

Sue Ryder

Sue Ryder - Cuerden Hall

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 21 July 2016, this was the first time the home had been inspected under the comprehensive methodology. The inspection was unannounced. The service was last inspected on 13 September 2013, when we found the provider was compliant against the regulations we assessed at that time.

Sue Ryder - Cuerden Hall provides 24 hour care for people with complex neurological needs. Accommodation is provided over two floors and is mixed between single and shared rooms. The service is provided from a large Grade II listed building which retains many original features, located in 11 acres of parkland.

The service is easily reached from nearby motorway links. Ample parking space is available to the front of the home.

The service is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. The service is registered to accommodate a maximum of 38 people, on the day of our inspection there were 36 people using the service.

There is a registered manager in post. 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.

We found that there were shortfalls in staffing at the service which had a negative impact on the care and treatment people received. We found risk assessments had been undertaken during peoples initial assessments and plans to reduce risks had been drawn, however these were not always followed.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We found that peoples capacity to consent to care had not always been assessed and decisions recorded. People who used the service told

us staff were skilled at their job and well trained.

The staff approached people in a caring, kind and friendly manner. We observed lots of positive interactions throughout the inspection. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service.

We found people's involvement in their care plan was not always recorded so it was unclear if people had a say in the care they received. We saw care plans were updated when people's needs changed. This information was not always clear to see and was held on a number of different documents. This resulted in some of the changes not the most up to date information as the person's needs had changed again.

We found a positive staff culture was reported by all the staff members we spoke with. People's views had been gathered using effective systems. These included regular resident and staff meetings. A number of audits were undertaken to help ensure that quality of the service, however these were not always robust and some were lacking. We found the registered manager receptive to feedback and keen to improve the service.

We have made some recommendations about ensuring the principles of the Mental Capacity Act are embedded in all practice, updating care plans and involving others and ensuring robust audits are in place to improve the quality of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staffing and safe care and treatment. You can see what action we told the provider to take at the back of the full version 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.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff had received training.

Some risk assessments were not sufficiently robust to help minimise risk.

There was not sufficient numbers of staff to ensure the needs of people who used the service were met.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Health, care and support needs were assessed and met by regular contact with health professionals.

People enjoyed their meals and were supported to have enough to eat and drink.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

We found that the principles of the MCA were not consistently embedded in practice.

Is the service caring?

Good ●

The service was caring.

We observed care was provided to people in a kind and caring way.

People's privacy and dignity was respected and their independence promoted.

Staff provided people with information and explanations about the care they provided.

Is the service responsive?

The service was not consistently responsive.

Care plans included people's preferences for how care should be carried out and gave staff guidance in how to support people in a person-centred way.

Care plans did not always contain the most up to date information.

There were activities and meaningful occupations for people to participate in.

There was a complaints policy and procedure. People were aware of how to make a complaint and told us any concerns would be dealt with.

Requires Improvement ●

Is the service well-led?

The service was not consistently well- led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

Systems were in place to monitor and evaluate the quality of the service being provided to people living in the home however these were not always effective

We found some audits had not reflected all issues and this has resulted in a recommendation.

Requires Improvement ●

Sue Ryder - Cuerden Hall

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 team comprised of three adult social care inspectors including the lead inspector for the service. In addition there was one expert by experience and a specialist advisor. An expert by experience is someone who has experience of, or has cared for someone with specific needs. On this occasion the expert by experience had experience of caring for people with additional support needs. The specialist advisor was a physiotherapist.

The inspection was unannounced and took place on 21 July 2016.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection of this location, there were 36 people who used the service. We met with some of them and spent some time observing the care and support provided. We spoke with 11 people who used the service and two people who were visiting on the day of our inspection. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed seven people's care records. We spoke with nine care workers, the registered manager and three other members of the management team during the course of our inspection. We also spoke with two professionals who visit the home, as part of the inspection process.

We looked at a wide range of records. These included; the personnel records of five staff members, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with told us they felt safe. We asked them to tell us why this was, they said: "I just love it here": "It's a smashing place you can do what you want". And: "The care staff and the way they look after you".

