Care Quality Commission

Review of compliance

Sunshine Care Homes Limited Majestic Care Home	
Region:	North West
Location address:	192 Queens Promenade Bispham Blackpool Lancashire FY2 9JS
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	The Majestic is registered to provide personal care for a maximum of 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Majestic Care Home was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 September 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

The Majestic is registered to provide personal care for a maximum of 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor.

What we found about the standards we reviewed and how well Majestic Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use this service were having their wishes to maintain their independence and privacy promoted and respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The lack of appropriate bathing facilities is failing to meet the diverse needs and promote the dignity and wellbeing of the people being supported.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Safeguarding procedures were in place to protect people from abusive practices.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were not being protected by the standards of cleanliness and hygiene in place potentially placing them at risk from unsafe and inappropriate hygiene practices.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, administration and use of medicines.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People were not living in safe, accessible surroundings that promote their wellbeing.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were supported by a well trained staff team.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The systems in place for monitoring the quality of service did not ensure people were living a well mainatained and clean environment.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

We have taken enforcement action against Sunshine Care Homes Limited.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
The home's assessment procedures were detailed and thorough to ensure people who stay there could receive the appropriate level of support to meet their needs. The assessment had recognised the religious/cultural, care, nutritional and relationship needs of the people and had identified how the support should be delivered. The two care plans we looked at had information recorded confirming that people or their relatives had been involved in the planning of their care and had agreed how this should be delivered. The care plan of one person had written confirmation from the manager to the person that following their assessment the home could meet their needs.

The care practices we observed throughout our visit confirmed people were being encouraged to maintain their independence and undertake tasks by themselves where able. One person we spoke to told us the facilities provided by the home and routines in place were promoting and respecting his privacy.

Our judgement

People who use this service were having their wishes to maintain their independence and privacy promoted and respected.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke to people about their experiences living in the home and were told the staff team provided sensitive and flexible personal care support and they felt well cared for.

"We looked around several homes before deciding on this one. Dad appears to have settled really well. The staff are always friendly and welcoming when we visit.

"The staff are all fine and the food is very good. I am very happy living at the home and get on well with the staff".

"I like a good grumble but have nothing to grumble about. The staff are very good and I have made some good friends".

"No concerns or complaints. It's a nice place to live and we are being well cared for".

Other evidence
We looked at the care plan records of two people during the inspection. We found information had been recorded about their care needs and risk assessments were in place to identify the potential risk of accidents and harm to the home's staff and the people they support. Significant events had been recorded and daily entries made setting out the care given. People's fluid and diet intake were being recorded but there was no evidence that their weight was being monitored. This was of some concern as one person who had recently moved into the home had suffered weight loss prior to moving into the home. The homes assessment had identified the person needed

encouragement with their meals and their weight would require monitoring.

During our inspection we observed examples of good practice with people who required support with their personal care needs being treated with respect and dignity. The care practices confirmed people were receiving effective, safe and appropriate care which was meeting their needs. The staff member we spoke to told us they had access to people's care plans. They said these clearly described the level of support that people required and had documented their views about how they wanted their care to be delivered. The people we spoke to during our inspection told us they were happy with the care and support they were receiving. They said they were being well looked after and their welfare and wellbeing was being promoted by the support they were receiving.

We spoke to Blackpool Council's Contracts Monitoring Team during our inspection and they told us they had received information from a person wishing to remain anonymous with concerns about the bathing arrangements in place at the home. The person said their relative had only been given a strip wash since June as they were unable to get in the bath. The manager confirmed there were three residents receiving strip washes as they were unable to climb into the two step in baths being used by the staff. She told us the home had a hoist to assist people with mobility problems but this couldn't be used because of the size of the bathrooms. The manager told us the provider has discussed converting an unused bathroom into a wet room to resolve this problem.

Our judgement
The lack of appropriate bathing facilities is failing to meet the diverse needs and promote the dignity and wellbeing of the people being supported.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
The home has procedures in place for dealing with allegations of abuse. The staff members we spoke to confirmed they had access to these and told us they had read and understood them. Discussion with the manager and staff members on duty confirmed all staff were in the process of receiving training in the protection of vulnerable adults from Blackpool Council's Safeguarding Team. Staff members spoken to told us they wouldn't hesitate to report any concerns they had about care practices to ensure people living at the home are protected from potential harm or abuse.

There has been one recent safeguarding incident which identified serious concerns about the homes medication procedures. The provider and the homes manager have co-operated with the investigating organisations in responding to the concerns. Monitoring of the homes procedures is ongoing and these were looked at by us during this inspection.

Our judgement
Safeguarding procedures were in place to protect people from abusive practices.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are major concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
The relative of one person raised concerns about the cleanliness and décor of the home.

"Some days when you visit there is a very strong smell of urine".

Other evidence
This outcome was assessed as concerns regarding cleanliness and infection control were identified during our inspection.

