respected.

People were provided with information and explanations to help them make choices.

Is the service responsive?

Good

The service was responsive.

People needs had been assessed prior to living at the service. Care plans had been developed to ensure people received person centred care. These needs continued to be reviewed and monitored.

Activity co-ordinators were employed to ensure people were offered meaningful activities both in house and within the community.

The service had processes in place to support people with concerns or complaints about any aspect of the service or care they received.

Staff acted promptly when someone needed access to healthcare professionals and interventions were appropriately sought.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who was described by staff as approachable. Staff told us they felt supported and it was a nice place to work.

The service had quality assurance systems in place that collected people's views, audited the service and produced action plans to meet any shortfalls identified.

The registered manager had made statutory notifications to the Care Quality Commission in a timely manner.

St Margarets

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 registered 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.

The inspection was unannounced and took place on 29 September and 2 October 2015. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection, the expert-by-experience was knowledgeable about the use of services for people living with dementia.

Before the inspection took place we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the registered provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority contracting team and safeguarding team to obtain their views of the service.

During the inspection we spoke with five people who used the service, six relatives, two visiting professionals, the deputy manager / clinical lead, and four staff who worked at the service. We spent time observing the interactions between people, relatives and staff in the communal areas and during mealtimes.

We looked at five care records which belonged to people living at the service, including medicine administration records (MARs) and five staff recruitment files. We also reviewed a range of documentation to support the management and operation of the service. This included staff rotas, training records, audits, policies and procedures, maintenance records and minutes of meetings. We also took a tour of the building and looked at all areas of the service including peoples' bedrooms, kitchen, dining area, bathrooms, laundry room, staff areas and the outdoor space.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I have a call button if I want anything and they come straightaway." A second person said, "The staff are very good. I get good food and drink and the staff are always about so that's alright with me."

We spoke to relatives and asked if they felt their loved ones was safe living at the service, they told us, "Yes because [relative's name] is looked after, I can walk away and know there is someone here 24/7." Another said, "Yes, staff are always popping in and checking on [relatives name] so I know they are safe."

People who used the service were safe and protected from abuse as the staff had been trained to recognise signs of possible abuse and could describe examples of potential abuse when asked. One staff member told us, "If someone's personality changes, they become withdrawn or don't seem themselves you have to question if something is going on don't you?" Another staff member said, "If I thought someone was being abused I would report it straight to the manager or the local safeguarding team, it's not right and that type of thing should not be allowed to happen to the people we care for."

The service had systems in place to guide staff in safeguarding vulnerable adults from abuse (SOVA). Safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the Care Quality Commission (CQC). We saw that accidents and incidents had been documented appropriately and body maps completed where necessary. We also saw action had been taken to minimise future reoccurrences.

The care records we looked at contained detailed risk assessments that identified how the risks for each individual who lived at the service were managed. Risk assessments were in place for areas including nutrition, falls, moving and handling, pressure area management, community access and emotional wellbeing. The clinical nurse lead told us that people's needs were reviewed on a monthly basis or more frequently if required. Care records were then updated. One visiting health care professional we spoke to said, "They are good at following recommendations and specific details outlined in care plans. I never really have any complaints when coming here, the staff just get on and do it."

We looked at documents relating to the maintaining of equipment and health and safety checks within the service. The service employs a maintenance person who works on a full time basis. We saw that checks were carried out and documented within the service on a daily, weekly, monthly and annual basis. The maintenance person ensured checks covered moving and handling equipment for example hoists and wheelchairs. Checks also included inspection of fire doors, emergency lighting, water temperatures, window restrictors, call bell system and mattress pumps. These environmental checks helped to ensure the safety of people who used the service.

The service had a procedures manual which informed staff of what to do in cases of emergency, such as evacuating the home, a water leak or a person who uses the service going missing. The procedures guided staff to contact the person on call, registered manager or the clinical lead if they required guidance, advice or support. Personal emergency evacuations plans (PEEPs) were in place for each person who used the service to provide information on what support people would need in an emergency situation. This helped to ensure people would receive the care and support they required in a crisis.