We asked staff if they felt there were sufficient numbers of care workers to provide care and support for people living at Sue Ryder - Cuerden Hall. Staff told us: "Staffing isn't needs led, the levels of staffing haven't changed for a long time and residents have deteriorated and require more care". And: "We can't fulfil all the care needs with the staffing levels we have".

People told us: "They're always short staffed. I have to wait a long time if something needs doing". And: "Sometimes they are short staffed, everybody gets short staffed sometimes".

A visiting professional told us in their opinion: "The staffing levels at present are a disaster waiting to happen".

Agency care staff were being used and people felt that this had an impact on the care they received. For example one person told us: "A lot of agency staff work here all the time. Some of the agency staff don't understand our needs, people haven't time to explain what's wrong with them". On the day of the inspection there were no agency registered nurses on duty, however there were agency care assistants on duty, with 72% Sue Ryder staff and 28% agency staff.

We spoke to the registered manager and the care manager during the inspection. Staff numbers were calculated using a dependency tool to identify how many staff were needed. We looked at this tool and saw that it was last completed in 2014 and that the service had not fulfilled the staffing requirements identified by the tool in 2014. The dependency tool demonstrated that the service was not sufficiently staffed. From our observations on the day there appeared to be an inadequate number of staff to meet the needs of people who use the service.

We observed that call bells were not always answered in a timely manner. People told us: "Sometimes they come quickly, sometimes I have to wait, it depends how busy they are": "It depends if it's an emergency, it's a different buzzer and they will come in. If it's not an emergency it tends to take a time". And: "They know if I press my buzzer it's for a good reason. I'm not averse to using my telephone to ring downstairs if they don't come".

We asked people if the staff had time to spend with them during the day and the responses varied. People told us: "Yes if you want them to": "Most of the time they have time to sit down and chat": "They used to, but they're very busy now, they don't have the staff": "No, only when I have a meal, that's when they sit and talk to you". And: "It depends on the workload, I can always go and see my named nurse".

The above issues we found around staffing levels amounts to a breach of regulation 18 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found risk assessments had been undertaken during people's initial assessments and plans to reduce risks had been drawn, however these were not always followed. We found one example where someone has been assessed for the risk of suicide and self-harm. The risk assessment stated that this person was to have one to one support at all times when they were awake. We observed periods of time during the day of our inspection where this person was left without any staff supervision. Which put this person at an increased risk.

The above shortcomings around risk assessments amount to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. The MARs indicated that people received their medicines at the times specified. Records were signed and no omissions were found. We observed people being given their medicines. Staff followed best practice and current guidance.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the provider's medicine policy and procedure.

Staff spoke knowledgeably regarding medicines management. They confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Controlled medicines were kept separate in a secure cupboard; records for these medicines were completed in full.

No medication audits had been undertaken at the time of the inspection. We discussed this with the clinical lead during the inspection and they were able to show us documentation that was to be implemented moving forward for the audits to be completed.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service provided a safe environment for people. We observed that staff and people who used the service had access to Personal Protective Equipment (PPE). This was disposed of in clinical waste bins to help prevent the spread of infection. We found that the home was generally clean and tidy throughout.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

Equipment used in the service was in working order and was checked and serviced in line with manufacturer's instructions. These included hoists, fire safety equipment, gas and electrical appliances, the

nurse call system and hot water outlets.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence such as referrals to the falls team or requests for equipment for people.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Therefore, we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager confirmed that some people were subject to continuous care and supervision, did not have capacity to consent to such arrangements, and were not free to leave. Subsequently applications for DoLS had been submitted to help ensure people's freedom was not being inappropriately restricted.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We found that people's capacity to consent to care had not always been assessed and decisions recorded.

However we observed in the care records for one person that they were not eating a diet as advised by professionals. We spoke to the registered manager about this and they informed us that the person was choosing to eat a diet against professional guidance; however there was no evidence of whether this person was able to make an informed decision. We did see evidence that some decisions had been assessed, recorded and documented but these were not always signed.

The registered manager and staff demonstrated understanding of the MCA and awareness of how to complete the appropriate assessments with other professionals where it was deemed necessary. We spoke with the management team during the inspection and they were able to evidence documentation and the implementation plan for rolling out a review of the MCA for individuals who use the service.

