Barchester Healthcare Homes Limited

Sutton Grange

Inspection report

Greaves Hall Lane
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Merseyside
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 & 24 May 2016 and was unannounced.

Sutton Grange provides 24 hour nursing and residential care to 70 people. At the time of our inspection there were 35 people who lived at the home. The home is a purpose built and split into four areas. Each area has good communal facilities including a lounge, dining room and bathroom facilities. A secured garden area is provided at the rear of the premises along with garden areas at the front.

The home did not have a registered manager. The manager had left shortly before our inspection. An interim manager had been appointed whilst the provider recruited a suitable replacement for the registered manager. 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.

People were supported to eat and drink enough to maintain their health. People's dietary requirements were explored and the information was readily available to kitchen staff to ensure these were met. However, we found inconsistencies in staff practice between different areas of the home. We have made a recommendation about this.

People were safe living at the home because they were supported by a sufficient number of staff who had the right skills and knowledge to meet their needs. Staff understood their responsibilities with regard to reporting suspected abuse, in order to safeguard people.

The service followed safe recruitment practices to ensure only suitable candidates were employed to work with people who lived at the home. The service had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

Effective systems were in place to ensure people's medicines were managed safely. Only trained staff were allowed to administer medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

However, we found the system to monitor DoLS authorisations had not been effective in identifying two authorisations had expired. The deputy manager had implemented a new system which remedied this.

People could access external healthcare services as they required and were supported to do so. People had access to a wide range of activities which were provided seven days a week.

Staff were kind and caring and treated people with respect. We witnessed many positive and caring interactions throughout or inspection. Staff knew people's likes and dislikes which helped them provide individualised care for people.

Plans of care were based around the individual preferences of people as well as their medical needs. People and their relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

The provider had implemented effective systems to assess, monitor and improve the quality of care and support that was delivered to people. People, their relatives and staff were involved in developing the service.

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 felt safe living at the home and were supported by staff who had been trained to keep them safe.

There were a sufficient number of staff deployed to keep people safe.

Risks to people's safety were assessed and measures put in place to protect people against such risks.

The provider had implemented systems and staff were trained to ensure people's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were care for by staff who had the right skills and knowledge to meet their needs.

Staff were supported by through regular supervision and appraisal and felt supported by management.

People's rights were protected under the Mental Capacity Act 2005. Assessments of people's capacity and decisions taken in their best interests were undertaken and recorded appropriately.

A new system for monitoring authorisations under the Deprivation of Liberty Safeguards (DoLS) had been implemented because the previous system had not been effective in identifying when DoLS authorisations were due to expire.

People were supported to eat and drink enough to maintain their health. However, we found inconsistencies in staff practice at mealtimes in different areas of the home.

Is the service caring?

Good

The service was caring.

People were comfortable with staff and we witnessed kind and caring interactions during our inspection.

People received care and support from staff who knew their preferences, likes and dislikes.

People were treated with respect and their dignity was maintained by staff who were compassionate.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing the care that was delivered to them. Plans of care were centred around the person and reflected their current needs and circumstances.

People were able to access a range of activities to meet their social needs and interests.

A complaints policy and procedure was in place. People's suggestions, concerns and complaints were listened to by staff and management.

Is the service well-led?

Good

The service was well-led.

Management were described as supportive and approachable by people we spoke with, relatives and staff.

A range of measures had been implemented to assess, monitor and improve the quality of the service delivered to people.

Feedback was sought in a variety of ways. People who used the service, relatives and staff were involved in improving the service.

Sutton Grange

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 23 & 24 May 2016 and was unannounced.

The inspection was carried out by the lead adult social care inspector for the service, a specialist advisor in the care of older people and dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They specialised in the care of older people.

Before the inspection, we reviewed all the information available to us about the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

During the inspection we spoke with seven people who lived at Sutton Grange and nine visiting relatives. We also spoke with seven care staff and spoke with the deputy manager, interim manager and senior managers from the provider group.

We looked in detail at five peoples' care records and other records relating to their care. We also reviewed a range of records relating to the management of the service, such as staffing assessments, health and safety checks and service certificates.

