Shepherd Cox Extra Care (Bradford) Limited

Sutton House

Inspection report

Sutton House
154 Dick Lane, Tyersal
Bradford
West Yorkshire
BD4 8LJ

Tel: 01274668808

Date of inspection visit:
16 June 2016

Date of publication:
25 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 16 June 2016 and was announced to ensure the registered manager was on duty and people who used the service were available to speak with.

This was the first inspection of the service since registration.

Sutton House provides a personal care service to people living in their own one bedroomed apartment. The building has two storeys, with a communal lounge and office on the ground floor and gardens surrounding the property. The service is situated approximately three miles from Bradford city centre. On the day of the inspection, there were 18 people receiving personal care from the service.

There was a registered manager in position. 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 told us they felt safe living at Sutton House and visitors and social care professionals told us they thought people were safe. Notifications about safeguarding had been made to the Care Quality Commission and the local authority in a timely manner. Staff understood the different types of abuse and were confident any concerns they reported would be dealt with appropriately.

Risks were managed appropriately and measures were in place to mitigate and reduce any risks to the people that lived at the service.

Medicines were stored safely and securely in each person's apartment. However systems for managing and administering medicines were not always safe.

Accidents and incidents were reported although analysis and action plans were not always completed following these.

We concluded sufficient numbers of staff were employed to ensure people received safe and consistent care. The service had recently recruited additional staff to cover any vacancies.

Staff had received training in order to carry out their roles. However, we found gaps in some areas and a lack of refresher training in place.

Staff had good working relationships with local healthcare and social care professionals and worked with them to ensure people's individual needs were met.

People told us staff were caring and kind and provided a good standard of care.

People were cared for by regular staff who knew them well which enabled staff to develop a good understanding of how to support people's individual needs. Staff encouraged and worked with people to increase their independence.

We saw the service was flexible and responsive to people's individual needs and circumstances.

We found the staff and registered manager committed and passionate about providing high quality care and the registered manager leading by example.

People's views were sought through regular tenants meetings and quality surveys.

There was a lack of robust systems and processes to audit the quality of care provided, such as the medicines management system, care records, complaints and incidents.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines management systems were not always safe as some people were not receiving their medicines when they needed them or as prescribed.

Sufficient staff were employed to provide prompt and consistent care.

Plans were in place to identify and manage risks to people's health and wellbeing.

Appropriate arrangements were in place to help protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

A robust system of training and development, including staff supervisions, was not in place.

Staff worked with external health professionals to ensure people's healthcare needs were met.

Staff had a good knowledge of the people they supported and their capacity to make decisions.

Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and respected their privacy and dignity.

Staff had good knowledge of the people they supported.

Care and support was delivered in a person centred manner.

Is the service responsive?

Good

The service was responsive.

The service offered a wide range of social activities.

People received consistent and person centred care.

Staff adapted the support provided to accommodate people's changing needs.

People's views were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service lacked a robust system of audits and quality assurance to highlight issues and implement improvements.

People and visitors found the registered manager approachable and morale at the service was good.

Tenants and staff meetings were held regularly.

Sutton House

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.

The inspection took place on 16 June 2016 and was announced.

The provider was given 48 hours' notice because the location provides a personal care service for people who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider had 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 reviewed this information before the inspection. We also asked people who used the service and their relatives to complete questionnaires about their experience of using the service. The results of these questionnaires were analysed and helped us plan our inspection. Before the inspection we also reviewed the information we held about the home which included looking at information we had received about the service and statutory notifications we had received from the service.

During the inspection, we spoke with five people that used the service, one relative, two care staff, the registered manager, the deputy manager and a social care professional. We reviewed six people's care records, some in detail and others to check specific information, three staff files, medicines records, staff training information as well as records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us staff administered medicines to people and we saw medicines were stored safely and securely in each person's apartment. However, we found systems in place to manage medicines were not always safe or effective.

We looked at three people's medicine administration records (MARs) and found discrepancies. For example, we saw three people had handwritten MARs and there were no staff signatures to show who had transcribed the information onto the MAR. This was in breach of the provider's own medicine policy which stated handwritten MARs would only be used in an emergency and the pharmacist should supply printed MARs. We saw amendments had been made on MARs but there was no record to show why these changes had been made or who had authorised them. For example, one person was prescribed a medicine to decrease stomach acid which the printed MAR showed was to be given at 5pm. This had been crossed out and changed to be given in the morning.

We found some people were not receiving their medicines as prescribed since they had run out of stock. For example, one person had not received their antidepressant medicine for three days. Another person's MAR showed they had run out of pain relief for two days. A further person we spoke with told us they were in pain and said they had been without pain relief for a week, which was confirmed by reviewing their MAR. The daily records showed this person had repeatedly complained of pain and although staff had recorded the pain relief medicine had run out, no one had taken action to address this matter. The person told us they were going to see their GP on the day of our inspection and would sort out some pain relief.

