

Sun Healthcare Limited

Tapton Grove

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Tapton Grove provides mental health services for adults. There are 61 single bedrooms divided over three units; The Coach House, Tapton Grove and Grove House. The Coach House is a 20-bedded residential rehabilitation unit, that prepares people to move into their own homes in the community. Tapton Grove provides nursing and accommodation for up to 23 males with enduring mental health needs. Grove House has two units, both provide nursing and accommodation for up to 10 adults with mental health needs. The home is set in 12 acres of well-maintained grounds and woodland with a lake and is two miles from Chesterfield town centre. There were 53 people using the service on the day of this inspection.

People's experience of using this service:

Staff knew how to recognise and protect people from the risk of abuse. The infection control practices in place reduced the possibility of people acquiring an infection. People were supported to lead full lives by taking reasonable risks. Where people needed support to take their medicine, this was provided in a safe way. Recruitment checks were undertaken, to determine the suitability of new staff and protect people that used the service.

People were supported to make decisions about what they ate, to ensure the meals met their preferences and dietary needs. Drinks were available to people throughout the day. People using the service for rehabilitation were supported to plan and prepare their own meals. Where people were unable to independently make specific decisions regarding their care; assessments were undertaken to determine the support they needed with these decisions. This ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People were involved in their care to enable them to receive support in their preferred way. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met.

People were supported to take part in social activities of their choice, both in and out of the home to enhance their well-being. People maintained relationships with their family and friends and were supported to raise any concerns and give their views on the service and support they received. Systems were in place to monitor the quality of the service and drive improvement.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 23 March 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we saw that improvements have been made.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Tapton Grove

Detailed findings

Background to this inspection

The Inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Three inspectors and an expert by experience conducted the inspection over one day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Tapton Grove is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and the Clinical Commissioning Group who commission services from the provider and they provided us with feedback. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 17 people who used the service to ask about their experience of the care provided. We spoke with 10 staff, this included nurses, senior care staff, care staff and domestic and

catering staff. We spent time with the registered manager and deputy manager during the inspection. We reviewed a range of records. This included accident and incident records, four people's care records and medicine records. We also looked at four staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

At the last inspection the provider was in breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not ensuring medicines were consistently managed and stored safely. We saw improvements have been made and the provider was no longer in breach of Regulation 12.

- Medicines were overall managed safely. We identified one recording error for a medicine that required two staff signatures on administration. On one occasion, only one staff signature was in place. The registered manager took immediate action to address this and put additional checks in place to minimise the risk of this happening again.
- People confirmed they received support to take their medicine in their preferred way.
- Some people managed their own medicines. We saw this had been risk assessed, to demonstrate they were able to do this safely.
- Staff who administered medicine received training to support their skills and knowledge and their competency was assessed; to ensure they had competence and confidence to administer medicines safely.
- Medicines that required cold storage were secured in a clinical fridge and records maintained to show they were stored at the correct temperature.
- Medicines were stored securely and audits undertaken to ensure any errors were identified and acted upon.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff. One person told us, "Yes it's all safe here. There are always staff about. I close my bedroom door at night but it's not locked. No one comes in only the staff. I feel very safe." Another person said, "I am very safe here, oh yes they really look after me. They are always happy to help if you need them." Another person said, "I feel safe here it's the general ambience of the place."
- Staff could describe what to do in the event of any alleged or suspected abuse occurring. They told us they received training for this and had access to the provider's policies and procedures for further guidance.
- Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. One member of staff said, "I would report it to the manager." They also knew external organisations they could report any concerns to, such as the Care Quality Commission and Local Authority.
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management.

- Where people required support to reduce the risk of avoidable harm, risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage their anxiety and specific health needs.
- Where people required support to manage their anxiety or behaviour support plans were in place. Staff were clear on how to support people when they became anxious or upset and confirmed that people were supported through distraction techniques whenever possible. One member of staff told us, "Restraint isn't used here. We learn breakaway techniques to ensure we can protect ourselves but they are rarely needed. If a person becomes angry or upset we will give them space until they feel calmer or use distraction techniques or reassurance, it depends on the situation." One person talked about the support they received from staff. They told us, "I am so much better now than I was when I first came here. I am a lot less anxious. The staff are very supportive."
- Equipment was serviced regularly to ensure it was safe for use. Emergency plans were in place to ensure people were supported in the event of an emergency.
- On the day of the inspection we saw the maintenance person was testing door closures and checking fire extinguishers were in date. One person that used the service was supporting them to do this and told us they supported the maintenance person a couple of days each week.
- Staff and people confirmed they participated in fire evacuation procedures to ensure they knew what to do in the event of a fire. We saw a fire risk assessment was in place

Staffing and recruitment.

