

# Cheshire West and Chester Council

## Sutton Beeches

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Sutton Beeches on the 1st and 10th of February 2016.

Sutton Beeches community support centre is a two storey building set in its own grounds in a residential area. It is owned and managed by Cheshire West and Chester Council and provides respite care and rehabilitation for up to 30 people.

A registered manager had been in post since 2014. 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 carried out an unannounced comprehensive inspection of this service on 22 December 2015 and 5 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that the registered person failed to ensure that proper and safe management of medicines. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This visit found that systems had been put into place to reduce the risks associated with unsafe management of medication. This included appropriate storage of controlled medication. In addition to this, the temperatures of medication refrigerators were better monitored to enable the safe and effective storage of medication. Systems had been put into place to ensure that people did not run out of prescribed creams or other medications.

At our last visit, we found that the registered person failed to ensure that systems were in place to regularly assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This visit also found that audits in relation to care plans and medication administration had enabled any deficiencies to be quickly identified and addressed so that people were not put at risk. Monthly audits were conducted by the registered manager enabling an ongoing commentary of the quality of the service to be gained.

Our last visit had found that care plans were not person centred and had not been reviewed regularly. This visit found that care plans outlined the specific needs unique to individuals. The contents of care plans had been agreed by individuals and where changes were considered, these were agreed with individuals before they were implemented. Care plans showed evidence that as goals were achieved, new goals to meet the changing needs of people were set with their agreement.

Staff demonstrated a good understanding of the types of abuse that could affect people who used the service. Staff had received training in this and were knowledgeable about where poor practice could be reported.

Staffing levels were maintained in sufficient numbers to meet the needs of people who used the service. These levels were confirmed by staff rotas.

Recruitment of staff was robust. Checks were in place to ensure that people were protected by the recruitment process. Risk assessments relating to the environment and risks associated with the support provided were in place and reviewed.

The premises were clean and hygienic. All areas were well maintained.

Staff received the training and supervision they needed to perform their role. A structured induction was in place to prepare new members of staff to perform their role.

Staff had received training in the Mental Capacity Act 2005 and were able to outline its principles and how it affected the people who were supported.

People were provided with a choice of meals and offered regular drinks. Nutrition provided met the dietary requirements and preferences of people.

People felt cared about and observations noted that staff provided support in a caring and dignified manner. Staff were able to outline how they would support people with their privacy and dignity taken into account.

People had all their health and social needs assessed by the registered provider. This was translated into a plan of care which was personalised and reviewed regularly.

People knew how to make a complaint if needed. Complaints records were maintained and where complaints were made, the registered provider sought to respond to the complainant and investigate these appropriately.

The registered manager had responded to shortcomings during our last inspection by submitting an action plan. This visit found that action had been taken to address these so that people were not put at risk. The registered manager had gained the views of people who used the service and had introduced audits to measure the quality of the support provided.

Staff told us that the manager was open to ideas and felt that they were approachable and supportive. The registered manager had been transparent in providing information about the performance of the service following our last visit by providing details of its rating and the inspection 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?

Good ●

The service was safe.

People told us they felt safe staying at Sutton Beeches.

Staff demonstrated a good understanding of safeguarding and whistleblowing.

The registered provider had taken steps to ensure that medication management was robust.

The recruitment of new staff was robust and protected people from harm.

### Is the service effective?

Good ●

The service was effective.

People considered staff to be knowledgeable about their needs. Staff received training and supervision their required to perform their role.

The registered provider took the principles of the mental capacity into account.

The nutritional needs of people were met.

### Is the service caring?

Good ●

The service was caring

People told us that staff were kind and promoted their privacy.

People were supported in a respectful manner.

People were supported in a way which promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People had had the opportunity to agree with the content of their care plans.

Care plans were now more person centred and more regularly reviewed.

People knew how to raise a complaint if needed.

### Is the service well-led?

Good ●

The service was well run.

The registered provider had sought to address concerns raised at our last visit.

The registered provider enabled people who used the service to

comment on their care.

Audits had been introduced to enable any risks faced by people who used the service to be identified and addressed.

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# Sutton Beeches

## 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 1st February 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

As part of our inspection, we ask registered providers to complete 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. The PIR was returned to us when we asked.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as three staff recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service.

