

Sun Healthcare Limited

Tapton Grove

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Tapton Grove is a residential care home providing personal and nursing care to up to 61 people. The service provides support to people living with dementia and people with mental health support needs. At the time of our inspection there were 51 people using the service. Accommodation is provided in one purpose-built building and two adapted buildings.

People's experience of using this service and what we found

People were supported to manage their medicines safely and received their medicines as prescribed.

People were supported by suitable staff who were safely recruited and trained. The areas of risk in people's lives were identified and care and support planned to mitigate these risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was committed to achieving good outcomes for people. People were involved in planning their care and made choices about how their care was delivered. People were able to access a range of professionals for specialist support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 April 2019).

Why we inspected

We received concerns in relation to safe management of medicines, adequate staffing and effective management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tapton Grove on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tapton Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors, 1 medicines inspector and 2 Experts By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tapton Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tapton Grove is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who commissioned care with the service. We

used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 8 relatives about their experience of the care provided. We spoke with 16 members of staff including members of domestic and catering staff teams, care staff, the deputy manager and the registered manager. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received support to manage their medicines safely and received their medicines as prescribed.
- Protocols were in place for the administration of medicines prescribed to be taken as required (PRN). It was identified during inspection these protocols required more detail to ensure PRN medicines were consistently administered. However, the information was available in peoples' medicines support plans and staff understood the requirements for appropriate administration of these medicines. The registered manager acted immediately following the inspection to update the protocols to ensure all the relevant information was included.
- Staff administering medicines were fully trained and their competency to administer medicines safely was checked on a regular basis.
- People, and their relative where appropriate, knew the medicines they received support to manage. One relative told us, "[Name] tells me what the medicines are. Staff bring it or [relative] goes down for it. [relative] knows what they are taking".

Systems and processes to safeguard people from the risk of abuse

- People were helped to keep safe from avoidable harm by staff who understood their needs and how to protect them from abuse.
- Staff completed training on how to recognise and report abuse and understood how to implement this. One member of staff told us, "We tell the managers if we have any concerns and they take action (to keep people safe)."
- People and their relatives knew to who to raise any concerns they had. One person told us, "I feel safe and the staff look after me well and are always here to talk with. "One relative told us, "[Name] feels safe. They would talk to the staff on duty or the manager if they did not feel safe."

Assessing risk, safety monitoring and management

- People, or their representatives if required, were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe.
- Staff understood their role in helping people to keep safe and supporting them to make decisions to do this. Care plans contained guidance for staff to respond to people's changing needs resulting in increased risk for themselves and others.
- People were supported by teams of relevant professionals to ensure appropriate and safe care was available. One person told us, "I have been given the chance to turn things around, [name of a service] provide counselling which staff looked into for me".

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by safely recruited staff. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completed a period of induction and training to become confident and competent in supporting people safely. One person told us, "Sometimes staff will support me with mental health and emotional support". One member of staff told us, "The training I have completed to work here has been good."
- There were sufficient staff deployed to meet people's needs. Successful recruitment had increased the number of permanent staff available, reducing the need to use agency staff to cover vacancies. One member of staff told us, "Numbers of staff have improved recently, the pandemic had an impact on staffing, but it is more settled and reliable now."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was passionate about including people to develop person centred support to promote their independence and achieve their goals. One person told us, "I feel Tapton House has given me the skills to be independent".
- Staff understood the vision of the service and demonstrated their commitment to the values of individual support. One staff member told us, "Our aims are for people to be happy and safe. It is what I enjoy most when people we support feel safe to do activities or go out. I believe the ethos and values are shared by the staff team." One person told us, "I have been here 2 years and feel it is like being in a family. They (staff) give me support, give me love, care and constructive advice if needed in terms of progress."
- The provider had facilitated links with a variety of local community organisations offering a range of social, educational and occupational opportunities for people living at Tapton Grove. These included colleges, garden centres, a gym and a farm. One person told us, "Activities are well balanced you can choose to attend and come and go as you please this promotes independence".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider implemented processes to review the quality of the care and support people received.
- The schedule of audits implemented by the management team resulted in good oversight of the service by the provider and registered manager.
- The systems implemented by the provider produced regular reports which were analysed by the registered manager to drive improvements where required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a system for gaining feedback from people and their relatives and staff formally by

using surveys and meetings. The registered manager had reintroduced a schedule for these following a pause due to the restrictions during the pandemic.

- The provider encouraged people to make suggestions by using a comment box. Where people had made requests, the provider had taken action to achieve these, for example, reintroducing the baking group and planned activities.
- The management team offered an open-door policy for less formal opportunities for feedback from people, their relatives and staff. One person told us, "There has been (changes in management and staff) and they look after you, feels the manager treats you fairly and staff are caring and non-judgemental." A member of staff told us, "I feel supported, [names of managers] are very approachable and supportive and do everything possible to benefit the staff and people who live here".

Continuous learning and improving care

- Robust systems and processes were in place to ensure learning from things that had gone wrong. For example, when incidents were reported the provider had carried out detailed investigations to understand the root cause and identify actions to improve outcomes for people.
- The management team implemented a no blame culture and staff felt comfortable to report and learn from incidents and errors. One member of staff told us, "If we talk to the managers about something they listen and make things happen".
- The management team had reintroduced a champion role system giving opportunities for staff to lead and give support to others in areas where they felt most skilled and competent. One member of staff told us. "This is a fantastic scheme; it can be really effective. I am looking forward to seeing it work".