- We saw and people told us sufficient staff were available to support them according to their preferences and needs. One person told us, "There are always staff available when I need them." Another person said, "Oh yes, there is plenty of staff if you need some help or want to go out." Staff told us the staffing levels in place enabled them to support people's individual needs. One member of staff said they enjoyed their work because they had time to talk to people and get to know them.
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Preventing and controlling infection.

- Cleaning schedules were in place to maintain housekeeping standards and reduce the risk and spread of infection.
- At the Coach House people were supported to live independently which included maintaining good housekeeping standards and preparing their own meals. Staff supported people to maintain good food hygiene standards.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to prevent the spread of healthcare related infections.
- The service had been rated five stars by the food standards agency in November 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

Learning lessons when things go wrong.

- When something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, where a person's mobility had decreased leading to falls, they were referred to the falls team. Following guidance from this team, their care plan and risk assessment were updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection routine health checks were not always carried out consistently and records of specific health needs did not confirm that appropriate health care had been provided.

- People confirmed and records showed, they were supported to access relevant health professionals when they needed to.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Staff were clear on people's health care needs and the support they needed to manage them.
- Staff followed the guidance of visiting health professionals to ensure people's care was effective and met best practice. A written survey response from a visiting professional said, "The management always react quickly to any requests."

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

- People's needs were assessed to ensure they could be met. Assessments included sufficient detail to ensure outcomes were identified and people's care and support needs were reviewed.
- Support plans contained information to support specific health conditions, dietary requirements and mental health support.
- People were supported to make choices to promote their wellbeing. One person told us, "It's a very relaxed atmosphere here. I decide how I spend my day, there aren't any set rules. Staff are here for me if I need them."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Staff were trained in the areas the provider identified as relevant to their roles. Staff explained how new staff were supported through shadowing experienced staff and completing training.
- One member of staff said their induction was good and that they were, "Eased into the job," and felt "Instantly at home." They described the staff and management as "Very supportive."
- Staff confirmed they had regular training, and support to carry out their duties. One member of staff said, "The training is accessible." Another described the training as, "Good."
- Staff were provided with supervision meetings on a regular basis and told us they found these useful.

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- People living at The Coach House were supported to plan, shop for and cook their own meals.
- One person told us, "The food is lovely." Another person told us, "There are always alternatives if you don't fancy the options on offer. The quality of meals is good."
- Staff were aware of any specialist diets that people required and information was provided to the cook to ensure they were updated of any changes in people's dietary needs.

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

- The design of the service enabled people to access the home and grounds independently.
- No restrictions were placed on people accessing the community, other than those that were authorised on some people by the court to help maintain their safety. Where these authorisations were in place we saw staff escorted people to access the community when they wished to.
- Risk assessments and protocols were in place where people went out independently. This was to ensure people's safety was monitored. For example, people had mobile phones to enable them to call staff if they needed support or planned to return later than expected.
- People were encouraged to bring personal items to furnish their bedrooms to help them to feel at home. Where people were at the home for a long stay; they were supported to choose the colour and décor for their rooms. One person said, "My bedroom is lovely; it's my own private place where I go if I want a bit of time alone."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Most people could consent to the support they received and we saw most had signed their care plans to demonstrate this. The registered manager told us that some people due to their mental health preferred not to sign their care plans as they were not comfortable signing documents.
- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met in their best interest
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- Where people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- We saw friendly and warm interactions between staff and people.
- People we spoke with said staff were polite and helpful. One said, "(staff are) Good, they help me." A written compliment said staff were, "Diligent, always helpful."
- We saw caring interactions between staff and people. One member of staff said, "I would definitely be happy for a family member to come here. I would want them to be somewhere they are involved and have a laugh. We support recovery and help to do, rather than be done for. There is lots of support here."

Supporting people to express their views and be involved in making decisions about their care.

