Sun Health Care Limited

Tapton Grove

Inspection report

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Date of inspection visit: 4 November 2014
Date of publication: 29/05/2015

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

Overall summary

Tapton Grove is a home divided into three units for up to sixty-seven people with mental health needs. Fifty- three people were using the service at the time of our inspection visit.

This inspection took place on 4 November 2014.

There was a registered manager at the service at the time of our inspection. 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.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, the provider was not following the principles of the Mental Capacity Act and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). Although there were restrictions in place for some people, there had been no assessment to determine whether or not this was in people's best interests.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to peoples care were taken in consultation with people using the service, their next of kin and other healthcare professionals, which ensured their rights were protected. The premises were safely maintained and medicines were managed safely.

There were enough staff available at the service and staffing levels were determined according to people's individual needs.

Staff received training to support people with mental health conditions.

Staff were supported through strong links with community healthcare professionals to ensure people received effective care relating to their diet and their ongoing healthcare needs. We have made a recommendation about the use of best practice guidance.

There was a friendly, relaxed atmosphere at the home. People told us they enjoyed living there and their relatives told us that staff were caring and compassionate. People were able to take part in hobbies and interests of their choice and links with community facilities were maintained that helped people who were preparing for independent living.

The registered manager at the home was familiar with all of the people living there and staff felt supported by the management team. The provider had a system in place to obtain feedback from people via meetings and surveys and they told us they felt listened to. There were also regular meetings for staff to contribute to the running of the service. There was a clear complaints procedure that was followed to ensure people's concerns were addressed.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

People using the service and their relatives told us they felt safe living at the home and they had no concerns. Staff were aware of what steps they would take to protect people if they identified a risk and supported people to make informed choices.

There were sufficient, suitable staff to ensure people's needs were met and medicines were administered as prescribed

Good

Is the service effective?
The service was not consistently effective.

Staff completed relevant training but this did not include training to make sure people and staff are safe when dealing with people whose behaviour may cause risks to themselves or others.

We found the service was not meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and enjoyed their meals

Requires Improvement

Is the service caring?
The service was caring.

We saw that people were treated with kindness and compassion. People who used the service and their families told us they were happy with the care and support they received and that staff treated them well and respected their privacy.

Care plans were personalised and individual and staff were aware of people's choices, likes and dislikes.

Good

Is the service responsive?
The service was responsive.

People using the service were enabled to lead active social lives that were individual to their needs. Staff supported people in maintaining relationships with family members.

People were encouraged to express their views and concerns through a number of channels and complaints were well managed.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People using the service, relatives, staff and healthcare professionals praised the manager of the service for the way the home was run.

A number of audits were carried out at the home to monitor the service, which highlighted improvements and changes.

Tapton Grove

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 November 2014 and was unannounced.

This inspection was undertaken by three inspectors and a specialist advisor in mental health.

The provider completed 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 reviewed information included in notifications sent by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people living at the home, three people's relatives and nine staff, including care staff, nurses and the registered manager. We spoke with six external health and social care professionals including a mental health legal representative, social workers, a community nurse and health specialists.

We observed how staff approached and interacted with people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at five people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks of the quality and safety of people's care, three staff training and recruitment records, food menus and medicines administration records.

Is the service safe?

Our findings

People told us they could talk to staff if they were worried. One person said "Yes I feel I am treated well, I have no problems with them." A relative told us "I'm happy that he's safe there".

The provider had robust procedures in place to safeguard people using the service. Staff told us they received training in safeguarding adults and had access to the provider's safeguarding policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring and who to report incidents to. They also knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

The care records examined contained comprehensive risk assessments, which covered assisting people to move safely, monitoring risks of pressure to people's skin and specific ones for individuals. For example, one person was identified as being at risk in the community so staff were to support the person when they wanted to go out. Another person was identified as being at high risk of agitation. Staff were to encourage the person to utilise one to one time to discuss their thoughts and feelings. This identified risks and the management of them. Risk assessments were reviewed every three months, or sooner if required, to ensure any changes were addressed.

People thought there were enough staff on duty to meet their needs. One told us "There is enough staff to talk to if I want to." Another person said "Some days there are six staff on if people have appointments." However, in one unit, staff we spoke with told us that sometimes they were one member of staff short. They told us this meant they had less time to support people with the things they enjoyed. One person we spoke to told us, "Sometimes there is only one member of staff on, we manage but staff are not around to chat to if there's only one of them on – that happens quite a lot of the time."