We recommend that the provider ensures that the principles of the MCA are embedded in all practice and that the relevant documentation is completed in line with best practice for all people that use the service.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Such as making sure people were supported and given time to make decisions for example what to wear, what to do and what to eat. Staff were able to explain to us how they did this. Staff spoke about always making sure everything they did with people was in their best interests.

Staff told us they received good training and were kept up to date. Staff felt they received the training they

needed to meet people's needs and fulfil their job role. There was a rolling programme of training available which included; safeguarding vulnerable adults, medication, moving and handling, first aid and food hygiene.

The registered manager supported the qualified nurses with the current Nursing Midwifery Council (NMC) revalidation programme. Staff told us they got time to complete what was required of them for this.

People who used the service told us staff were skilled at their job and well trained. People we spoke with told us: "I'm never frightened in the hoist that they're going to drop me". And: "The permanent staff know what they are doing".

Staff told us that they felt supported by the management team however supervision was not always consistent. Staff said: "I haven't had a supervision for ages but I can go to the management if I need to". And: "I have supervision and observations to check my competencies, I'm well supported". We saw records that some supervisions were taking place and that there was a calendar in place where the supervisions for staff were recorded.

Records showed arrangements were in place that made sure people's health needs were met. Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored and prompt action was taken in response to any ill health.

People we spoke with told us: "Yes they're very good at that". And: "They talk to me, we've got a new doctors practice which is great".

This helped ensure staff made the appropriate referrals when people's needs changed.

Records we looked at showed the home involved other professionals where appropriate and in a timely manner, for example, GPs, dieticians, chiropodist and specialist nurses.

Lunch time was observed both in the dining room and in peoples own rooms, this was found to be a relaxed and pleasant experience for people using the service. People told us they enjoyed the food and they were able to eat at a time that suited them. Where people were served a pureed diet we observed that each food was separated on the plate so people could experience the different tastes.

One person told us: "The food is the best thing about the home!".

The environment had some adaptations to meet people's current needs. There were grab rails, ramps and mobility aids. There was a well-equipped physiotherapy department with dedicated space in which to see the residents

Is the service caring?

Our findings

The staff approached people in a caring, kind and friendly manner. We observed lots of positive interactions throughout the inspection. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it appeared that trusting relationships had been created.

People we spoke with told us they were very happy living at the home and staff were kind and caring. People we spoke with told us: "I must like it here I've not moved in 20 years; the staff look after you well, they're very good": "Staff are very good at bringing me cups of tea": "They make sure I've got everything if I go downstairs": "They fulfil all my needs and wishes". And: "The people are so nice, everything is wonderful, I think it's a good home".

The approach from staff was kind and caring. Staff said: "We treat people like a family and how we would want our own family treated".

Visiting professionals told us: "I have observed staff support and care for residents and make time for them". And: "The commitment of the care and nursing staff is second to none".

Interactions we observed between staff and those who lived at the home were based on people's strengths, focusing on what people could do for themselves, supporting, and encouraging people to remain independent.

We saw people's privacy and dignity was respected. Staff were seen to knock on doors and wait before entering, they called people by their preferred name and they observed privacy when people used the bathrooms. People looked well cared for, their clothes and nails were clean, their hair brushed and some people wore jewellery. When we checked people's bedrooms we saw these had been personalised.

We saw people were involved in 'residents forums' each month. Minutes of these meetings showed us people who used the service were provided with information and were also asked their opinion about the menus and activities provided.

There were notice boards in the entrance with information about the staff team and training, the policy on smoking in the service, the food safety certificate and how to complain. We saw menus were provided in written and pictorial format.

We also saw there were leaflets about advocacy services on display. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

People who used the service told us they had choices about aspects of their lives. Comments included: "I go to bed quite early because I want to": "I need help going to bed, but I go when I want".

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service.

Care and support plans contained details of people's preferences, routines and information about people's health and support needs. A visiting professional raised some concerns about care plans not including specialised health care input.

We found people's involvement in their care plan was not always recorded so it was unclear if people had a say in the care they received. All care plans should clearly detail how the person and / or their designated representative had been involved (or not) in the care planning and review process.

