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Sun Court Nursing Home

Inspection report

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Date of inspection visit:
04 April 2018

Date of publication:
06 June 2018

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

Summary of findings

Overall summary

The inspection took place on 4 April 2018 and was unannounced.

Sun Court Nursing Home is a 'care home' with nursing. 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.

Sun Court Nursing Home provides accommodation and nursing care to a maximum of 29 people. At the time of the inspection 27 people were living at the home.

There was 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. The registered manager was on leave at the time of the inspection, but we met with the registered providers and deputy manager.

At our last comprehensive inspection on 20 August and 1 September 2016 we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations for good governance. Following the inspection, the provider sent us an action plan telling us how they would make the improvements needed. During this inspection the service demonstrated to us that improvements had been made and is no longer in breach of the regulation.

Improvements included use of an external auditing company and the ground floor clinic room, described in the previous inspection report as the 'nurse's station', was now partitioned off with a concertina door to improve security of medicines related paperwork, and longer term the service planned to install a permanent structure to separate this area from the main hallway.

Since the last inspection, greater emphasis has been placed on safe storage of people's records, with use of wall fixed document holders to enable care plans to be stored in people's bedrooms rather than in communal areas, as identified during the last inspection.

Each person had detailed risk assessments and care plans in place, including personalised evacuation plans and management of individual risks such as skin care and swallowing risks.

Staffing levels reflected the use of a dependency tool, identifying the need for higher staffing levels in the morning to complete personal care routines.

Staff approach and people's records demonstrated adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choice of food and fluids, with value placed on nutrition and food quality.

Staff treated people with care and compassion, and took pride in their caring roles. Staff understood how to identify and report safeguarding concerns.

People accessed activities in the local community, maintained their spiritual wellbeing and spent time with relatives and friends.

People and their relatives knew how to make a complaint, and were encouraged to give feedback to the manager and providers.

The service provided a good standard of care to people who required support with complex health needs and those approaching the end of their life.

The service had governance processes in place for monitoring standards and quality of care provided, this included completion of regular clinical audits in areas such as medicines management and infection prevention control. The provider encouraged people and their relatives to give feedback on the service, and areas of improvement.

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

People had individualised risk assessments linked to care plans including personal evacuation plans, management of skin condition and swallowing risks.

People received their medicines as prescribed and at times to ensure clinical effectiveness.

Staff knew how to keep people safe and what actions they would need to take if they had any concerns.

There were enough staff to meet people's needs with flexibility built into each shift to allow for people's changing needs and complexity.

Is the service effective?

Good

The service was effective

Staff received the necessary training for their roles and for nurses, this linked to reviews of clinical competency.

People's mental capacity was assessed, with best interests decision making in consultation with relatives and other professionals involved in their care and treatment.

Value was placed on the importance of people having choice of food and drink to meet their nutrition and hydration needs.

The service worked collaboratively with the GP and other healthcare professionals.

Is the service caring?

Good

The service was caring

People were treated with kindness, respect, dignity and compassion.

We received consistently positive feedback from people and their

relatives about their care and treatment, the staff team and the service that they received.

Is the service responsive?

Good

The service was responsive

People's care plans and risk assessments identified their care and support needs and contained clear guidance for staff to follow to ensure provision of consistent standards of clinical support.

People engaged with activities onsite and in the community.

Is the service well-led?

Good

The service was well led

The service took account of the views of people who used the service, their relatives and staff to help drive improvement.

Robust auditing processes were in place since the last inspection.

Improvements to the storage of people's confidential information were in place since the last inspection.

Sun Court Nursing Home

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 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.

This inspection took place on 4 April 2018 and was unannounced.

The inspection team consisted of two CQC inspectors and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback at meetings we attended about the service from the local authority and safeguarding team.

During the inspection we spoke with five people who lived in the home. Due to the healthcare conditions that people were living with, some people were unable to tell us about their care. We observed care and support being delivered in communal areas and we also spoke with the relatives of three people and eleven members of care staff including the providers and deputy manager.

We reviewed four people's care plans in detail and looked at four people's medicine administration records (MAR) and the medicines management procedures in place. We looked at two staff recruitment files as well as training, induction, supervision and appraisal records. We also viewed a range of monitoring reports and audits undertaken by the registered manager and other senior members of staff.

Good

Is the service safe?