We reviewed four staff and three volunteers recruitment files who worked at the service. We saw evidence to confirm staff and volunteers were recruited safely. Files contained completed application forms, interview questions, two references, and appropriate checks with the disclosure and barring service (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. One staff member told us, "I wasn't able to start working here until all my checks had cleared and been returned. They asked what experience I had working in care and I gave examples of my previous roles as part of the interview."

We looked at how medicines were managed within the service and checked five of the medication administration records (MARs). We observed a medication round and we saw that people received their medication safely. Staff were attentive and took time to explain to people what

Good

Is the service safe?

medication had been given. We saw that medicines were stored in a suitable medication trolley that was locked and stored safely when left for short periods to give people their medication.

We spoke to one person using the service who told us, "The nurse always brings my medication and it is usually on time more or less." Another person said, "My night time meds are usually late but it's not a problem because I always get them."

The clinical lead explained the system used to ensure medicines were obtained, administered on time and recorded correctly, with staff signing and dating each time medication had been given or refused. They also explained the storage and disposal of medicines. Records showed that staff checked the medication room and medication fridge temperature on a daily basis. We did see that there was one recording missing. We spoke to the clinical lead regarding this who said they would speak with the staff on shift and bring it to the registered manager's attention.

The clinical lead told us the registered manager always ensured there was more than adequate staff available to cover the service and the needs of the people living there. We observed sufficient numbers of staff on shift during our inspection and no one had to wait long for assistance or call bells to be answered. One person who used the service told us, "During holiday times they could maybe do with more but usually its ok and they are very good." Another said, "Usually enough staff about, sometime I have to wait if I press my bell but it's always like that in these places."

We asked relatives if they felt there was enough staff. We received comments including, "Yes, there's always enough staff about", "Nothing is too much trouble, if you need anything staff come" and "It's up and down sometimes but to be honest even the bank staff are good."

Good

Is the service effective?

Our findings

The people we spoke with felt the staff were well trained and understood their needs and how best to meet them. One person said, "I've been here a while now, staff are great they certainly know what they are doing and look after me well." Another said, "They do their job, care and look after us so what more can I ask."

People told us that staff always asked for consent before any care or treatment was provided. We saw evidence that best interest meetings had been held for people who didn't have the capacity to make decisions for themselves. The clinical lead told us, "We have meetings with other professionals and families to ensure all necessary parties are included in decision making processes." The service also uses advocacy services (independent mental capacity advocates) as and when required. The clinical lead told us that the local advocacy service is very good and they can phone for advice or guidance when they need to.

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 people 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that assessments and decisions had been taken in line with legislation. We saw that a number of people living at the service had DoLS authorisations in place and a large number had been applied for but were awaiting a decision from the 'Supervisory Body.'

The staff we spoke to understood the principles of the MCA. Staff could describe that when people lacked capacity, they used the best interest process to ensure decisions were made in the right way. We looked at training records and these showed that staff within the service had completed MCA training or were booked to complete the training in the next few months.

The training records we looked at showed that staff had completed a range of training to enable them to carry out their roles effectively. The records showed that staff had completed MCA, DoLS, moving and handling, safeguarding vulnerable adults, food hygiene, infection control, dignity in care, dementia awareness, challenging behaviour and first aid. Specific training required to meet the individual needs of the people who used the service had also been undertaken including diabetes, stroke awareness and epilepsy. A relative told us, "The staff are very knowledgeable and professional with their care. [name] is peg fed and there are never any problems, touch wood."

We spoke with two newly recruited members of staff at the service who explained the recruitment and induction process. One staff member said, "I shadowed for a few days and got to know people and orientated myself to the building before I was expected to work the floor independently. The process was thorough and the manager ensured I felt confident with things before I was left on my own."

Staff told us they were supported with their practice through supervision meetings, yearly appraisals and their annual performance development review (PDR). The clinical lead explained that staff supervision offered a range of face to face meetings and practice based observations of practice. One staff member said, "I feel supported in my role and development here, the manager is extremely approachable and will always find the time to listen if you need to talk. The team are a nice bunch and I actually enjoy coming to work."

