

Sun Healthcare Limited

Tapton Grove

Inspection report

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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

Tapton Grove is registered to provide accommodation for up to 67 older people, some who are living with dementia, who require personal or nursing care. One part of the service, the Coach House, provides a rehabilitation service. There were 54 people using the service at the time of our inspection.

This inspection took place on 29 and 30 November 2016. The first day was unannounced.

There was a registered manager at the service. 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.

Medicines were not always managed safely. There were recoding errors, some records did not correspond accurately with medicines stocks and guidance for 'as required' medicines and specific medicines was not always available. Medicine trolleys were not stored securely to the wall when not in use. Medicine refrigerator temperatures were not consistently recorded. Issues raised via medicines audits were not always acted on.

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.

Systems to monitor the quality of the service were not always effective in Identifying issues for improvement.

There were sufficient staff to meet people's needs and staff recruitment practices were satisfactory.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). This meant people's rights were being upheld, and any restrictions in their care were lawful and appropriate.

People told us they enjoyed their food and we saw meals were nutritious.

Staff received relevant training and support to carry out their roles.

People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided.

There was a wide range of activities and events available to enable people to take part in hobbies and interests of their choice.

Complaints were well managed. The leadership of the service was praised by external professionals and communication systems were effective. The provider had obtained feedback about the quality of the service from people, their relatives and staff.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this 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 consistently safe.

Medicines were not consistently managed and stored safely. People did not always receive safe health care. Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People did not always have access to other health care professionals when required and records did not demonstrate that the necessary health care was always provided. The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to sufficient food and drink of their choice.

Is the service caring?

Good 

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good 

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make

a complaint or suggestion.

Is the service well-led?

The service was not consistently well-led.

Systems in place to monitor the quality of the service were not always effective. There was a registered manager at the service. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Requires Improvement 

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 29 and 30 November 2016. The inspection team was comprised of one inspector, two specialist advisors, one in mental health and the other in governance, and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We received written information from the Local Authority's contract monitoring officer prior to our visit.

We spoke with twelve people using the service. We looked at five people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the registered manager, three deputy managers, eight staff and one visiting professional during our visit. We also spoke with four health and social care professionals by telephone following our visit.

Is the service safe?

Our findings

People's medicines were not always safely managed and given to people in a way that met with recognised national practice standards. For example, we saw there was no guidance for medicines where there were specific administration requirements. For example, one medicine needed to be taken before food and other medicines to ensure it was effective but there was no guidance on people's records to ensure staff understood this. We saw two medicine administration record (MAR) charts were not signed to indicate the medicine had been administered and one person had two medicines that had been out of stock for several days. We looked at controlled medicines records and found the record for one medicine stored under controlled conditions in one part of the home did not always correspond accurately with the amount of medicine in stock. This indicated that the medicine had not been given. Medicines audits had been undertaken and noted repeated issues of missing signatures. An external pharmacy audit had also found on repeated occasions in 2016 that stock balances were not accurate. the registered manager stated that staff had been alerted to this via memos and supervision. However, this had not resolved the issue in a timely way. This meant that we could not be sure people were receiving their medicines correctly.

We found medicines were not always stored safely. The medicine trolleys could not be fixed to the wall by a chain, as recommended in national guidance, as the chain was inaccessible. Staff could also not locate the key for the oxygen cylinder. The medicine room temperatures were at the upper limit of safe storage recommendations. The deputy manager told us this was being looked into and ventilation options were being explored. Medicines were therefore not always stored securely.

The service did not have any emergency equipment and the first aid box was half empty containing mainly triangular bandages. There were no ligature cutters available in an emergency. The registered manager stated company risk assessments had not highlighted a need for ligature cutters.

We also found that routine health checks were not always carried out as indicated by national guidance from the National Institute for Clinical Excellence. For example, annual health checks were out of date on three people's records we looked at and we also found that people's lithium levels and thyroid function were not monitored as recommended. This was not followed up and there was no system in place to prevent a recurrence in the future. We therefore could not be sure that people received safe care.