On the tour of the building we found that the home would have benefited from a deep clean. A number of bedrooms, communal and en-suite toilets needed cleaning and had strong and offensive odours. The flooring in some en-suite facilities were in a poor condition and needed replacing. One toilet in the dining room had a seat that was loose. There was no soap, hand gel or paper towels for people to use. One person was observed leaving the toilet and wiping her hands on a serviette from a dining table. There was no evidence of hand gels for infection control purposes being available in bedrooms, corridors or toilet facilities throughout the home. Carpets in a number of bedrooms were stained and dirty.

Although there was hand gel at the entrance of the home there was no information to visitors to remind them to clean their hands on entering and leaving the building. There was also no advice that visitors should not enter if they were unwell. Putting these measures in place would help prevent infections being brought into the home.

The provider employs a cleaner but this is only for three hours on four days a week. On

the evidence of what we saw this is unsatisfactory and needs to be reviewed.

We provided the manager with the contact details for the infection control specialist nurse from Blackpool NHS and asked her to make contact. The Infection Control Specialist will assess the homes level of compliance, and offer advice in infection control standards. We have been informed by the Infection Control Specialist that contact has been made and arrangements have been made for training to be provided.

In light of our findings we decided to ask for a visit from Public Protection Officers from the (Food Control and Health and Safety Departments) of Blackpool Council. They have informed us a visit has been undertaken at the premises and they also identified concerns relating to the cleanliness of the home.

Our judgement
People were not being protected by the standards of cleanliness and hygiene in place potentially placing them at risk from unsafe and inappropriate hygiene practices.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
People wishing to self-administer medication were supported to do so. One person we spoke with told us they were happy with the arrangements in place for them to self-administer medication. We were also told by someone that although they weren't worried about it, the home had 'run out' of some of their medicines for a few days.

Other evidence
The manager told us about the action they were taking to improve medicines handling at the home. They told us that regular medicines audits were completed and that all care workers handling medication had recently completed further medicines training. They told us about the arrangements for handling prescribed creams and for supporting safe self-administration of medication. We saw that overall these were now better managed. People's doctors had been contacted to confirm a current list of medicines for each person. Arrangements had been put in place to help ensure that medicines with special instructions such as 'before food' were given at the right times. The home now kept a stock of purchased medicines for the prompt treatment of minor ailments.

But, we found that arrangements were not in place to ensure that people's medicines were safely and correctly administered. We saw that one person had missed several doses of medication because there were none left to give. This was clearly recorded, but there were no records of any action taken to promptly order a new supply. Additionally, care workers administering someone's suppositories had not completed additional training to ensure this was done safely and correctly. Where people missed

several doses of medication because they were sleeping prompt advice had not always been sought from the doctor. On the visit day we observed that the morning medicines round was not completed until late morning. This means that where doses of medicine are repeated throughout the day, they may be given too closely together. There was a lack of individual information supporting the use of medicines prescribed 'when required'.

We found that recent records of medicines administration were generally up-to-date and that record keeping had improved. But, on occasion there was a lack of clarity that meant it was not possible to tell whether medicines had been given correctly. We found that administration records for two people listed the same medication twice making it impossible to tell when the medication had actually been used. Where medicines were not given the reason was not always clearly recorded.

We looked at the medicines storage and found that all medicines were safely locked away. But, controlled drugs were not stored in accordance with current law.

The manager had continued to complete monthly medicines audits but these had not been fully effective in identifying areas where medicines handling fell short of the homes medicines policy.

Our judgement
The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, administration and use of medicines.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are major concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
The relative of one person told us they had issues with the environment which they felt needed updating.

Other evidence
The homes communal areas consist of a lounge, sun lounge and dining room all located on the ground floor. A chairlift is available for people unable to manage the stairs. The front door was locked when we visited and people visiting the home were observed ringing the door bell to gain access to the building. This protects people from unauthorised entrance.

A tour of the building confirmed there hasn't been much progress in upgrading the environmental standards since we last visited. The furnishings and decor throughout the home are looking tired and in need of refurbishment. The bedrooms we looked at were all in need of redecoration and refurbishment. A number of carpets were dirty and stained and had a strong and offensive odour. We found windows throughout the building did not have restrictors in place. This could potentially place people at risk from accidents or injury because windows could be opened to their full extent.

We found the bathing facilities in place at the home were not meeting the assessed needs of all the people who live there. Three people were being given strip washes because the staff were unable to assist them into the bathing facilities available. These arrangements are failing to promote dignified care practices and meet the individual needs of the people being supported. We spoke to the manager and provider during the inspection and expressed our concern about these arrangements. We were told plans

were in place to address this situation.

We found two bedrooms had no curtains to protect the privacy of the people occupying the rooms. The manager told us the curtain rails had been pulled down by the people occupying the rooms and she was waiting for a tradesman to fit new curtain rails. We were assured this matter was being addressed.