We saw care plans were updated when people's needs changed. This information was not always clear to see and was held on a number of different documents. This resulted in some of the changes not the most up to date information as the person's needs had changed again. An example of this was for a person that had completed an advanced decision to refuse treatment which stated that they would not want a PEG feed introducing. However historical preferred priorities for care documentation was present in the file. This was contradictory and stated that the person did want a feeding tube.

We spoke to staff and management about this during the inspection and they were all able to tell us about the most current change in needs for this person. We spoke to management about the care records and they were able to show us an example of the new care records they intend to implement for all the people who use the service.

We recommend that the provider ensures any changes in need are recorded in a timely manor and in a way that is clear and concise. And that care planning involves professionals involved in peoples care to ensure best practice.

People told us they felt able to complain in the belief it would be addressed and they named the registered manager or specific staff they would approach if they had concerns.

A system for recording and managing complaints and informal concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Regular residents and relatives forums were held and there was evidence that peoples suggestions had been taken on board. The service has recently introduced contacting relatives by email following a suggestion in the relatives forum.

People who used the service were encouraged to engage with the community and links with a local school had been made. One person told us: "Every week I go out to volunteer in a local primary school, and as a thank you, the children from that school came into the home every Christmas to sing carols"

We saw that there were activities that people could take part in. People were making cakes on the day of our inspection and others took part in a quiz. There is a dedicated activity room and people told us they enjoyed spending time in there. People were also using the communal rooms to watch TV or listen to music and others were in the gardens making the most of the nice weather.

The registered manager had set up a number of drinks stations throughout the home in response to a spell of hot weather. Water and juice was available for people to help themselves.

Is the service well-led?

Our findings

We found a positive staff culture was reported by all the staff members we spoke with. Staff told us: "I love it here the staff team are all very friendly". And: "It's like one big family".

We spoke with the management team about the quality monitoring system, as they each held a different lead responsibility. We saw there was a yearly planner for them which detailed month by month what tasks were required. These included updating records, care plan reviews, accident analysis, staff supervisions/reviews and a check on training.

We saw some audits were completed, for example annual health and safety, bedrails and bed assessments, care plan audits. Care plan audits were annual and checked six care files at random, however we found that these were not robust as they did not find the issues we highlighted on the day.

Environmental checks had been completed and they identified when repairs were required. We were informed that spot checks of cleanliness and cleaning schedules were completed however there was no documentation recorded for this. In addition a daily walk round was completed but this was also not documented. Infection control audits and medication audits were not being completed at the time of our inspection. We discussed the above with the management team and were shown documentation that was due to be rolled out.

We recommend that quality assurance is improved in line with best practice to ensure any risks are identified and shortfalls in care in order to drive improvement for all people who use the service.

Staff we spoke to said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said that in the most part they felt listened to and could contribute ideas or raise concerns if they had any. However they were not always confident that these ideas were taken on board.

Visiting professionals gave varying responses with regards to management. One told us: "The staff and management are open and transparent with information, care plans and risk assessments. They have admitted when they have got things wrong and started their own internal enquiry to learn lessons and put things right. I have found all staff and management to be very professional". Another said: "There have been a lot of changes in senior management and the rapport and communication is not as good as it has been".

We asked people who used the service if they felt they were able to approach the manager and if he takes the time to speak to them. People told us: "Yes I can approach him, and I have": "He says good morning to everybody and asks if you're alright". And : "Yes, he bends down and talks to me at my level".

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual and monthly questionnaires for people who used the

service and their relatives. These were collected and analysed to make sure people were satisfied with the service.

The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. A recent example of this was that people had requested to be kept up to date via email and this had been implemented.

We found the manager was familiar with people who lived in the home and their needs. When we discussed people's needs, the manager showed good knowledge about the people in his care. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

The handover had recently been changed following consultation with staff, there is a half an hour time slot for handover. We saw 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required.

We found the registered manager receptive to feedback and keen to improve the service. The management team had a clear improvement plan in place and were working together to improve the service for the people who use it.

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	The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users.
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of the regulation.
Treatment of disease, disorder or injury	Regulation 18 (1)