These were breaches of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. Staff approached people calmly and ensured medicines were taken before moving on to the next person. Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely.

People's care records showed that risks to their safety associated with their health needs, environment and

equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. For example, one person had a risk assessment for pressure ulcer prevention and another had a specific risk assessment for risk of poor nutrition. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

People told us they felt safe living at Tapton Grove. One said, "It feels safe living here." Another person told us, "Everybody's nice here, nobody does anything nasty," and a third told us, "I feel safe here." External professionals also said people were safe and one told us they had no concerns about the service.

Our observation confirmed people were supported safely when care was provided, for example, when moving around the building. We saw staff acted promptly and considerately when offering support and encouragement as required to ensure people were safe whilst maintaining their independence.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People told us there were enough staff available to assist them and they did not have to wait too long for assistance. All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities. External health professionals also confirmed there were sufficient staff available to meet people's needs. One said, "There seem to be enough staff."

We saw there were always staff available in communal areas and they responded to requests for assistance in a timely way. We looked at rotas for the period 18 November 2016 – 30 November 2016. This showed us that there were always two nurses on duty and a minimum of nine care and support staff available during the day time shifts. We saw the number of staff available during the inspection was consistent with the rota seen. Where any absences were identified, the rota showed that cover was usually obtained from within the existing staff group and company bank staff were used if this was not possible. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

Is the service effective?

Our findings

People were not always supported to access external health professionals when they needed to for the purposes of routine health. For example, we saw one person's record had a change in health needs that indicated a greater risk of pressure ulcers. Their care record stated that the person's skin should be checked daily and they should be referred to a specialist nurse or GP. There was no evidence that this was done. We also saw that the person's care had not been reviewed despite a deterioration in their physical health.

The actions required to address and monitor health issues were not recorded consistently. A wound was noted on a body map for the same person at risk of developing pressure ulcers, but this was not dated. There was no photograph or description or grade of the wound. There was also inconsistent recording of the dressing of the wound. Another person's care plan stated their blood pressure should be monitored but the last record of this was in 2015 and they also had no care plan for the management of their diabetes.

People told us that their health needs were met. One person said of the rehabilitation part of the service, "It is great," and said they were encouraged to do tasks such as cooking to increase their independence. Another told us they had seen a doctor for an infection and received appropriate medicines. A third person told us they, "Had access to a doctor every other week."

Staff we spoke with were knowledgeable about people's individual needs and were able to provide detailed information about health issues. People's care plans showed that staff consulted with external health and social professionals. At our previous inspection we found that the service was not following legal requirements in obtaining people's consent to their care. We found this had improved on this inspection. People were supported to make choices and were asked for their consent. We saw staff asked for people's consent to care or support.

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 provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to people's finances. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this.

The registered manager and senior staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. We saw that they had done this appropriately and twelve authorisations had been granted. We saw the authorisations were being adhered to appropriately. This meant that people's rights were protected.

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Staff spoke positively of the arrangements for their training and support. For example, one staff member said, "The training is useful." Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as dementia and supporting people with behaviour that challenges. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

Staff told us they received supervision and found this useful. Supervision is a supportive meeting held with a senior staff member and an individual to discuss their work performance, training and development to help maintain care standards. Staff said they felt supported and appreciated. One staff member said, "It's of a high standard."

Training records showed staff were up to date with essential training, including health and safety and other areas relevant for the service, such as mental health. The records identified which staff needed refresher training. This meant staff were able to provide effective care based on the support and training they received.

Most people told us they liked the food. One said, "The food is not too bad". Another person said, "The food is good." However, one person said they did not always like it as, "It wasn't warm enough."

We saw the lunchtime meal looked appetising and there was a choice on the menu. However, if people did not like what was available an alternative was offered. We saw food was softened or pureed according to individual need.