Another person's MAR showed they had received an additional dose of one medicine for a period of eight days. The registered manager told us this was because the weekly dosette box which arrived from the chemist had shown the medicine to be given four times a day, whereas previous and subsequent dosette boxes showed the medicine to be given three times day. The medicine profile showed the medicine should be given three times a day. However, because there were no systems in place to check medicines when they were delivered against the medicine profile, this anomaly had not been identified or discussed with either the GP or pharmacist to make sure the change in dosage was correct.

We saw one person was prescribed an analgesic and the MAR stated one or two tablets to be taken 'as required' up to four times a day. The MAR did not show how many tablets had been taken or the exact time the medicine was administered. There was no information recorded on the MAR to show the minimum time between doses.

There was an inconsistent approach in recording information about medicines in people's care records. For example, one person had a detailed medicine profile which listed the medicines they were prescribed, including the strength, dosage and appearance of the medicine as well as any special instructions such as to avoid alcohol. However this was not in place for the other two people whose medicines we reviewed. There was no information to show who was responsible for ordering the medicines. There were no stock levels recorded on the MARs which meant we were unable to confirm medicines in boxes had been given as

recorded on the MAR.

We discussed all these issues with the registered manager who showed us a new medicine policy and recording documentation which they said they would put in place to address these issues. However, we concluded the current medicines management systems were not safe as people were not always receiving their medicines when they needed them or as prescribed.

This was a breach of the Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe in the service. One person told us, "I feel safe here. No trouble. I'd go to the staff if I was worried." Another person told us, "I feel safe." When we asked another person if they felt safe they replied, "Yes I do."

All of the people who sent us a questionnaire and who we spoke with told us they felt safe from abuse or harm. The service had a safeguarding policy in place. Staff we spoke with understood the different types of abuse, were aware of the safeguarding procedures and what to do if they were concerned about people. They told us they felt confident any concerns they reported would be dealt with appropriately. Safeguarding incidents were recorded and reported. We saw appropriate referrals had been made to the local safeguarding authority and the Care Quality Commission. Following safeguarding incidents there was evidence of thorough investigations and preventative measures put in place to reduce the chance of re-occurrence and to keep people safe.

The service had clear emergency procedures in place and staff were able to tell us what they would do in an emergency situation.

Risks to people's health and safety were generally well managed. Care records demonstrated staff took action to follow risk assessments in order to reduce potential risks. Care records we reviewed included risk assessments relating to individual risk in areas such as moving and handling, falls, showering, making meals and the environment. We saw where a risk was identified there was detailed information to show how the risk was managed and what support the person required from staff.

Accidents and incidents were logged in a file with information collated on a sheet at the front of the file. However, the system required more robust completion of the documentation since the collated list did not always tally with the full accident or incident form. For instance, two people's details were recorded on the collated document and there was no completed accident form in the file. Another person had a full form completed but the information had not been added to the collated sheet. Some people's forms had no remedial action documented which would show what lessons had been learned or action taken as a result of the incident.

We reviewed the staffing levels at the service and concluded that the appropriate number of staff were employed to maintain the safety of the people using the service. People we spoke with told us there were enough staff to meet their needs. One person said, "Staff are good and if I need anything they come." A call bell system was installed in each apartment which linked to a mobile phone carried by staff. As staff were present in the building 24 hours a day this meant people could access staff as and when needed. The service regularly reviewed people's contracted support hours and liaised with the local authority where they believed people would benefit from additional or reduced support. The provider had recently recruited three additional staff to cover staff vacancies and provide extra cover for sickness and holidays.

Safe and robust recruitment procedures were in place. This included checks on people's backgrounds such as a Disclosure and Barring Service (DBS) check and two references. We saw people were not allowed to work in the service before the relevant checks had been made. This showed the provider had systems in place to ensure staff employed were of suitable character and safe to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

Staff told us they received the training they needed to carry out their roles. The training matrix showed staff had received training in moving and handling, control of substances hazardous to health (COSHH) and learning disability awareness. The registered manager also told us staff had received training in first aid and health and safety and we saw evidence of this in the staff files we reviewed.

The registered manager told us all staff had received medicines training which formed part of the four day induction programme when staff started in post. However staff competencies in medicine administration had not been assessed or recorded. The registered manager acknowledged there were gaps in training as staff had not received any training in safeguarding or the Mental Capacity Act 2005 (MCA). There had also been no refresher training for staff who had been employed since the service was registered in February 2015.