We spent time in each area of the home, observing the environment and how staff responded to and interacted with people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI provides a way for us to gain insight into people's experiences of care when they are unable to communicate with us directly.

During the inspection we spoke with two visiting healthcare professionals who gave us feedback about the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe for a number of reasons. They told us they trusted staff and felt secure within the home and grounds. Comments we received from people about why they felt safe included; "The staff are very friendly and I feel part of the setup"; "The general attitude of the people [staff]"; And "There's always somebody around".

We also received positive comments from people's relatives about the safety of the service. These included; "The staff are very good and they never know when I'm coming"; And "It's secure and [Relative] has the aids she needs to move around".

We looked at whether sufficient staff were deployed to keep people safe and to meet their welfare needs. When we asked people and their relatives whether they felt there were enough staff, the responses we received were positive.

We looked at how the provider assessed staffing levels and whether staff were deployed in accordance with the required level of staffing to meet people's needs. We found the provider used a tool to measure each person's level of dependency which then gave a staffing level for each area of the home. We reviewed the staffing rotas for the four weeks leading up to our inspection. We found staffing levels reflected the results of the assessment tool, with the exception of occasions where staff had called in sick and cover had to be arranged at short notice.

The home had recently lost a number of staff and were recruiting suitable replacements. We saw a group of staff who were receiving induction training from the home's full-time trainer on the first day of our inspection. In the meantime, the home had been using agency staff to cover shifts. We saw the service used the same agencies and, where at all possible, the same agency workers to cover shifts. This helped to provide consistency for people who lived at the home.

We looked at staff personnel records to see whether the provider operated safe recruitment practices. We found the provider followed a robust recruitment process which helped to ensure only suitable candidates were employed to work at the home. The process included checks to ensure potential staff were of good character, such as obtaining references from previous employers and checks with the disclosure and barring service (DBS), formerly the criminal records bureau (CRB).

People were protected against the risk of abuse. Staff told us and training records confirmed they had received training to enable them to safeguard people who may be vulnerable by their circumstances. Staff were able to describe various forms of abuse and the action they would take in response if they witnessed or suspected abuse, such as making a referral to the local authority. Information to guide staff, along with contact numbers for appropriate agencies, was readily available for staff in each area of the home.

People were safe because accidents and incidents were carefully monitored and reviewed in order to learn from them and reduce the risk of them happening again. Detailed records were kept of accidents and

incidents, which the management team reviewed each month. This helped to identify any patterns or themes in order for the home to respond, for example, to changes in people's support needs.

The service carried out individual risk assessments for people who lived at the home. These included areas such as mobility, falls, nutrition and skin integrity. The information from risk assessments was used to inform plans of care. These guided how care and support was delivered to people, to help keep them safe. In addition, where risk assessments identified people may benefit from measures, such as specialist equipment to aid their mobility, we saw these had been put in place. Risk assessments had been reviewed on a regular basis to help ensure they reflected people's current needs.

We found the home environment was clean and safe. We saw cleaning was undertaken to a high standard and people commented they were happy with the environment. People told us their bedrooms were cleaned every day and communal areas were also kept clean. We observed staff followed good practice to reduce the risk of cross contamination and infection. We observed staff used hand gels, personal protective equipment (PPE) such as disposable gloves and aprons as appropriate. Staff washed their hands before administering medicines or serving food and drinks. Staff we spoke with confirmed there was always a plentiful supply of PPE around the home.

The provider had implemented a comprehensive business continuity plan, to help guide staff to continue to meet people's needs safely in the event of an emergency, such as fire, flood or utility loss. Each person who used the service had a Personal Emergency Evacuation Plan (PEEP), in order that they could be safely evacuated form the home, if the need arose. We saw records which showed fire safety equipment was regularly tested and checked to ensure it was in good working order.