The service had reviewed the dining experience and now operated two sittings following an incident in the dining area. This was to ensure people did not feel rushed and could eat their meal in a more relaxed manner. We saw lunchtime was relaxed and people were enjoying their meals.

People received a balanced diet that was well presented. People told us drinks were readily available and they were served with their preferred beverages. Two people told us, "Hot drinks are available all night." Our observation confirmed that drinks were readily available.

Staff were able to describe people's individual diet and nutritional needs. One person told us staff had advised them on how to manage their diet to prevent a potential health condition. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain. People received the right support to maintain a healthy diet.

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. Most people we spoke with said they had a good relationship with the staff. One person told us, "Staff have always treated me well," another person said they had, "A great relationship," with their keyworker and a third told us, "I get on well with staff." Another person said, "I feel very cared about," and went on to say that staff had, "All absolutely made the biggest difference to my life." However, two people gave mixed feedback about staff; one said, "Some staff are very friendly, some are miserable," and another said there were some staff they, "Didn't see eye to eye with."

We saw interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately.

External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us, "Staff are very welcoming." Another described staff as, "Approachable." The provider was therefore ensuring the service and its staff were caring and compassionate.

People did not raise any concerns about their privacy and dignity. One person said, "Staff are always polite and respectful." Another said, "Privacy and dignity is okay."

We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. For example, we saw they responded promptly, calmly and sensitively when prompting a person to change their soiled clothing. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly, covering people when they received personal care and supporting people to spend their time as they choose. Our observation during the inspection supported this. People's care was provided in a dignified manner.

We saw people were offered choices in their daily routines and that staff encouraged independence. One said, "They have discussed with me my transition into the community," and another told us they did all their own cooking with, "Occasional support from staff." We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging when a person needed assistance to go to the toilet. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. One staff member said, "We give as much information as possible to help people decide." When people refused options, such as joining in activities, their choice was respected.

People were listened to and were comfortable with staff. One person said, "The staff are very good," and another person said, "They [staff] listen to me." Our observation confirmed this. We also found advocates were available for people who required them to ensure their voice was heard."

External professionals confirmed people were treated respectfully. One told us, "They [staff] do listen and explain why." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

The majority of people told us they were involved in their care planning although three people told us they had not seen their care plan or were unsure if they had one. One person told us they had been involved with their care plan and told us it was reviewed on a regular basis. Another person said, "I have seen a copy of my care plan." Where required, people had an advocate, which ensured their views were represented. One person told us, "I have meetings with them [advocate]."

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social events. The service had a dedicated area for hobbies and crafts and we saw people being encouraged to participate on crafts and activities. One person told us, "They're brilliant people [staff responsible for activities]."

We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. An external professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and recreational opportunities that were more personal to them. We saw there was a range of hobbies and activities available throughout the day to suit a range of individual interests.

The provider had dedicated staff to support people in both group and individual pursuits. For example, we saw people engaged in art and crafts and one to one sessions with staff. Throughout the inspection we saw people were actively involved in a range of interests of their choice. However, two people told us that some of the activities in the community were expensive and it made it difficult for them to participate. Another said events were sometimes cancelled due to insufficient staff.

External health and social care professionals praised the range of opportunities available, particularly in the rehabilitation part of the service. One told us the range of events organised was good and said staff motivated people. Another said, "They seem to know people well." A third told us that the service always responded, "Straight away," to any issues raised by them.

Staff told us they tried to be responsive to people's needs and they were able to encourage people's independence and involvement. For example, we saw people were encouraged to continue to participate in art, craft and baking sessions. They also did their own cooking and cleaning, where applicable. One person told us they did their own cooking and cleaning and understood that this was part of their rehabilitation. Staff also knew what people's individual care needs were and how they liked to be supported. Records contained sufficient information about people's health, personal and social care needs including a social and family background.