We reviewed staff files and saw little evidence of regular supervisions. The registered manager told us they intended supervisions to be carried out every three months and was aware this hadn't happened. However, we saw evidence in staff files that appraisals were carried out annually.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA, although staff had a limited knowledge of MCA due to the lack of training.

The registered manager told us no one who used the service was subject to a DoLS authorisation. We saw mental capacity assessments had been completed for two people prior to them using the service. Documentation showed the supported decision to move into the service was made through consultation with them as well as a multi-disciplinary best interest meeting.

The care records we reviewed showed people had consented to the care and support provided, which included access arrangements to their apartment and medicines administration. We observed staff sought people's permission before undertaking any tasks and always explained what they were proposing to do. People we spoke with confirmed that staff sought their consent prior to providing support.

A catering service was not provided, although the registered manager told us people had decided on some days they wanted to prepare and have lunch together. Therefore on three days during the week, with

support from staff, people prepared and cooked lunch in one person's apartment. They all then sat together in the communal room and enjoyed a sociable mealtime. Each Friday people bought fish and chips from the local chip shop. People told us how much they enjoyed having these meals together.

Each apartment had its own kitchen and cooking facilities. People's support plans showed the support each person required from staff with regard to shopping for food and preparation of meals. People we spoke with told us they received the support they required from staff with these tasks.

Records showed people had access to a range of external health professionals to help ensure their healthcare needs were met, such as GPs, district nurses and dentists. The registered manager told us about the difficulties some people with a learning disability had experienced in accessing suitable healthcare support which met their needs and how they had addressed this matter. The registered manager had located a health centre which provided specialist health care support for people with a learning disability and helped people register with this service.

Good

Is the service caring?

Our findings

People we spoke with were unanimous in their praise of the care and support provided and the kindness of staff. One person said to us, "I'm very happy here. The staff are very kind. It was a good move for me." Another person said, "I like it here. I've got my own flat and staff are very nice." A third person said, "I like it here. Staff are nice. They knock on my door. Think all the staff are kind and good." A fourth person commented, "I love it. The carers are right nice. They look after you right well. They knock on the door."

One relative said, "She's very settled here. I visit two or three times a week and it's always clean and staff are lovely."

A social care professional we spoke with praised how people they supported had managed to settle into the service due to the staff and the friendly atmosphere. They told us they had a good relationship with the staff and found them approachable and heard them talking in a friendly manner with people.

Staff we spoke with demonstrated a good knowledge of people's needs; their likes and dislikes and this information corresponded with what we reviewed in people's care records. Staff were caring and considerate with people. We saw they listened to what people had to say and were patient and kind. There was a warm and friendly atmosphere and we saw people were relaxed, chatting and laughing with staff and each other. People looked clean, comfortably dressed and well groomed.

We saw staff respected people's privacy. For instance, one person's apartment door had a 'Do not Disturb' sign on it in the morning and staff told us this was because the person had told them they wanted a lie in on that day. We saw staff knocked on people's doors and waited for permission to enter.

We saw that staff promoted people's independence by encouraging them to do as much as possible for themselves. One person told us, "I like my independence and I feel they give me that," and another person said, "I go out to different places. I go to sports. Best thing is being able to go out when I want."

A social care professional we spoke with told us people who lived in the apartments could come and go as they pleased. The registered manager told us that promoting people's independence was fundamental to the service, saying, "They are free to come and go as they please." We saw people had keys to their own flats and locked their doors when going out.

We saw people had access to advocates where required.

People's care records contained information about their life history including people important to them such as family and friends as well as any interests and preferences. This showed they had been developed in conjunction with people and their relatives.

Good

Is the service responsive?

Our findings

People told us they received the support they needed from staff. For instance, one person told us, "Staff help me shop and prepare food." Another person said, "They make sure you take your tablets and eat your lunch. Staff come when they need to come. They're always here when I need them."

People we spoke with and that returned the Care Quality Commission questionnaire said they were happy with the care provided and their preferences were respected. For example, one member of staff told us, "If [person's name] wants to lie in, that's up to them. They like to get up late."

The care records we reviewed showed people's needs were assessed before they moved in to make sure the service was suitable and could meet their individual needs.

People's support plans were individualised and had been drawn up with the person and/or their relative. This showed the number and duration of calls each person required on a daily basis. The plans clearly showed what the person could do for themselves as well as the support they required from staff on each call. For example, one person's plan showed they liked staff to do the washing up while they were eating and they then liked to dry up and put the dishes away themselves. Another person's plan showed they could wash and dress themselves but needed support from staff when showering.

We saw people's support plans had been reviewed with them and/or their relatives or social workers. One review we read stated the person felt the support they received was 'helping me…given me more confidence and feel happy now'.