We saw that people were supported to eat and drink sufficient amounts to ensure their nutritional needs were met. We saw that jugs of water and juice were placed in peoples bedrooms and we also saw that staff offered hot and cold drinks throughout the day. We had mixed comments about the food on offer. The comments included, "I ask them for small amount and they bring me large portions – it is off putting", "The food is very good, I like the mashed potato, cooked dinners and sandwiches and I have drinks all the time so no complaints from me", "The food can be bland and it's also served cold from time

Good

Is the service effective?

to time but I do get a choice and I can have drinks whenever I want", "I think the kitchen closes at 5pm so if you want anything after this time your hard pushed to get anything."

We spoke to the clinical lead about some of these comments. They told us that people get a choice of food and drinks and that menu choices are discussed at meetings and feedback is always welcomed. We observed the lunchtime meal being served in the dining room. We saw that there was a choice of meals being offered and the food looked hot and appetising. People who chose to eat their lunch in the dining room were appropriately supported by staff, interacted with other people in the dining room and the overall atmosphere was pleasant. During the inspection we visited the kitchen late in the day and saw that the cook was preparing sandwiches and snacks. We spoke to the cook who explained that in effect the kitchen did close a 5pm however food was prepared, covered and left in an accessible place so that if anyone requires something after the cook has gone home staff can ensure people don't go without.

We saw that special diets were catered for and peoples nutritional needs were met with the food served or with prescribed food supplements. We observed one person who was fed by a percutaneous endoscopic gastrostomy PEG tube which meant they received their nutrition directly via a tube into their stomach. This person had also recently had input for speech and language and dieticians which enabled staff to introduce food tasters in line with health professionals recommendations.

People living at the service were supported to access healthcare professionals when needed. We saw that people had visits from district nurses, chiropodists, GP's and opticians. All visits or meetings were recorded in the person's care plan with the outcomes or actions recorded. One person told us, "A doctor comes if I need one and if I wanted a chiropodist they would get one for me." A visitor told us, "They phoned the GP once when my relative was feeling unwell and they contacted me instantly to keep me informed, they are good like that." We spoke to a visiting healthcare professional who told us the service were quick to put referrals in and sort things out for people when medical or equipment issues were identified. This showed us the service involved the necessary professionals and welcomed interventions from outside agencies when needed to ensure that people received an effective service.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the service and staff were caring towards them. Comments included, "It's about as good as it gets here, they look after us and that's all we ask", "They are all alright, they leave me to get on with my business but I know they are there if I need anything", "The staff are really busy and do the best they can, there are one or two who I don't really get on with but that's life isn't it ?", "The staff listen and do for me what they can. They never leave me without what I need."

Relatives we spoke with were happy with the care their loved ones received. One told us, "The staff are amazing and I couldn't ask for better people to care for my relative." Another said, "They know my relative's needs, spend time when they can talking to them and always make sure they are comfortable."

During the inspection we observed staff treating people with kindness and patience. Staff knew the names of the people they were supporting and their relatives and we saw positive interactions taking place. We observed one person becoming agitated and distressed. The staff responded quickly, spoke to the person with a calming voice and gave them reassurance that they were ok. This interaction helped the person relax and calm their anxieties.

One person we spoke with told us they enjoyed going outside for a smoke. This person showed us there was a sheltered area that they could use which meant they could smoke outdoors in all conditions. We saw that people were promoted to retain their independence as much as possible. One person told us, "When I need help the staff support me and let me take my time. I don't feel rushed even though I know they are busy and have got other people to tend to." Another person told us, "I'm in bed most of the time but that's my choice and staff respect this."

Relatives told us that they were involved in decision making and kept up to date with information regarding their loved ones. The records we looked at showed that people were involved in planning their care if they were able or wanted to do so. Families were also involved and invited to review and best interest meetings. One visitor told us, "They always invite me to any meetings regarding my relative and they ring me if anything happens that I need to be aware of."