Our findings

During our inspection in August 2016, we found the service was not always safe and was rated Requires Improvement in this key question. This was because some medicine records were not completed properly, and medicines were not always stored securely and hot water temperatures and emergency evacuation plans did not take into account individual needs in the event of an emergency. During this inspection, we found improvements had been made and we rated this key question as Good.

Staff demonstrated a clear understanding of safeguarding practices and procedures, and recognising types of abuse. Staffs completed mandatory safeguarding training and were booked onto a refresher course if their training was due to expire.

People told us they felt safe living at Sun Court Nursing Home. One person said, "I feel very safe here. I have never had anything to worry about; the staff are so lovely and are always smiling." One person's relative said, "I know that my [relative] is very safe here." Another relative told us, "I am sure that my [relative] is very safe here."

Staff completed detailed risk assessments identifying individual needs relating to people's health and wellbeing. Care plans included guidance on use of moving and handling equipment and contained guidance on day and night time positioning and turning charts to reduce risk of pressure ulcers. Staff checked the condition of people's skin twice daily and escalated any concerns identified to the nurses on shift. Care plans contained guidance for staff to safely support people with eating and drinking to prevent risks of choking and aspiration.

The provider did not admit people with a primary diagnosis of dementia and recognised that the care environment would not be suitable to meet the needs of those who walked with purpose or experienced behaviours which challenge. The provider recognised that some people living in the home may go on to develop dementia at a later stage. In the event of this happening, staff told us they would source specialist support from professionals to implement management plans or reassessment of people to explore the option of alternative placements

Staff completed risk assessments, which contained guidance and techniques to follow when working with people with physical health care or behavioural support needs. Risk assessments detailed least restrictive approaches and reflected in depth knowledge of each person to encourage participation in their daily routine. Staff recorded people's weights monthly, with changes in weight monitored closely and linked to the Malnutrition Universal Screening Tool (MUST), used to identify people, who were at risk of not maintaining a healthy weight. The chefs worked with the nurses to manage people's nutritional needs.

Staff completed environmental safety audits, including infection prevention and control. The service had up to date fire, gas and electrical safety certificates in place and they completed fire safety drills twice a year. Window restrictors were in place to maintain people's safety while having the windows open in their bedrooms and in communal areas.

Each person had a personal emergency evacuation plan in place for use in the event of an incident such as a fire. These contained clear guidance for staff. Evacuation equipment was in place on each floor of the building.

The building had a fire exit between the first and second floor leading to the top of the building. Two people's bedrooms had doors leading onto the fire escape stairs. These bedroom doors were alarmed, to alert staff if opened accidentally. The providers were clear that suitability of the bedrooms leading onto the fire escape stairs was a consideration when assessing people prior to admission. The internal door leading from the first floor to the roof was not alarmed, and we asked the provider to consider taking action to manage potential risk of people accessing these stairs. Following the inspection, we received confirmation that an alarm had been installed.

Staff monitored the condition of equipment such as electric profiling beds, bed rails, hoists and slings, the height adjustable bath, shower seating and the people carrying lift with external companies completing regular maintenance checks each year. This meant that checks had been carried out to ensure that equipment used by people was well maintained and was safe to use.

The onsite maintenance and housekeeping team completed regular legionella water safety checks using a testing kit along with temperature checks, flushing of the water system and descaling items such as shower heads. Water temperatures checks in bathrooms and shower rooms gave readings indicating consistently safe temperatures of below 43 degrees to prevent risk of scalding.

The provider used a dependency tool to ensure sufficient staffing levels on each shift to meet people's needs. We examined staff rotas and found that staffing levels were maintained in accordance with the dependency assessment. Staff told us they worked as a team, with the providers and nurses working as care staff to cover gaps in a shift, and ensuring people received consistent standards of care.

People told us staff responded to their needs in a timely manner. One person said, "If I ever need anything I only have to press the buzzer and someone comes quickly, so I don't have to wait." Another person told us, "If I need anything night or day I just press my button and I know someone will come without delay."

Employment records examined contained references, copies of proof of identity documents and Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) undertaken before new staff started work. This helped to ensure people's safety by employing staff who were suitable to work in the care sector. The home had improved arrangements for the recording of proof of identity documents since the last inspection in August 2016.