We checked how the service managed people's medicines, so they received them in a safe way. Medicines were only administered by staff who had received training to do so safely. We observed staff followed good practice guidelines when administering medicines and were able to describe what each medicine was for. The provider had implemented safe systems with regard to ordering, receipt and storage of medicines. Some people received medicines 'as required'. There were clear guidelines for staff to follow so they knew the correct dose and how often people could receive these medicines. The provider had implemented a policy and procedure for the administration of 'homely remedies' which could be bought over the counter, which helped to make sure people received them safely.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had sufficient skills and knowledge to provide effective care and support for people who lived at the home. People we spoke with were complimentary about staff and the way in which they delivered care and support. Comments we received included; "They [Staff] are really good. They know what I need help with"; And "The staff are great. They all seem to know what they're doing". Relatives we spoke with mirrored the comments of people who lived at the home and expressed satisfaction with the approach of staff.

The home employed a full-time trainer who was responsible for delivering training to all staff, from induction to more specialist courses, for example on dementia and diabetes. Staff told us and training records confirmed, staff had undertaken and had access to a wide range of training to ensure they could carry out their roles effectively. This helped to ensure staff were familiar with the home and the needs of people who lived there, as well as providing staff with the skills they would need to provide effective care and support.

Staff we spoke with told us they felt supported. They confirmed they received regular one to one supervision and appraisals. This provided an opportunity for staff and management to discuss performance, training and any issues or concerns. Nursing staff were supported to undertake training to ensure they kept up to date with current best practice and the requirements of revalidation with the Nursing and Midwifery Council (NMC).

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed effectively. Staff we spoke with had a good understanding of the MCA and their responsibilities when providing care and support to people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found some people who were living with dementia had their freedom restricted in order to keep them safe. We saw the service had made applications under DoLS and where authorisations had been granted, any conditions were incorporated into people's plans of care.

However, we found DoLS authorisations had expired for two people who lived at the home and had not yet

been reapplied for. We discussed this with the deputy manager. They informed us they were in the process of auditing DoLS authorisations to ensure they were all up to date. They had already identified the two expired authorisations that we found and had begun the process to reapply. They explained they had found the system for monitoring the expiry of DoLS authorisations had not been implemented effectively under previous management, but they now had an effective system in place. This helped to ensure any applications and authorisations under DoLS were managed properly.

People were supported to eat and drink enough to keep them healthy. We ate lunch with people who lived at the home and asked for their opinions about the meals provided. Food was freshly prepared each day and was of good quality. People could choose from a wide range of foods and drinks at each meal and the chef accommodated any requests for food that was not on the menu. Snacks and drinks were available throughout the day and we observed staff made sure there was always a plentiful supply.

We observed the lunchtime service in each area of the home. We observed it to be a pleasant and positive experience for people who lived at the home. Tables were well laid out with cloths, napkins and cutlery. People could choose where they sat to eat in the communal areas or could choose to eat in their rooms if they preferred. We witnessed kind and friendly interactions between staff and people who lived at the home, whilst they offered choices to people about meals and drinks. We observed people who required support to eat and drink received it from staff in a dignified manner.

We saw some people were provided with adapted crockery in order to help them maintain their independence whilst eating. However, in one area of the home we witnessed one person who would have benefitted from this, did not have it provided. In the same area, we observed no drinks had been set out on tables and were not provided until we prompted staff. Additionally, we witnessed two members of staff in this area supported people to eat without speaking with them. This showed some inconsistency with regard to staff practice between different areas of the home.

We would recommend the provider reviews the mealtime experience in all areas of the home to ensure consistency in staff practice so people's eating and drinking needs can be met effectively.

We spoke with the chef during our inspection who explained they cooked everything from fresh ingredients. They had a good knowledge of people's needs and preferences. They showed us a range of information that they were passed from the care staff. This included a monthly analysis of people's weights, any special dietary requirements people had, along with their food likes and dislikes. The chef visited people often to ask for their opinions of the food and whether they would like any changes to the menus. Menus were also discussed at resident and relatives meetings. Where people had specific dietary needs, such as a fortified diet or food which needed to be a specific texture, this was prepared accordingly.

People were protected against the risks of poor nutrition and hydration. Staff continually monitored how much people ate and drank. This helped staff to assess whether people were eating and drinking enough to stay healthy. Where concerns were identified, increased monitoring was put in place including people being weighed more frequently. We saw the service made timely referrals to the dietician and speech and language therapists, where appropriate. This helped to ensure staff had access to specialist professional advice and guidance about people's nutrition.