We saw that the service recognised the importance of treating people equally and training recorded showed that staff had completed equality and diversity training. The clinical lead also told us about the time they were supporting someone living at the service who was an orthodox Jew. When this person passed away the service respected their religious beliefs and placed them on the floor in traditional dress after advice from the individual's family.

During our inspection a family member had called into the service to thank the staff team for all their support and care provided for their relative. The family member explained their relative had recently passed away but wanted to personally thank the registered manager and the team for all the care they provided. The family member had brought chocolates and thank you cards to show their appreciation. They told us, "I couldn't have asked for better care. They really are a great bunch of staff and went above and beyond when caring for [relatives name], I can't thank them enough.

People told us that staff respected their privacy and dignity. We observed that staff knocked on people's doors before they entered. We also saw that staff discreetly asked people if they needed assistance with personal care tasks. A relative told us, "The staff always knock before entering and they close the door before they change [relatives name] clothes. They keep things private from others." Training records also showed that most staff working at the service had completed dignity in care training.

We saw that people had end of life care plans within their files. These had been completed after speaking with people and their families. The plans detailed people's choices and wishes which they would like to be adhered to when they reached the end of their lives. We saw that staff had completed training in end of life care which ensured people would be sensitively supported with care during this time.

The clinical lead at the service was aware about the need for confidentiality with regards to peoples care files and the personal records of staff. All files were kept securely within the registered manager's office and only accessed, when required at the registered managers discretion.

We saw that people were encouraged to maintain relationships with their family and people they cared about. We saw lots of family and friends visiting people

Good

Is the service caring?

during our inspection. Staff told us, "Visitors are welcomed here at any time, there are no restrictions. Its important people get to see the people they love." One visitor said, "I can visit my relative day or night, it's never a problem. The staff are always friendly and greet me when I arrive and they always offer me a cuppa, which is nice."

Good

Is the service responsive?

Our findings

People told us they felt listened to and given a choice. One person told us, "They give me a choice here, ask what I like and give me the care I need." A visitor also told us, "They do listen to what people want. My relative wanted something different to eat other than what was on offer. They went out of their way to make sure they got what they had asked for, now that's service for you."

The clinical lead told to us that they completed pre assessments of people needs prior to a placement being offered. They told us that this ensured that the service was aware of the needs and support people required before they made a decision if they could support them appropriately or not.

The care records we looked at showed that peoples care was personalised to their needs and considered their wishes and feelings when support was provided. Care records provided guidance for staff on how to support people with things including nutrition, tissue viability, falls, communication, breathing and mobility. The records had a quick reference care plan if staff just wanted to check something as well as more detailed plans for each individual need. Peoples care records contained key information including next of kin details, involvement of health professionals, admissions profile, medical conditions, likes and dislikes, areas of independence, consent form and life history. This meant that appropriate information was documented for staff to follow and ensure people were supported effectively.

We saw that people's needs were reviewed on a regular basis. During our inspection we saw that a review was being held which involved the person, health professionals and the person's family. Staff told us that they call reviews as and when needed in line with people's needs. A relative told us, "I'm always invited to my relatives review and meetings to discuss their care; they always keep me informed, they are good like that."

The clinical lead told us the registered manager and provider were very good at making sure the service had all the equipment required to respond to people needs. The clinical lead told us, "If we need a piece of equipment that is going to assist with the care of someone and help them to be supported safely, we just ask and it's bought. It's never a problem."

The service employed two activities co-ordinators, one full time and one for 24 hours per week. Activities were provided seven days a week at the service. An activities board was situated in the reception area which showed people living at the service what activities were taking place each day. Photographs and activity books of what had already taken place were also on display for people to see. A relative told us, "There is always something on offer and people can choose if they want to do things or not. They held a fete over the summer which was really great." A staff member told us, "There is definitely a good range of activities, there's always something to do and something going on."