We saw qualified nursing staff were available day and night. This was recorded on the staffing rota and the rota also recorded the manager was available in addition to the qualified staff. The qualified nurse on duty told us that "Staffing levels can and are increased in response to people's changing needs".

Staff we spoke with told us there were enough staff to meet people's needs. One staff member said "We have enough staff with the skills and knowledge. There is always someone on to take people to appointments." Our observation showed that there were sufficient staff to respond to people in a timely manner.

The provider had systems in place to ensure suitable people were employed at the service. The records we looked at showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service. There was also a system in place to ensure that qualified nursing staff had a valid registration with their governing body, the Nursing and Midwifery Council (NMC).

Medicines were prescribed and given to people appropriately. We looked at a sample of seven medication administration (MAR) record charts and saw that these were in good order. For example, there were photographs available to aid identification on most records, allergies were recorded and there were no missing signatures where a medicine had been administered. Hand written charts had been signed by two people to ensure they were accurate.

One person we spoke with was knowledgeable about their medicine and told us that they administered it themselves. Another person told us they administered their own medicine but preferred a member of staff to watch them to ensure they did this correctly.

Medicines were stored securely and safely. For example, a random stock check showed that medicines were within their expiry dates. They were stored in secure facilities, medication refrigerator temperatures were recorded on a daily basis and were within safe limits and medicines with a short shelf life were labelled with the date they were opened.

Staff we spoke with told us they had completed medication training and training records we saw showed us the staff members responsible for administering medication had undertaken training the last three years with several completing it in 2014.

The provider ensured the premises were safe for people to use. Maintenance checks demonstrated that the provider

Is the service safe?

took appropriate steps to ensure the premises were safe; for example, the fire alarm system had been checked by an external company in June 2014 and the fire alarms were checked weekly.

Is the service effective?

Our findings

The provider was not ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed correctly and consistently. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Some people had restrictions placed on them that had not been implemented in line with legal requirements. One person told us they were not allowed to visit people in another unit. They told us, "I'm locked in, they don't let me out," and "I'm a prisoner." There were discrepancies in what staff told us about the restrictions placed on this person. These included staff who told us this person is, "kept on the unit," whilst the manager said this person would be accompanied on a one to one basis by staff when they wanted to visit the other unit. The distribution of cigarettes to people who smoked was controlled by staff. Whilst this was a means of helping people not to chain smoke, run out of supplies and help with fire risk reduction, there was no evidence in the care records we saw to demonstrate that this had been discussed and agreed with the people concerned. For example, one person's care plan on smoking did not reflect the current restrictions placed on them.

The manager confirmed no assessments of capacity and applications to deprive people of their liberty had been made in line with legal requirements for these situations. Records we saw confirmed this. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

People were supported to maintain good health and to access healthcare services when required. This included for routine health screening, such as eyesight or dental checks. One person said, "I'm having tests at the moment as they think I have an infection" and in another person's records we saw evidence that the person had been visited by a psychiatrist.

Care plans were regularly reviewed and detailed any support provided from outside health care professionals, including for the purposes of routine health screening. For example, GP's and district nurses. We saw people received appropriate care but we found examples of good practice guidance not being followed consistently; for example, one person receiving a specific drug therapy had their bloods monitored regularly to ensure levels were safe and therapeutic levels maintained, as per National Institute for Health and Care Excellence (NICE) guidance. However, another person on long term anti-psychotic medication was not having full health checks are being carried out as per NICE guidance.

Staff told us that they received the training they needed, which they said included regular updates when required. One member of staff told us that the company was supportive of bespoke training around individual people's needs and gave examples of where this had occurred in relation to one person with a specific disorder. This showed the provider had systems in place to support staff in meeting people's individual health needs.

Most staff felt they were well supported. One member of staff told us their induction and training had prepared them for their job role, they said, "I was not thrown in at the deep end." They told us they had read people's care plans and had been able to "get to know people well". Another staff member said "I did an induction when I started, I shadowed staff" and a third told us "I have supervision every six weeks and am due for my appraisal in a couple of weeks." However, one member of staff told us they had been attacked by a person using the service and they had not received any training in how to respond to that situation. A qualified nurse at the home told me "We don't use restraint" and "I do in house training on de-escalation skills for the staff".