People told us and care records confirmed people had access to a range of external healthcare professionals including, GPs, district nurses, opticians and chiropodists. A visiting professional told us; "It's good. They are well on top of things with regard to care and chasing appointments. The residents are happy and say good things. It's very individualised and the environment is fabulous."

Good

Is the service caring?

Our findings

We received positive feedback from everyone we spoke with about how caring the service was and about the approach of staff. When we asked people what staff were like they commented; "Quite good"; "I can't fault them"; "On the whole they're good"; "They're very good"; And; "Always very friendly and kind". Relatives we spoke with were also positive about the approach of staff. Comments we received included; "The staff are brilliant. Kind to [Relative] and to us. Even the kitchen staff come and say hello"; "We can't praise them highly enough. We looked at so many homes and this has exceeded my expectations. The staff are very welcoming and are taking good care of [Relative]"; "They are very caring. They're really looking after [Relative] well and are really supportive of the family too. Even the agency staff are very good"; And "The staff are very nice. They have a really good attitude and they're friendly".

We observed kind and caring interactions throughout the inspection. People were comfortable and relaxed with staff and the atmosphere in the home was pleasant and cheerful. However, on the first day of our inspection, we saw staff did not always have time to sit and talk with people in order to foster positive and caring relationships. This was because staff appeared to be under pressure to complete care tasks. Staff did not get much chance to converse with people during the day unless they were providing care and support for them. We were later told this was because two staff had called in sick. We observed staff had more time to spend with people during the second day of our inspection.

People received care and support from staff that knew their preferences, likes and dislikes. The service had experienced some instability with regard to the staff team in the months leading up to our inspection, with several staff having left the home for employment elsewhere. People we spoke with and their relatives told us they had seen improvements in the consistency of staffing more recently and mostly saw the same carers. They explained new care staff were caring and were getting to know them, whilst longer standing staff knew how they liked to be cared for. This helped to ensure people received care and support in the way they wanted it to be delivered.

Staff we spoke with had a good level of knowledge about people and their life histories. This included people's past employment, where they had lived, hobbies and interests, and people who were important to them. We saw this type of information had been gathered in people's care plans when they first moved into the home. The information helped staff to get to know the person and to build relationships with them.

We looked at how the service ensured people were treated with dignity and respect during their stay at the home. People we spoke with told us staff were always respectful and caring towards them. They gave us examples, such as, staff knocking on bedroom doors before they entered and ensuring doors and curtains were shut before personal care was delivered. We saw staff were caring and attentive to people during our inspection. Staff approached people and asked for their permission before they delivered any care or support, for example, when assisting people to move between rooms.

People we spoke with and their relatives confirmed there were no restrictions on visiting times and they were encouraged to maintain contact with their loved ones.

Good

Is the service responsive?

Our findings

We looked at how the service provided personalised care that was responsive to people's needs. Before people moved into the home, a comprehensive assessment of their care needs was undertaken by the staff. The areas covered by assessments included, people's mobility, communication, eating and drinking, as well as any health care needs. This helped to ensure people's needs could be met before they moved in to the home.

People and their relatives told us they had been involved in the initial assessments and care planning process. This helped to ensure people's needs were accurately assessed and their preferences explored, in order to provide personalised care to them. People's likes and dislikes were documented in well organised care files. This helped to give staff easy access to important information about how people wanted their care to be delivered.

The service sought guidance and advice from external professionals and followed up any referrals in a timely manner. Guidance and advice from professionals was used to inform care planning with the aim of providing the best possible outcome for people. People's assessments and care plans were reviewed on a monthly basis, or more often, in line with changes in people's needs. This helped to ensure they reflected the person's current circumstances.

