South Coast Care Homes Limited

Sunrise Nursing Home

Inspection report

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19 April 2023
20 April 2023
27 April 2023

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Sunrise Nursing Home is a residential care home providing personal and nursing care to 27 older people at the time of the inspection. The service can support up to 30 people in an adapted building over three floors.

People's experience of using this service and what we found
The service had governance systems in place, but these were not always effective in ensuring the service was identifying and addressing shortfalls.

Risks in the environment such as those from hot water had not all been identified. Not all areas within the home or furnishings were well maintained to facilitate good infection and control procedures. There were inaccuracies and gaps in recording of care delivery. The deployment of staff at lunchtime did not ensure that people were appropriately supported. The manager and provider immediately responded to some of the issues that we had identified but systems had not been sufficiently robust in that they had not been previously identified and resolved.

People and their relatives described positive relationships with the staff and management team. They told us that they were supported by a kind and friendly staff team who knew them well.

There were clear processes in place to manage people's medicines. People had access to healthcare services and appropriate referrals were made when their needs changed.

People were 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.

People had choice and opportunities were provided to pursue interests and engage in social activities.

People and their relatives told us they were involved in planning their care and were asked for their feedback about the quality of the service.

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 good (published 4 April 2020).

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

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Sunrise Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 2 inspectors, and an Expert by Experience who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Sunrise Nursing Home a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager, but they had not submitted a completed application to the Care Quality Commission.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
The inspection was undertaken over a number of days and consisted of a site visit on the 19 April 2023 and follow up telephone calls to relatives and staff on 20 April 2023. A feedback meeting was held on 27 April 2023.

We spoke with 3 people who used the service and 10 relatives. We spoke with 8 members of staff including the manager, care and nursing staff. The provider, manager and deputy manager attended the feedback meeting. We reviewed the care records for 3 people who used the service and the medicines administration records for 3 people. We observed the care and support provided and the environment was also assessed for safety, cleanliness, and suitability. Governance records were reviewed including 3 staff recruitment files, quality assurance audits, maintenance records and risk assessments.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- Measures were in place to identify the risks associated with the environment, but processes and oversight required strengthening to maintain safety. Monitoring of water temperatures was undertaken to reduce the risk of burns, but we identified a number of outlets which were above the recommended temperatures. The manager immediately replaced the temperature valves to prevent a reoccurrence. A number of bed rail covers did not fully cover bed rails and the manager told us they would risk assess and replace if necessary. Window restrictors were in place and equipment such as hoists had been serviced and maintained as required.
- Risk assessments confirmed risks to people had been identified. For example, where people had specific health conditions, care plans and risk assessments were in place to manage these. Where people were identified as being at risk of skin damage, specialist mattresses were provided, and advice obtained from the tissue viability nurse. However, staff were not always fully completing monitoring records such as repositioning charts. The manager agreed to increase oversight of this area for those people dependent on staff to reposition.
- Relatives gave us examples of how the service responded to deteriorating health in their family members as well as incidents such as falls. They told us medical professionals had been called and they were informed of incidents. We saw that crash mats were in place where people were at risk of falling from bed.
- Accidents and incidents were assessed, and actions taken to reduce the risk of reoccurrence. Monthly analysis was undertaken to identify patterns and lessons learnt.

Staffing and recruitment

- People were supported by consistent staff but the numbers of and the deployment of staff were in need of further review. On the day of the inspection, we observed that for the majority of the shift the atmosphere was calm and calls bells were answered promptly however staff were very busy at lunchtime, which meant some people had to wait for assistance. Staffing levels were lower in the afternoon and reduced further at 7.30pm when the night staff came on duty which had the potential to reduce choice for people who wished to stay up later in the evening.
- The manager told us they regularly reviewed staffing levels and had a dependency tool in place. They told us they had offered to adjust staffing levels at night but the feedback from staff was that there were sufficient numbers of staff to meet people's needs. They told us they would immediately review this and people's lunchtime experience and adjust staffing levels accordingly.
- People and their relatives told us staff were visible and helpful and met their needs. One told us, "Yes, I think there are enough staff, they have struggled in the past and needed agency workers. Nice mix of staff now, not all of them trained enough yet, but enough of a mix on duty which seems to work." Another said,

"Seem to be enough staff, quieter at the weekend, they seem well trained."

● Staff told us there was generally enough staff, but they were busy. One said, "We can cope but we are under pressure but so is everywhere else." The service was using a small amount of agency staff, but the management team told us they had recently recruited to the vacant care posts but still had a vacancy for a nurse.