- People were enabled to make choices about the care they received. Some people preferred to spend time in their rooms. We saw staff respectfully encouraging people to spend some time out of their bedrooms to support their mental health.
- There were meetings for people where they could voice their opinions. The most recent was February 2019. Meals and activities were discussed.
- People were supported to make decisions about how they spent their day and opportunities were provided for people to participate in indoor and outdoor activities.
- All the people that used the service could verbally communicate and express their wishes and needs.
- People with restrictions placed upon them were supported by Independent Mental Capacity Advocate's (IMCA). This was to ensure they were appropriately protected and any restrictions were carried out lawfully.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff were respectful towards them. One person said, "They are nice to us all the time, they check on us every day in the morning and at night to see if we are ok. They give us privacy. I lock my door but they can always come and check, they knock on the door before they come in."
- People were supported to maintain and develop their independence. One person told us, "The staff leave you to your own devices; there is no problem they help you when you need help." Another person said, "The staff encourage you to do everything on your own. It's your own responsibility. I go to Derby sometimes on my own."
- We saw staff were respectful and promoted people's privacy and dignity. A member of staff told us, "I try to persuade people and try again later if they refuse help at first."
- People were supported to maintain relationships with people that were important to them. One person told us, "I had my friend come to see me it was lovely and the staff cooked us Sunday lunch and we all had lunch together." Another person said, "My friends visit me and the staff make them so welcome."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- The support each person received was individualised to meet their needs and preferences and comply with any restrictions placed upon them by court.
- We saw that where restrictions from court meant a person was unable to access the community independently; staff supported the person to do so. This was in line with ongoing risk assessments to promote their independence and choice.
- People were supported to join in with therapeutic activities. The provider employed a specific member of staff to organise activities and social events. People enjoyed participating in organised activities, such as walking and joining in art sessions and were also able to pursue their own interests such as listening to music and playing pool.
- One member of staff told us that the introduction of a pool table had been beneficial and that one person who used it regularly was more animated and had a brighter mood.
- We saw several people participating in a tai chi class in the afternoon. One person told us they liked listening to music and another said they liked to sit quietly. Another person told us they enjoyed the chair based exercises and relaxation groups. Several people told us they enjoyed going for walks and we saw they were supported to do this. One person said, "A few of us went for a lovely walk this morning. I really enjoyed it and it's good to get some fresh air and exercise."
- Where people were staying at the service for rehabilitation we saw clear support plans were in place that were continuously reviewed to map their progress. People had clear discharge plans in place and discussions with them demonstrated they were fully involved in these.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and were confident that they would be listened to.
- The registered manager told us there had been no formal complaints received in the last twelve months.
- We saw informal comments made via surveys had received a written response that showed these were addressed in a timely manner in line with the provider's procedure
- The provider's complaints policy had been reviewed and updated in September 2018.

End of life care and support.

- At the time of the inspection there was no one receiving end of life care. Support plans included information about how people wanted to be supported and receive care in the event of a decline in their health.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At the last inspection systems to monitor the quality of the service were not always effective in Identifying issues for improvement. At this inspection we saw improvements had been made.

- Audits were undertaken to continuously measure and develop the quality and effectiveness of the service and to continue to develop it. For example, infection control, medicine and support plan audits and maintenance audits. We saw that where actions had been identified these were addressed in a timely way.
- Systems were in place to ensure the environment was maintained to a safe standard for people that lived there and staff and visitors,
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The provider had systems in place to take account of people's opinions of the service. Surveys had been undertaken in 2018 by staff and relatives. Professional visitors to the home had also been requested to provide feedback and we saw the feedback received was positive.
- There were meetings for people and staff to discuss issues and make suggestions. One person said, "The staff are very easy to talk to, they check that we are ok and they come to some of my appointments with me. But they are encouraging me to do some things on my own."
- Staff meetings were also held regularly and staff felt their views were considered and said they were able to suggest improvements.
- There were strong relationships with local health and social care professionals and with the local community.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care.

- Staff felt supported and encouraged to develop in their role and felt supported by the management team. One member of staff told us the deputy manager and registered manager were, "Lovely, and will help with anything. I know I can contact them if I have any problems and they will guide me, if I need any assistance or point me in the right direction."

- Staff told us they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.