Daily records we reviewed clearly showed staff were providing the support people required and were staying for the agreed time needed for the call. We found staff were flexible and responsive to people and when required provided additional time and support to ensure people's needs were met appropriately and safely. For instance, we saw where one person had requested a later call time due to wanting a lie in and staff had accommodated this. Another person had requested a later call to assist with bathing in the evening and staff had altered their visiting time accordingly. We saw the registered manager checked the call logs regularly for missed or late calls and discussed these at the staff meetings. This meant if any visits had been missed these were identified and acted upon in a timely manner.

People's social interests were recorded in their support plans. There was a large communal lounge in the building where people could get together if they wanted and people told us they liked having this facility. One person said, "It means I can have company when I want, but can also have time to myself (in my own flat)."

We saw activities were planned in line with supporting people's independence and preferences. For instance, tenants had been involved in organising a summer fair the previous year and then consulted on how they wanted to spend the proceeds. Regular trips were organised, including days out and visits to shows at the local theatre. One person told us, "I go out to different places. I'm going out tonight to a show

at the Alhambra." Most people went out during the day to day centres or to do voluntary work and were encouraged to use public transportation wherever possible to help foster independence. Regular bingo sessions were held in the communal lounge as well as dominoes and card games. We saw several people sitting together during the afternoon of our inspection to watch an England football match. People told us they were looking forward to a trip to Blackpool which had been organised for the day after our inspection.

There was an activities board displayed at the entrance showing outside activities such as bowling, walks and local social club events. The registered manager had researched other activity networks including a 'singles' club for people with a learning disability. This hosted regular meetings and social events, where people could go on dates and day trips. People we spoke with told us they enjoyed these and found them a good way to meet other people. We saw that people had been involved in organising and preparing other events such as Christmas dinner and a New Year's party.

The service had a complaints procedure in place which was displayed in the entrance to the service, as well as a 'complaints, compliments and suggestions' box. People who used the service understood how to make a complaint. One person told us, "If I need to complain I'd speak to staff or phone," and another said, "I can go to them if I have a problem." Where a complaint had been made, we saw a complaint investigation report had been completed and action taken as a result. A number of compliments had been received by the service, mainly in 'thank you' cards which contained remarks such as, "We would just like to thank you for all your hard work and care. We know it's your job but it takes special people to do it properly. Keep up the good work," and "Thank you all so much for your input."

Requires Improvement

Is the service well-led?

Our findings

People, staff and visitors we spoke with were very positive about the registered manager. One person told us, "[The registered manager's] good. She's happy all the time. I feel happy to talk to her." Another person said, "[The registered manager] is right kind." A social care professional commented about the management of the service and told us, "I've found them always approachable when I come. They're going about things the right way. They listen to you."

Staff and people we spoke with told us they could approach the registered manager about any concerns they had and morale appeared good. One staff member told us, "I love it. All the staff get on really well. This is the best job I've ever had. I can't wait to come to work."

We found the registered manager passionate and committed to leading by example, making positive improvements to the lives of the people that used the service and to fostering as much independence as possible. This was confirmed by observations during the day of inspection, speaking with people, staff and visitors and reviewing minutes from staff and tenants meetings.

We saw the registered manager had recently purchased a new system for policies and procedures. However, this had yet to be embedded to determine what impact was made upon the quality of systems and procedures.

We saw a lack of quality assurance processes and auditing within the service. For instance, although the registered manager regularly checked the call logs, there was no robust auditing of the system to identify any trends in order to improve the service.

People's care plans had not been audited. This meant there was a risk that issues and changes to people's needs would not be picked up and addressed in a timely way to ensure people were provided with appropriate support.

We saw other areas where an audit system needed to be implemented. For instance, MAR charts had not been checked and there was no comprehensive audit to check the safety of the entire medicines management system. This meant there was no audit trail of the medicines people were taking to identify if any medicines went missing or to highlight the issues we found with the medicines during the inspection.

We saw no evidence of any quality assurance checks or support oversight in place by the provider. We concluded there was no robust system of analysis in place to foster improvement within the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Statutory notifications had been submitted appropriately and in a timely manner to the Care Quality Commission and the local safeguarding authority.

We saw people were consulted about the service at regular service user meetings which were open and frank, including topics such as social events, use of the communal lounge and any issues raised. All tenants received a copy of the minutes from the meetings. We saw the provider had sent a questionnaire to service users and had received nine responses, the majority of which were positive about all aspects of the service.

Staff meetings were conducted on a regular basis. We observed from the minutes of these meetings these were comprehensive and covered all aspects of the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines at all times. Regulation 12 (g), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure the quality of the service provided is assessed, monitored and improved. Regulation 17(1)(2)(a)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.