

Sun Healthcare Limited

St Margarets

Inspection report

Littlecoates Road
Grimsby
Lincolnshire
DN34 4NQ

Tel: 01472241780
Website: www.sunhealthcare.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Margaret's is a residential care home providing nursing and personal care to 43 people at the time of the inspection. The service can support up to 56 people, some of whom may be living with dementia. All facilities and accommodation are provided on the ground floor.

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

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. A more effective quality assurance system was in place and improvements had been made to the standard of care and consent records.

Systems were in place to investigate accidents and incidents, though records and staff practice did not always evidence what was learnt. We have made a recommendation about the safety of clinical equipment.

The environment was clean. Appropriate processes were mostly in place to prevent the spread of infections, though staff were not screening visitors and surplus decoration and soft furnishings could potentially compromise standards of hygiene. We have made a recommendation about following government guidance in relation to Covid-19.

There were systems in place to safeguard people from the risk of harm and abuse. People received their medicines as prescribed.

People told us they liked the food, and menus provided choices and alternatives. Any concerns regarding nutrition or other health needs were referred to health care professionals.

Staff had access to training, supervision and support. There were enough staff planned for each shift, but the management team struggled to cover some short notice absences. Staff were recruited safely and a recruitment programme was underway.

The home was friendly and welcoming. Works to provide a dedicated visiting room were in progress. The registered and deputy managers promoted a person-centred culture. Staff worked effectively as a team to meet people's needs and preferences.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 27 July 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 and 13 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need to consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

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.

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

The inspection was conducted by three inspectors

Service and service type

St Margarets is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means 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 announced from the car park of the service. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

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. We used all information to plan our inspection. The provider was not asked

to complete a provider information return prior 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.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered and deputy managers, a registered nurse, two housekeepers, the cook, activity coordinator and care workers.

We reviewed a range of records. This included care records for six people and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We telephoned two care workers.

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 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; Learning lessons when things go wrong

- Systems were in place to monitor and investigate accidents and incidents. However, lessons learnt following an incident earlier in the year had not fully ensured the standards of hygiene in relation to some clinical equipment in use was monitored effectively. Not all equipment was included in the formal checks. The registered manager confirmed they would review their processes.

We recommend the provider reviews systems and processes to ensure clinical equipment is safe to use.

- There were systems in place to assess risk and keep these under review.
- Staff generally understood the importance of promoting people's independence and freedom yet minimising any related risks. One person's assessment for their risk of choking did not contain adequate controls to minimise the risks and this was reviewed during the inspection.
- Risk assessments had been completed in response to the COVID-19 pandemic. These included an awareness of health conditions and ethnicity, which could impact on the vulnerability of people and staff, we discussed how the registered manager should consult and discuss these with the person where possible.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- Following the inspection, the registered manager confirmed they were monitoring people's temperatures daily, were screening all visitors and had removed any soft furnishings and decorations which could compromise infection prevention and control.

We recommend the provider reviews the current government guidance in relation to Covid-19 to ensure it is in place and fully implemented.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training and competency checks. Audits of medicines took place to ensure people received them as prescribed.
- People told us they received their medicines on time, although we noted the medicines round took most of the morning. The registered manager gave assurances they would monitor this.

Staffing and recruitment

- Although there were shortages of care workers on the morning shift of the inspection, due to short notice absence, staff generally felt staffing numbers were sufficient to meet people's needs in a timely way.
- Staff turnover had been continual in recent months and the registered manager had experienced some difficulties in recruiting new staff. Regular agency staff were used to ensure safe staffing levels and provided continuity of care.
- The provider had a safe system of staff recruitment. Employment checks were completed before staff started work in the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, "This is my home, I feel safe here."
- There were systems in place to guide staff in how to safeguard people from the risk of abuse and harm. Staff had received safeguarding training, could discuss the types and signs of abuse and knew how to report allegations.
- The registered manager was aware of referral procedures with the local safeguarding team and had used these appropriately when required.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure 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 enough improvement had been made and the provider was no longer 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.