People's nutritional needs were met. One person we spoke with told us, "The food is ok." Another person said, "I like the porridge, I get that". A relative told us that their family member was eating better as a result of using the service. One person had a care plan for gaining a healthier lifestyle. The person had agreed that when making shopping lists they would try and include healthier options. Staff encouraged healthy eating this was confirmed by staff we spoke with. The unit manager told us "One person has high cholesterol, we have discussed this with the person to help educate them. The people have capacity to make their own

Is the service effective?

decisions in this respect." We saw that people had a choice of two main meals at lunchtime and could request their preference. Staff told us that at tea time people were having sandwiches and a yogurt for pudding.

However, we observed that one person preferred to eat snacks rather than main meals. Staff confirmed this.

Records showed that this person had lost a significant amount of weight. There was no evidence of other professionals being involved in managing this person's weight loss and nutritional intake to reduce risks to their health.

Is the service caring?

Our findings

People told us, and we saw from our observations that people were comfortable with the staff working at the service. One person said, "I like these carers, they get me cups of tea" and "It's alright here I get on with all the staff". A second person said "I've enjoyed it whilst I have been here they look after you." Another person said, "I'm happy here at the moment but I want support when I move out". A relative described the staff as very helpful and said "They are very nice people".

External health and social care professionals told us they thought the service was caring. One said "They genuinely care" and said the staff listened and were professional in their dealings with people using the service.

Staff interactions were caring. All staff on duty were heard and observed to communicate with the people effectively and used different ways of enhancing that communication, for example by touch, ensuring they were at eye level with people who were seated or in bed and altering their tone of voice appropriately for those who were hard of hearing. On another unit we observed staff talking to people about things that interested them and most interactions we observed were respectful. One person said "Staff are caring, I'm happy living here" and another told us, "Staff are nice and friendly." However, we observed two interactions that were not respectful; for example, we heard staff referring to clothing protection for a person as a "dribble bib".

People were involved in making decisions about their care and support. One person said "I am aware of my care plan and am involved in reviews" and another told us "They consult me about my care." Some people without families did not have external involvement from an advocacy service. However, they were aware of their rights to have an advocate and records we saw showed that advocates had been used in the past but the person concerned had chosen not to have one. One person told us they had an advocate they said, "My advocate is coming to see me tomorrow."

The provider demonstrated that they took into account the preferences of those who used the service, for example night care plans showed that people had been asked if they had a preference for male or female staff. 'They recorded the times people preferred to go to bed and get up. People had their own keys to their rooms if they wished. This was confirmed by people we spoke with.

We discussed end of life care with senior staff. They told us they had made contacts with external professionals and were undertaking specialised training in end of life care. Those staff we spoke with were committed to providing good care and were able to give an example of where they had been able to work in partnership with external agencies to enable one person supported to have their wishes and choices respected when they died. Staff we spoke with told us they tried to ensure people's wishes were respected and any preferences regarding end of life care were recorded and adhered to. They told us that end of life care took place annually and training records showed us it had taken place in 2014. We found that one person's care file contained an advance statement expressing their wishes over medical treatment and their preference to end their life at Tapton Grove instead of hospital.

A health professional told us that the service had been brilliant when dealing with end of life care and said staff were very sensitive in their approach. They told us "They respect individual needs and wishes".

Is the service responsive?

Our findings

People we spoke with confirmed they were assessed before using the service and were invited to look round first. The provider ensured an assessment process was in place prior to people starting to use the service. This was confirmed by records we saw. The person was invited to the home to see if they liked it. The unit manager said "Some people can have up to a two week trial. When people move in a 24 hour support plan is put in place. The person is allocated a keyworker and they are both involved in developing the care plan". Another staff member told us that people had a phased introduction; "They come for a look round they may then stay for lunch or an afternoon or have overnight leave. It's a two way process, the resident gets to know us and us them; making their transition as smooth as possible".

The records examined all contained recent reviews and a comprehensive assessment of physical and mental health needs and social and occupational needs/preferences. They included details of people's diversity, for example people's ethnicity and religion were identified. This ensured support plans were personalised to people's individual needs. Support plans and planned actions were in place and contained specific directions for staff on how to support the person. We saw that people's independence was promoted as skills were identified for people to develop. Records showed that monthly reviews occurred and people were involved in this.

People with who received support from a variety of health and social care professionals did not always have a multi-disciplinary annual review as recommended. For example, there were no formal notes available for one person who had a review in 2013. Another person had not had a review since January 2013. Staff told us that they had not received the notes from care co-ordinators. The manager told us she had tried to obtain these but without success. This meant there was the potential for some people not to receive appropriate professional advice.