The home employed two staff to provide activities for people. The home had a dedicated activities room on the first floor which was accessible to everyone who lived at the home. Communal areas of the home were also used for larger group activities, such as the weekly singing club, which people told us they enjoyed. Activities were provided in group and individual sessions. This helped to ensure those people who could not, or did not want to, participate in group sessions still had access to activities that were stimulating. We saw photographs and people told us about a range of activities they had been involved in. These included garden parties, spending time in the grounds at the home, listening to music, arts and crafts, puzzle games and other events, such as a party for the Queen's birthday. The service had supported one person to grow vegetables in their own 'patch' in the garden, near their bedroom. The home also had the use of a minibus for trips out into the local and wider community. The home had links with local schools, who came to the home to sing or put on other activities at times such as Christmas and Easter.

Staff listened to and responded to people's complaints and comments. People we spoke with and their relatives expressed no real concerns during the inspection. They told us they could approach any member of staff or management with any concerns or 'niggles' and they were confident any issues would be resolved. People told us staff often asked them whether everything was ok. Relatives confirmed staff and management made a point of asking whether there was anything they could improve.

The provider had implemented a complaints policy and procedure, which was accessible to everyone who lived in the home and their relatives. The policy provided a framework for how management should deal with any complaints. This included contact details of other organisations which people could escalate their complaint to, if they did not receive a satisfactory resolution. The deputy manager explained they used

complaints to learn where they could improve the service and learn from what people told them.

Good

Is the service well-led?

Our findings

In the months leading up to our inspection, there had been instability with regard to management of the home. The registered manager had left the home, which was being managed by an interim manager at the time of our inspection. They had only been in post for one week prior to our inspection. A new deputy manager had also been appointed just a matter of weeks before we visited to inspect the service.

We asked people and their relatives whether they though the service was well-led. Comments we received about the management of the home included; "I think they're good, really supportive and they always keep me in the loop"; "The staff and management are really very good. They've gone over and above, especially with the family. They're very courteous and they keep us involved and updated"; And "We've noticed more stability in the last couple of months. They had a lot of staff leave, but that seems to have settled down. The new management seem to be good".

Staff told us the support they received had varied under previous management, but they felt the new management team were approachable, supportive and receptive to their comments and suggestions. Comments we received from staff included; "[Manager] and [Deputy Manager] are great. They have an open door policy and I can go and see them with anything"; And "They [Management] are fantastic. They are making a real difference because of the experience and knowledge they bring".

We found the atmosphere at the home was open and pleasant. There appeared to be a positive, caring culture between people, their relatives and staff. Staff we spoke with told us they enjoyed their job and tried to help people make their stay at the home as good an experience as they could. Throughout our inspection, we saw many positive interactions between staff and people they cared for. There were clear lines of accountability. Staff were confident in their role and understood their responsibilities.

The provider had implemented wide ranging checks on the quality of the service provided. The results of checks were used to identify areas for improvement in service provision and ultimately the standard of care people experienced. Checks were completed daily, weekly and monthly on different aspects of the service. These included areas such as cleanliness and infection control, medicines, health and safety, care planning and accidents and incidents. The results of audits and checks were used to create action plans to improve the service. In addition, representatives from the provider organisation undertook a visit to the home every two months. This was named the 'Quality First' visit. The visits were designed to assess how the service was performing and to identify any areas for improvement. The check undertaken during these visits were aligned to the key lines of enquiry that CQC use during an inspection.

Regular 'residents and relatives' meetings took place in each area of the home, on a monthly basis. The meetings helped to involve people and their relatives in how the service was managed. During the meetings, people were invited to make suggestions about the service and to discuss any improvements they thought were required. The meetings also gave management the opportunity to provide important information to people and to feedback to people about any changes or events at the home.

Staff we spoke with confirmed regular staff meetings took place with management. At the time of our inspection, these were being carried out each week to support staff during a period of change. The manager explained staff meeting would then be held on a monthly basis. The meetings gave staff the opportunity to make suggestions about how the service was run, raise any concerns and to discuss topics in a group, openly, with the management. Additionally, the interim manager had implemented a daily meeting at 11:00, where the day to day running of the home was discussed along with any specific concerns about people. These meetings helped to show how the staff team were involved in how the service was run and how it was improved.

The management were aware of their responsibilities with regard to submitting notifications about significant events that happened at the home. We had received notifications as appropriate. The management also knew when they had to report events to other agencies, such as the local authority and did so accordingly.