- Since the last inspection, the management team, nursing and care staff had all completed MCA training with the local authority and demonstrated a better understanding of consent.
- The provider worked within MCA when people were assessed as not having capacity to make their own decisions. Best interest documentation was completed to show relevant people had been consulted and least restrictive options considered.
- DoLS applications were completed appropriately and authorisations and conditions imposed were kept under review.

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

- People's needs were met. Assessments of needs were completed and care plans developed, which guided staff in how to meet people's needs in a safe and timely way.
- Care and support were delivered in a non-discriminatory way and respected people's individual diverse needs. There was good social stimulation in the form of activities during the inspection.

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

- People's rooms were personalised to their tastes. People had decorated their rooms with their personal photos, furnishings and furniture was arranged to people's preference.
- A programme of refurbishment was ongoing. Where paintwork and furniture were damaged, making it harder to keep clean, work had been planned to replace or address this.
- An area of the service for people living with dementia, had been adjusted to support people's needs. For example, signage, memory boxes, colour-contrasting doors, handrails and pictorial menus.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training.
- The staff training record showed some gaps in the refresher courses and the registered manager confirmed the outstanding training had been scheduled.
- All staff had completed infection prevention and control refresher training and additional training on donning and doffing of PPE.
- Staff felt supported in their roles. The management team provided staff with regular informal support, supervision sessions and annual appraisals. A member of staff said, "They [management team] are very approachable. The deputy manager regularly works on the floor and will always help us out."

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

- People's nutritional needs were met. Menus provided choices and alternatives at each meal and snacks were served in-between meals. People had nutritional risk assessments and their weight was monitored. Those who required closer monitoring had food and fluid charts completed.
- There were delays with the meal service and staff support in the main dining room at lunch time, the registered manager gave assurances this would be monitored closely.
- People told us they liked the food prepared for them. Comments included, "The meals are good and they will always get me something else if I change my mind" and "The food is tasty and home cooked, plenty of it."

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

- People's healthcare needs were met in a timely way. We received positive comments from relatives via Healthwatch in relation to the high standards of effective care and the professional and compassionate approach from staff.
- Staff worked closely with other agencies and regularly sought their advice, guidance and support on how best to meet people's needs.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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: Working in partnership with others

- A more effective quality assurance system was in place. Better auditing processes had improved the standard of care and consent records, although some archiving was needed. Regular infection prevention and control (IPC) audits had maintained good standards of hygiene and odour management throughout the environment, although the inclusion of clinical equipment in the IPC audit tool would improve consistency in this area.
- Systems were in place for monitoring and analysing accidents and incidents. The registered manager analysed the information six monthly to look for patterns and trends to support learning from accidents and incidents, and we discussed completing this monthly to support a more responsive approach.
- Processes were in place to ensure the provider had effective oversight of the service. Senior management visited the service on a monthly basis (as permitted by local Covid-19 restrictions) and offered support and guidance to the registered manager.
- The registered manager was more aware of their role in relation to continuous improvement for the service and had built good relationships with other professionals to improve people's health and wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff promoted a friendly, homely and caring culture where people experienced appropriate outcomes.
- Relatives praised the staff for their high standards of individualised care. One person commented, "The care from all staff was excellent, the home was run like a mini-hospital, very organised. At 3.30 am one day, tearful and wanting to be close to [Name of relative], a lovely nurse let me in, gave me a blanket and walked me to their room, she said to ring the bell if I needed anything. The family were so impressed by the high standard of care."
- People were engaged and involved in their care with consideration of their diverse needs. Difference was understood and respected.
- Meetings and surveys took place for staff, people who used the service and their relatives to ensure their views could be recorded and addressed.

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 notified agencies such as the local safeguarding team and the CQC when incidents occurred which affected the safety and wellbeing of people who used the service.
- The provider had a complaints procedure; this had been followed when responding to complaints so improvements could be made.
- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.