Each person had a personalised daily care plan, which staff understood and followed. This showed people's known daily living routines and preferences for their care. For example, what time they liked to get up or go to bed. People's care records also showed that social and familial histories, known lifestyle preferences and likes and dislikes were collated following their admission to the service. This helped staff to understand and tailor people's daily living arrangements to their known preferences. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

Daily records were also maintained for each person for participation in events and interests. This helped staff to ensure that people received personalised care and ensured and they were supported to participate in daily life at the service in a way that was meaningful to them.

Most people told us they knew how to make a complaint. One said, "I would go to the manager". Others were less sure but confirmed they knew who to talk to and were confident any complaints would be dealt with in a courteous manner. We looked at the provider's complaints procedure and saw this procedure was followed when a complaint was received. It was also given to people when they started using the service. Two formal written complaints had been received in the previous twelve months. We looked at the complaints records and saw these had been fully addressed and a written response provided. The registered manager told us any minor areas of concern were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. Records from meetings confirmed this. This meant people's concerns were addressed at an early stage.

Is the service well-led?

Our findings

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. However, the audits had not identified that people's health checks were out of date and they did not always demonstrate that action had been taken to address issues raised. For example, medication audits did not show how the provider had responded to identified concerns. We discussed this with the registered manager who made some changes to the systems in place during the inspection visit; for example, amending the frequency of staff competency assessments and devising a template to improve audit recording.

Managers also undertook spot checks of the service during the night. We found any issues raised had been acted on. An analysis of accidents and incidents had been undertaken that identified root causes but there had been no identification of trends that may help to prevent further incidents. We discussed this with the registered manager who agreed to look into this.

People told us the service was run well. One person said, "It's quite efficient. When they say they're going to do something they do it".

There was a registered manager at the service. There was a staff team in place to support the registered manager, including nurses and senior care staff. The registered manager understood their managerial and legal responsibilities; for example, when and why they had to make statutory notifications to us. We had received notifications for people who were being deprived of their liberty under the DoLS, as legally required. People's personal care records were safely stored and well maintained. The provider was therefore ensuring that the service operated efficiently.

People felt that staff and the registered manager were approachable and open to listening to their suggestions or concerns. One person told us, "I complained about the food and they changed things." External professionals praised the leadership of the service. One said they had an open and honest relationship with the service and said of senior staff, "They do listen."

We found the provider had gathered people's views on the service and used their comments and opinions to monitor and improve the quality of the service. Surveys had been completed in 2016. The responses we saw were mostly positive, for example, one person had written, "I never want to leave." Where a less positive comment had been received, we found the manager had taken action to address this. For example, one person had commented there was a lack of choice for Sunday lunch and this had been addressed. There were also regular meetings for people using the service and records we saw showed improvements to the service were discussed. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. Staff

understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must describe, for example, the provider's aims and objectives in providing the service. The provider's statement of purpose states that they are, "committed to delivering a high quality, professional service within a homely and friendly environment. Our belief is that all people, regardless of disability or illness, have the right to make informed choices, live as independently and as safely as possible within the community and participate and contribute as equal citizens." The registered manager and staff demonstrated that they worked with the people they supported in a way that was personalised and meaningful, and where they were involved in planning their own care and support.

Staff understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. One told us of a suggestion they had made to enhance privacy that had been acted on promptly by the registered manager. All the staff we spoke with praised the registered manager. One staff member said, "She is always there to talk to." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

Staff spoke positively about working at the service and praised management and leadership at the home. One told us, "They're marvellous" and another said, "The investment in staff is good." They confirmed they felt valued and told us they were encouraged to improve their skills and knowledge through enhanced training, such as qualification courses.

The registered manager told us they were had links with the community, such as churches and colleges, and were actively involved in supporting people to use local facilities such as pubs and shops, where possible. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services.

The premises were maintained safely; for example, we saw external agencies had checked water safety in 2016 and portable electrical appliances had been checked in August and November 2016. The provider had systems in place to ensure the service operated safely.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<p>The provider was not ensuring medicines were consistently managed and stored safely and that people received safe health care.</p> <p>Regulation 12 (1) and (2) (g)</p>