People were supported to participate in activities that they enjoyed. For example, one person told us they went to college. Another person told us they regularly visited their family and had recently joined a gym. One person said, "I like knitting, I am knitting a bed thing - a blanket" and "Staff go with me shopping."

Some people were supported to be independent, for example people in one unit went shopping on their own. However, for people in another unit they were not always supported to use the skills they had. For example, there was no clock on display in the unit and we observed one person having to ask staff what the time was.

People in one unit told us they enjoyed doing art classes but they had not happened for a while due to staff availability. One person said, "I've got some paintings that I've done on my wall." One staff member told us, "It's been a few weeks since the art class has been put on, I know people really enjoyed it." Staff on another unit said someone came in most days to support people in their interests and also told us they baked cakes with people.

One person told us they used to enjoy looking at the books in a bookcase but it had disappeared during refurbishment. When we asked staff about it they told us, "the bookcase moved a few months ago, I know one person really enjoyed it."

One person using the service told us, "I've got better by being here. Staff have helped by talking to me. They are like my family, they help me take my medication regularly."

People confirmed they knew how to make a complaint. Another person said, "Yes I know how to make a complaint, you fill a form in, if you have concerns you speak to staff of the unit manager." Another person said "If I'm unhappy I would talk to the staff but I do not know how to make a complaint." A relative said, "I am happy with the care, I have no concerns and I am involved in my relative's care." They confirmed they were always made to feel welcome and knew how to make a complaint. Another relative was not sure how to make a formal complaint but told us they would go to the manger and were confident that they would receive satisfactory response. . In one person's records we saw that following an incident a person had said they were going to make a complaint. The member of staff recorded that they re-assured the person that it was "OK" for them to make a complaint and told them that staff would support the person to do it.

We saw the provider had a clear complaints procedure that was provided in an easy read format to aid understanding. It stated the complainant would have a response in 28 days and records we saw confirmed this. There were also

Is the service responsive?

meetings for people to discuss any issues of concern. We saw additional records from the provider's monitoring visit that confirmed complaints had been addressed to people's satisfaction as far as possible.

Is the service well-led?

Our findings

People we spoke with knew who the managers were and came to the office door if they wanted to talk with them or any other senior staff. There was a senior management team to support the registered manager and ensure that people who received a service were at the centre of the way the service was managed. Interactions between people using the service and the management were open and friendly. We saw managers made time to talk to people asking them about their day and re-assuring them. We saw the staff team were well organised and everyone was going about their duties efficiently and were clear about what was expected of them.

The provider had systems in place to ensure they received feedback about the service. There were questionnaires issued annually for staff, people using the service, visitors and professionals. One person said, "Yes I have received questionnaires, staff go through it with me." Another person said "The manager is a fair lady, very understanding." There had been a survey for people using the service in June 2014 and an action plan had been devised following issues raised, for example regarding food menus.

There were meetings for people using the service that occurred approximately monthly, which ensured people had a regular forum to raise their concerns. People told us they were confident any concerns would be acted on. One person told us they knew who the manager was and said "She is pleasant and polite." Another person said, "Yes I can raise issues openly, I know who the manager is, she is alright I get on with her, I have had no run ins with her. The unit manager is a good manager, I get on with her and I get support from staff, I have no concerns the unit manager has a good staff team."

Staff were supported well by the management team and relationships were open and transparent. One said "I love it here; I feel supported and wouldn't hesitate to talk to the registered manager." Staff meetings were held approximately every two months and one person said "If anyone has any problems we can discuss them." Another staff member said "Yes I feel supported, managers and directors are very approachable. They will listen." Other staff members also confirmed that staff meetings were held and said they would be told what was discussed if they were unable to attend.

We saw that a range of records, including medication records and care records, were audited by the manager so that they were up to date and any necessary changes and amendments were made. For example, we saw one person's medication record had been amended following an audit. We also saw records of incidents and accidents. Some incidents of aggression had not been reported to us, as legally required. We discussed this with the manager and she was not aware that this type of incident required a formal notification. She agreed to ensure that this was rectified and notifications received after the inspection visit confirmed that she had acted on this.

We also saw there were systems in place to ensure the building and equipment was maintained to a satisfactory standard. We saw health and safety audits were carried out monthly and covered cleanliness, electrical equipment and fire safety. We saw where an action had been required this had been carried out, which helped to ensure the premises were safe for people to use.

The provider ensured policies and procedures were reviewed and kept up to date to ensure there was accurate guidance for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider was not obtaining people's consent to care and treatment or acting in their best interests. Regulation 18 (1) (a) and (2)