We examined four medicines administration records (MAR) and used these to review stock medicines levels and adherence to administration procedures by the nurses. Nurses completed medicines administration training, and regular reviews of their competence to ensure they kept up to date with clinical practice. The registered manager completed monthly medicines audits.

We observed part of the lunchtime medicines round. The nurse explained to each person what medicines they were receiving. Nurses completed six medicines rounds a day to ensure a person centred approach to medicines management, and to maximise its clinical effectiveness.

The ground floor clinic room, previously described as the 'nurse's station' in the last inspection report completed August 2016, had been partitioned off with a concertina door to improve security of medicines

related paperwork. The provider told us the longer term plan was to install a permanent structure to separate this area from the main corridor. Medicines that pose a higher risk (Controlled drugs (CD)) were stored securely in a designated cabinet. Spare stock medicines were stored in locked cupboards and transferred onto the medicines trollies when needed.

People had secure cabinets in their bedrooms, and an individualised risk assessment for the clinical decision to store creams or drink thickener in their bedrooms to keep items safe and prevent potential risk of accidentally ingesting prescribed items.

Some people had medicines given on a when needed basis (PRN). Written PRN protocols were personalised and kept in a folder stored on the medicine trolleys for staff to follow. However, the protocols would need to be adapted for example where a person could not verbally request their medicines.

Sun Court Nursing Home was visibly clean throughout, with no unpleasant smells or odours. Housekeepers maintained cleanliness throughout the environment. Staff accessed aprons and gloves to use when completing personal care with people or handling food to reduce risk of cross contamination or spread of infections. Staff demonstrated awareness of methods to prevent risk of cross contamination techniques and the service's clinical protocols.

Staff demonstrated understanding of accident and incident reporting procedures. We saw examples of investigations completed post incident by the registered manager or providers, and the written responses provided. The provider shared investigation findings with the staff team and implemented changes to practice where possible to mitigate risk of reoccurrence.

Good

Is the service effective?

Our findings

During our inspection in August 2016, we found the service was not always effective and this key question was rated Requires Improvement because we could not be confident that staff had the skill and knowledge to deliver effective care and support. Staff competences were not always checked after training by their line managers to ensure they were able to carry out their clinical roles effectively. During this inspection, we found improvements had been made and we rated this key question as Good.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records and DoLS authorisation paperwork examined demonstrated staff worked within the principles of MCA.

Care records contained decision specific MCA assessments, and examples of best interests decisions involving relevant professionals and family members. Staff recognised the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences.

The GP visited each week and supported staff with discussions around areas of treatment such as the decision for a person to have a do not attempt cardiopulmonary resuscitation (DNACPR) order in place.

Employment records, clinical meeting minutes and data held by the service detailed completion of annual appraisals and regular staff supervision. Supervision offered staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. The service encouraged staff to develop through role specific training, and supported some staff to complete foundation degrees as a means of going on to complete nurse training.

Nurses and care staff completed the provider's mandatory training through on line and face to face sessions, including moving and handling, safeguarding adults, mental capacity and deprivation of liberty safeguards. Nurses completed specialist training in areas such as injection techniques, catheterisation and medicines management. New staff completed the Care Certificate as part of the induction process; the Care Certificate is a set of induction standards that care workers should be working to.

The service maintained a training matrix, recording staff completion of courses and dates for refresher training and updates. This information identified dates for when staff were due to attend update courses. Staff demonstrated implementation of training into practice and linked this information to people's individual care and support needs.

When we spoke with staff, some identified that they would benefit from completing training in end of life care. The service was due to renew its recognised accreditation as part of the gold standard framework for end of life care.

We observed the serving of the lunchtime meal. Staff offered support and assisted and encouraged people to eat. The chefs visited each person to discuss and agree meal choices for the following day, however if people changed their mind at the mealtime, alternative options were offered. Staff ate meals on site, and would use this opportunity to sit and talk with people. People could access drinks, fruit and snacks as they wanted.

People gave feedback on the quality of food. One person said, "The meals here are good, wholesome food and are first rate." Another person told us, "The food here is very good and they always make sure [relative] gets what he would like."

People had care plans in place for the management of eating and drinking, including where they received fluid, nutrition and medicines through a tube inserted into their stomach (percutaneous endoscopic gastrostomy (PEG). Specialist PEG care plans included care and management of the feeding tube and skin site to maintain the person's needs safely.