● Pre-employment checks were in place to ensure staff were suitable to work within a care environment. This included the completion of Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● Not all areas within the home or furnishings were well maintained to facilitate good infection and control procedures. In some areas of the home flooring was stained and equipment such as bedside tables and bedrail covers were damaged. This inhibited good cleaning practices and increased the risk of bacteria harbouring and infection spreading.

● The risks of harm were however reduced as the manager had identified some of the maintenance shortfalls and an action plan was in place. The provider told us that they were investing in the homes facilities, replacement of flooring had commenced, and new lounge chairs had been delivered on the day of the inspection. The provider assured us they had a plan for the replacement of the outstanding items and had recently appointed a new member of the maintenance team so repairs would be completely more quickly.

● Staff confirmed they had completed training in infection control and were clear about their responsibilities. We observed staff were using personal protective equipment effectively.

Systems and processes to safeguard people from the risk of abuse

● The manager was clear about their responsibilities to report concerns and had made appropriate referrals to the local authority, where concerns had been identified.

● Staff had undertaken e- learning on safeguarding and the manager told us they were accessing additional face to face training for staff to update their knowledge and skills. Staff were clear about their responsibly to report any safeguarding concerns they may have. They told us they were confident that safeguarding concerns would be managed appropriately by the management team.

● Records showed staff noted changes in people's skin and or any bruising, but staff recording was not always clear about possible causes and any actions taken. The manager agreed to follow up with staff and ensure more detail was recorded.

Using medicines safely

● Medicines were stored safely and at correct temperatures.

● Records provided guidance to staff as to how people take their medicines. The service operated a paper based Medication Administration Record (MAR) and we carried out an audit of stock against MAR records and found these tallied. Records audits were undertaken, and we were assured any signature gaps on MAR were followed up.

● Guidance was available for staff to follow when administering PRN or as and when required medicines, but these would benefit from further detail.

● Records were maintained of controlled drugs and where people had pain patches to manage pain a record was maintained of the location on the body these were applied to and when they were removed.

● People were observed being given their medicines and staff ensured people had a drink and the time they needed. People told us they received their medicines as prescribed and had access to pain relief as and

when needed.

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 MCA 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 Mental Capacity Act (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.

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Visiting in care homes

● People were able to receive visitors without any restrictions as the provider and staff team were following government guidance. We observed people to be freely enjoying visits from family members during our visit.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

● There was no registered manager, the existing manager had been in post for some time but had not yet submitted a complete application to register with the CQC. The manager was also on an interim basis managing another of the provider's services alongside their existing role.

● There was a deputy manager and clinical lead in post. The provider told us that they had increased the deputy managers hours and the management changes had not impacted on the home. However, we found risks in the environment such as those from hot water had not all been identified. Not all areas within the home or furnishings were well maintained to facilitate good infection and control procedures. There were inaccuracies and gaps in recording of care delivery. The deployment of staff at lunchtime did not ensure that people were appropriately supported.

● Governance systems and audits were in place but there were not sufficiently robust and had either not identified or addressed the issues.

The shortfalls in oversight of quality and risk demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People and their relatives were happy with how the service was managed and told us the staff communicated with them in an open and helpful way. One relative told us, "It's not a modern swish home but my relative is very settled here and it's homely. The manager is dedicated and conscientious… I don't worry when I leave and if I have a concern, it is taken seriously." Another said, "Staff appear happy, home is managed well, staff know [family member] well. [Family member] enjoys the activities that are put on, everyone makes us feel welcome, nothing is ever too much trouble, we are very happy, and I would recommend Sunrise. It feels like a home rather than a residential home."

● Staff told us they felt supported by the management team and that the manager was supportive and approachable. One told us, "The manager always listens and tries [their] best." Another said, "The manager is the best one we have had so far, [they are] brilliant… They know the home well and never just sits in the office."

● Throughout the inspection we saw examples of good practice where staff engaged well with people and

ensured they were comfortable and had the support they needed. We observed people were offered choice and they were encouraged to get involved in activities.
● The manager understood their role and responsibilities. This included formally notifying us of specific incidents.

Continuous learning and improving care
● There was a service improvement plan in place and structural work was underway to improve fire safety. The manager acknowledged improvements were needed to the environment as some areas were looking tired, but this was included in the plan.
● Minutes of staff meetings evidenced staff were engaged in discussions about improvements and they had the opportunity to discuss them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● There were systems in place to obtain people's and relative's views, through quality assurance surveys and resident and relatives' meetings. Relatives were kept up to date about developments and changes at the service via meetings and newsletters.
● The staff team worked with other health care professionals and referrals were made in an appropriate and timely manner.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The shortfalls in oversight of quality and risk demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.