We spoke with one of the activities co-ordinators who told us the range of activities was organised in consultation with people and what they wanted. Activities that have taken place so far this year include trips to garden centres, Cadwell Park motor racing, trips to the theatre to see wrestling and an ABBA tribute, a beer festival and trips to the seaside. Planning was underway for Christmas events. One person told us, "I get the bus on my own and go into town, I like to go and buy fish and chips for my lunch."

We saw that the service had a policy on complaints to enable people's concerns to be officially addressed. The policy contained information regarding acknowledging the complaint and expected response times. It also detailed how to take further action if the response was unsatisfactory. We reviewed the complaints file which detailed all of the complaints received at the service since 2010 and the outcomes. We asked people living at the service if they knew how to make a complaint if needed. Comments included, "I would phone my friend and tell her", "I would speak to the secretary or ring by brother, but I've never had to complain", "I'd go to the manager or the second in command, if I've had to complain in the past it's been sorted straight away."

We spoke to relatives about complaining or raising concerns at the service. They told us, "I would speak to [registered managers name] she's lovely, nothing is too much trouble" another said, "I would speak with the manager although never had any concerns or anything to complain about."

Good

Is the service well-led?

Our findings

People who used the service and their relatives were familiar with the registered manager and knew where to access them if needed. One person told us, "The manager is very friendly and available to have a chat if I need to", another said, "Really good, can't fault her, so friendly." Relatives we spoke with also said, "The manager is very approachable and does her very best."

Staff told us they felt well supported and a valued part of the team. One staff member said, "In the short time I've been here I've been overwhelmed with the support and how the team have welcomed me." Another said, "It's wonderful here, I really do enjoy coming to work, it can be busy but we do work together to ensure people are well cared for."

The service was led by the registered manager who had been in post since 2011. During our inspection the registered manager was on annual leave. The clinical lead who is also the deputy manager was leading the service in the registered manager's absence. Support was also provided from the clinical lead who was also the deputy manager, qualified nurses and senior carers.

The service had a statement of purpose which set out its aims and objectives. This indicated the service aimed to provide high quality services that were person centred, treated people with dignity and respect and ensured their safety.

Staff told us there was an open culture within the service and that comments and feedback were encouraged and welcomed. People who used the service told us, "They ask me if I'm happy with my food", another said, "I can't remember doing a survey but I've attended two residents meeting where we talk about things." Relatives also told us, "I remember filling one [survey card] in a while back and I've also been asked to attend a relatives meeting but I couldn't go." We saw a comments and suggestions box located in the reception area and records showed the service requested feedback from people, relatives and staff on a yearly basis.

The service held staff meetings approximately every three months. This gave staff the opportunity to discuss any issues or concerns within the service. Other areas for discussion included training, rotas, ideas and suggestions for activities and general discussions about practice. We saw that resident and family meetings also took place within the service every few months. Two people who used the service acted as representatives at the organisations service users forum. The forum brings together representatives from other Sun Health Care Ltd services every three months to discuss activities and share news within the group.

The clinical lead told us the service had good connections with local church groups and the catholic priest and reverends from the Christian church would visit when required. On a monthly basis a church group also visit to sign hymns and follow a simple service for those who wish to take part.

Records showed us that the service worked closely with other professionals from outside agencies and sought interventions when required. Links with continuing health care professionals, occupational therapists, physiotherapists and community social work teams had been established and were referred to when required. During our inspection we saw that a number of healthcare professionals were visiting throughout the day. One told us, "They are good at referring people and are not afraid to ask for support or guidance. They follow our recommendations and we rarely have any problems."

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur within the service. The registered manager understood their responsibilities to report and had appropriately informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We reviewed the audits that took place within the service. We saw regular audits of the environment, care planning, equipment, medication and accident and incidents were continuously reviewed and monitored to ensure the service remained effective and safe. We saw that a senior manager from the provider visited monthly to conduct an audit of the service. These audits produced an action plan that identified areas the registered manager needed to work on including reviewing and monitoring of care plans and reviewing risk assessments. This enabled the registered manager to make improvements to the operation of the service.