Each person had access to drinks in communal areas and while in their bedrooms to enable people to maintain their fluid levels throughout the day and overnight. Staff recognised the relationship between fluid intake and management of health conditions. Staff understood how to use drink thickener to alter consistency of fluids to prevent risk of choking.

Chefs held information on each person's dietary requirements, their likes and dislikes, and regularly updated this information to reflect medical changes. The chefs worked closely with the nurses to monitor changes in people's swallowing and demonstrated a good understanding of food and fluid consistency and techniques used to puree and mash foods. People had detailed care plans in place to monitor nutrition, changes in swallowing abilities and monitoring weights.

The service made onward referrals to speech and language therapists and dieticians in consultation with the GP to source specialist advice and assessments for people.

The GP visited weekly, and provided additional visits in the interim as needed. People accessed a local dentist and a physiotherapist provided treatment programmes in the management of clinical issues such as falls. People could access a visiting chiropodist. The service had a wheelchair accessible vehicle to enable staff to support people with attending hospital appointments and community activities to prevent social isolation.

People gave feedback on access to healthcare services. One person said, "I am able to see a doctor whenever I need one which makes me feel comfortable." Another person commented, "There is excellent access to the GP." Another said, "'I have had visits from the chiropodist and the local dentist."

Good

Is the service caring?

Our findings

During our inspection in August 2016, we rated this key question as Good, during this inspection we found the key question continued to be good.

From observations of staff interaction with people, staff treated people with dignity, care and respect and were familiar with each person's care and support needs and preferences. We observed staff knocking on bedroom doors before entering rooms. The service had policies in place to support staff with management of people's dignity in relation to protected characteristics including disability and sexuality.

People gave feedback on the care they received. One person told us that, "The care I get here is excellent. All staff are very polite and have time to talk which is really nice when you live in a home." Another person said, "The manager and the owner will always come and have a chat with me to see if I need anything changing to improve my time in the home." Another told us, "The staff in the home are very caring, they are very thoughtful." A relative told us, "They [staff] are all very respectful when they work with my [relative]. They never talk down to [relative] and always knock on the door and call out and wait to be asked in." Another person's relative said, "The staff are quite incredible. They are all so helpful and nothing is too much trouble, however small it may be."

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with communication and sensory difficulties such as hearing loss. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell.

Staff encouraged people to maintain contact with their relatives with telephone and video calls used when relatives did not live locally. The providers and staff team demonstrated familiarity with each person and their relatives, and sourced feedback from people on their experiences of using the service, and suggested areas of improvement. The providers sourced feedback using an external company, and from regular contact with people and their relatives. The providers recently met with people to source feedback on menu choices and requests for any changes. Weekly meetings and discussion groups offered people the opportunity to raise concerns or share feedback.

Staff supported people to maintain choice and control and involvement in their care and treatment. Staff discussed care plans with people and their relatives to ensure incorporation of opinions into the development of their plans; collecting feedback through an audit completed by the providers. People had personal effects in their bedrooms and choice over what to watch on television or what music they wished to listen to. People were encouraged to maintain personal hobbies and interests such as playing musical instruments.

People used walking aids and mobility equipment such as wheelchairs. Staff hoisted people in the privacy of their bedrooms, and people sat at the dining table in their wheelchairs to maintain their dignity in communal areas if unable to transfer independently. Staff positioned wheelchairs close to the dining tables

or used height adjustable tables to maintain people's comfort while eating seated in their wheelchairs.

People were encouraged to access the local community with support from staff or relatives. Staff supported people to maintain their personal appearance and presentation, and encouraged people to make their own clothing choices. A hairdresser visited regularly.

Care plans indicated people's individual preferences for showers or baths, and staff placed value on completion of regular personal hygiene for people's comfort and dignity particularly where people experienced difficulties with continence management.

Higher staffing levels were in place in the mornings to ensure people received the required level of time to complete personal care tasks thoroughly, and to enable staff to spend quality time with each person.

Good

Is the service responsive?

Our findings

During our inspection in August 2016, we rated this key question as Good, during this inspection we found the key question continued to be good.

Staff wrote care plans collaboratively with people and their relatives. Plans were person centred and holistic incorporating areas of personal importance such as people's spiritual and religious needs. The documents demonstrated involvement from people and their relatives to incorporate their personal preferences. Care plans linked to risk assessments, with guidance for staff to follow in relation to the management of clinical risks such as falls, choking and pressure care.