Hot water temperatures were checked throughout the home and found to be delivering water at a safe temperature in line with health and safety guidelines.

During our inspection we looked at records to confirm the building was being well maintained and was providing a safe environment for people to live. These included certificates confirming work for the testing of the electrical wiring, fire alarm and call bell systems and gas appliances were up to date. We found all records were out of date, some by several months including the electrical wiring and gas certificate. We contacted the contractors undertaking this work on behalf of the provider and they provided assurances that they had been asked to undertake this work by the provider. Both contractors provided assurances that the work would be completed without delay.

We found the home had door magnets throughout the building which comply with the Regulatory Reform (Fire Safety) Order 2005. The magnets allow doors to be open to allow easy passage for people who are frail and close automatically when the fire alarm is activated. However, we were concerned to find several of the magnets were broken. When we spoke to the homes electrical contractor he told us the magnets would be repaired when he completed work on the electrical wiring, fire alarm and call bell systems the following week.

In light of our findings we decided to ask for a visit from Public Protection Officers from the (Food Control and Health and Safety Departments) of Blackpool Council. They have informed us a visit has been undertaken at the premises and they also identified concerns relating to the premises. These included concerns we had identified with infection control and the general maintenance of the building.

Our judgement
People were not living in safe, accessible surroundings that promote their wellbeing.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
Discussion with the manager, staff members and observation of staff training records confirmed all staff had access to a training and development programme. These include mandatory training covering health and safety, manual handling techniques, food hygiene, nutrition, safeguarding vulnerable people and infection control. As concerns were identified during this inspection in respect of the homes infection control procedures additional training is be sought for all staff from the Infection Control Specialist at Blackpool Primary Care Trust.

When we undertook our inspection 80% of the staff members providing personal care support had achieved NVQ qualifications at level 2.

The staff member we spoke to said they were well supported and attended regular meetings held by the home. They told us they were happy with the support structure in place which included individual supervision with their manager when they can discuss issues about their role and their training and development needs.

Our judgement
People were supported by a well trained staff team.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
The provider had procedures in place to monitor the quality of their service and these were being reviewed annually. We were told the views of the people they support are important to them and these are sought by a variety of methods including meetings to discuss the service being provided.

The people we spoke to told us they had been involved in decision making about their care from the day of their admission and they felt supported and listened to. However,we saw evidence during the inspection that the procedures in place for monitoring that people's medicines were correctly administered were not safe. Audits put into place by the provider following our last visit were not identifying when when people were running out of their medicines. We also found the provider did not have robust systems in place to ensure the homes equipment and appliances were safe for use. When we visited a number of safety certificates were out of date.

Our judgement
The systems in place for monitoring the quality of service did not ensure people were living a well mainatained and clean environment.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

<table>
<tr><th>Regulated activity</th><th>Regulation</th><th>Outcome</th></tr>
<tr><td rowspan="2">Accommodation for persons who require nursing or personal care</td><td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 04: Care and welfare of people who use services</td></tr>
<tr><td colspan="2">How the regulation is not being met:
The lack of appropriate bathing facilities is failing to meet the diverse needs and promote the dignity and wellbeing of the people being supported.</td></tr>
<tr><td rowspan="2">Accommodation for persons who require nursing or personal care</td><td>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 08: Cleanliness and infection control</td></tr>
<tr><td colspan="2">How the regulation is not being met:
People were not being protected by the standards of cleanliness and hygiene in place potentially placing them at risk from unsafe and inappropriate hygiene practices.</td></tr>
<tr><td rowspan="2">Accommodation for persons who require nursing or personal care</td><td>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</td><td>Outcome 10: Safety and suitability of premises</td></tr>
<tr><td colspan="2">How the regulation is not being met:
People were not living in safe, accessible surroundings that promote their wellbeing.</td></tr>
<tr><td>Accommodation for persons who require nursing or personal care</td><td>Regulation 10 HSCA 2008 (Regulated Activities)</td><td>Outcome 16: Assessing and monitoring the quality of service provision</td></tr>
</table>

	Regulations 2010	
	How the regulation is not being met: The systems in place for monitoring the quality of service did not ensure people were living a well mainatained and clean environment.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

Enforcement action we have taken

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

<table>
<tr><th colspan="4">Enforcement action taken</th></tr>
<tr><td colspan="4">Warning notice
This action has been taken in relation to:</td></tr>
<tr><td>Regulated activity</td><td>Regulation or section of the Act</td><td colspan="2">Outcome</td></tr>
<tr><td rowspan="3">Accommodation for persons who require nursing or personal care</td><td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td><td colspan="2">Outcome 09: Management of medicines</td></tr>
<tr><td>How the regulation or section is not being met:</td><td>Registered manager:</td><td>To be met by:</td></tr>
<tr><td>The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, administration and use of medicines.</td><td></td><td>31 October 2011</td></tr>
</table>

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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