Staff discussed the level of improvement with some people, from the point of admission into care. Examples included improvements in mobility and communication. Some people had histories of struggling living independently in the community and benefited from personalised care and support tailored to meet their individual needs through living in the care setting.

Activity co-ordinators provided group and one to one activities, and trips into the community such as visits to the local theatre and visits from musicians and animals. The activity co-ordinators worked alongside the staff team to provide activities during the evenings and at weekends. We observed people involved in an art group during the inspection. People told us they enjoyed painting, and spent time talking with staff and each other.

People gave feedback on activities, their care plans and complaints processes. One person told us, "They took me to the theatre, which they knew I would really enjoy." Another person said, "The manager always asks how we feel about the home. They have a questionnaire every so often but they also use informal chats to see what we think." A relative told us, "The manager asks us on a regular basis what we think of the care that my [relative] gets." Another person's relative said, "We have never had to complain about the carer my [relative] gets." One person said, "The people [staff] here know how I like things done and how I like to spend my time."

The service had not received any recent complaints. Information on how to make complaints was accessible for people and relatives. Thank you cards were on display in communal areas, and we saw examples of written feedback from relatives on end of life care and support. The service welcome pack contained information on the complaints process for new people moving into the home.

People had care plans in place indicating their wishes and preferences when needing care at the end of their life. Sun Court Nursing Home was part of the gold standard framework accreditation for end of life care. Nurses worked closely with the GP and hospital specialists to manage people's pain levels and to ensure care and treatment maintained dignity and choice.

We saw examples of written feedback given by relatives praising the end of life care and treatment given to people and the support offered to the relatives. Palliative care professionals visited the home regularly to

offer specialist advice and support to people and staff.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 20 August and 1 September 2016 we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations for good governance focussing on developing effective systems to determine the quality of the service provided to people and improve storage arrangements to maintain confidentiality and security of people's documentation. During this inspection the service demonstrated to us that improvements had been made and is no longer in breach of the regulation.

Since the last inspection, the providers had implemented use of an external auditing company to collect and analyse information relating to the service. The provider used feedback to make improvements to the service, and discussed findings in team and clinical meetings. Meeting minutes included sharing of the service's action plans to ensure the whole staff team supported service improvements and offered an opportunity to make suggestions.

Staff completed clinical quality audits including of care plans jointly with people and their relatives, infection control and medicines management. Nurses monitored completion of care provided to people, including twice daily skin condition checks, assistance provided with continence, and nutrition and fluid intake. Staff provided daily updates, and shared findings from the support provided to people during shift handovers. Nurses met daily to review people's clinical needs in areas such as pain management, deterioration in presentation and the need to request medical input. Robust completion of audits was an improvement on the findings from the last inspection.

The provider attended a community nursing forum for infection prevention and control. This offered an opportunity to keep up to date with current clinical practice and access to resources and advice to assist with development of service policies and procedures.

We reviewed team and clinical staff meeting minutes. Action points had timescales and names attached for completion accountability and offered staff the opportunity to raise concerns or ask questions relating people's care and treatment needs.

Since the last inspection, greater emphasis has been placed on safe storage of people's records, with use of wall fixed document holders to enable care plans to be stored in people's bedrooms rather than in communal areas, as identified during the last inspection. This meant that information was only available to people authorised to see it and protected people's privacy.

Staff told us they worked closely as a team, to offer high and consistent standards of care and treatment. Staff morale was good, and staff spoke positively about their relationship with the providers and their open door policy and hands on support offered during each shift. Staff told us they felt their workload was fairly distributed, with staff helping each other when needed to ensure people received compassionate, quality care.

Staff demonstrated awareness of the service's whistleblowing process to enable them to report concerns or areas of unsafe practice. Staff told us they felt confident to raise any concerns without fear of reprisals. There were no whistleblowing concerns under investigation at the time of the inspection.

The provider demonstrated awareness of staff performance management processes and gave examples of processes followed to address concerns in relation to individual staff performance. There were no staff under performance management at the time of the inspection.

The service had good links with other care homes and health services including the local GP practice. They used networking opportunities to implement improvement in care provision.

The provider and staff team understood their responsibilities in relation to the duty of candour, in the management of complaints, and acknowledgement of where things needed improvement. We saw examples of investigation reports into the handling of incidents, accidents and informal complaints.