We spoke with the Local Authority Commissioning Team. They had not conducted a recent visit to the service but commented on the low level safeguarding concerns sent by the service in respect of medication. We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. Healthwatch had not visited Sutton Beeches recently.

We spoke to four people who used the service, four staff members, the registered manager and a visiting professional. We also contacted other professionals connected with the service for their views.

# Is the service safe?

## Our findings

People told us they felt safe while they stayed at Sutton Beeches. Their comments included, "Yes I feel very safe", "I feel safe with the staff" and "I have had no worries since I came here". They told us that there was always enough staff around to help them when needed. They were happy that the building was always clean.

Our last visit to Sutton Beeches had identified a number of deficiencies in the management of medication. This had resulted in a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure the safe management of medication. The registered manager had sent us an action plan outlining what steps they were taking to improve medication management. The deficiencies we identified included medicines being at risk of being stored at the wrong temperature, medication supplies running out, controlled drugs not being appropriately secured, discrepancies in the stock of medication, unclear medication administration records (MARS) and poor recording in relation to the application of creams and their purpose.

Since the last inspection audits of medication management had been introduced. Audits had identified discrepancies in medication stock levels on two occasions. These had then been escalated using the registered provider's medication error policy. This involved the reporting of concerns to the safeguarding authority, contact with general practitioners for medical advice and supervision with relevant staff.

MARS were appropriately and clearly signed and showed evidence of the amount of medication received and by whom. All medication was safely stored in locked cabinets within each person's room.

Medicines which required storing at lower temperatures were stored in refrigerators. These were locked when not in use. Records demonstrated that the temperatures of these refrigerators were checked at regular intervals during the day and that the correct range of temperature had now been identified. Some people had been prescribed controlled medicines. These are prescription medicines which are controlled under the Misuse of Drugs Act 1971. Secure cabinets had been purchased since our last visit in order to appropriately store these medicines. Records were maintained for these and were signed by two members of staff when administered and when stocks were checked. We conducted a stock check of two controlled medicines and found that amount held tallied with records.

Separate administration records had been devised for the application of creams. These included the creams used, signatures to confirm they had been applied, information on their purpose and a body map. Where prescribed creams were running low in stock, a system of reporting was in place to alert senior staff to this and both care staff and senior staff were able to outline this process to us.

Some people managed their own medicines. In these instances, people had been assessed and risk assessments carried out to ensure that this could be done safely.

Staff demonstrated a good understanding of how to protect vulnerable adults. They were able to outline the types of abuse that could occur and how this should be reported. Our records showed that two safeguarding notifications had been received by us since our last visit from the service. One was in respect of medication errors. The other demonstrated that the registered provider had sought to protect a vulnerable adult. This helped ensure that people's safety was maintained.

The registered provider had a whistleblowing procedure. This process enabled staff to report concerns they have about poor practice. Staff were familiar with this process and were clear on which other agencies they could report concerns to. This awareness of whistleblowing had been incorporated into safeguarding training. All staff had received safeguarding awareness training as part of their induction or ongoing training.

Staff on duty during our visit included the registered manager, senior staff, care staff and ancillary staff such as maintenance, kitchen and domestic staff. Staffing rotas were available and outlined that this level of staffing was maintained through the day and night. Our observations noted that members of staff were available in all areas to respond to people's requests.

The recruitment process was robust and helped ensure people were protected from the risk of harm. Since our last inspection, three people had started work at Sutton Beeches. Their personnel files included application forms, proof of their identity and interview notes. Interview notes had been scored to better assist the registered provider in their recruitment of staff. Disclosure and Barring checks were in place for all people. Known as DBS, this is designed to ensure that staff do not have criminal cautions or convictions that could impact on the care role they had. All DBS checks had been obtained before each member of staff came to work at Sutton Beeches. One newer member of staff told us that the recruitment process had been fair and thorough.

Accidents and incidents were recorded. All the information was then collated with any serious injuries being sent to the registered provider for further analysis. The registered manager audited the number and types of falls on a monthly basis to ensure that appropriate action had been taken and to minimise re-occurrence.

The registered provider identified the risks faced by people in their daily lives by the provision of risk assessments which were specific to each person. The risks posed by the environment, for example, from scalding water had been recorded and assessed. Other people faced more specific risks in, for example, their mobility or risk of falls. Again these clearly outline the risks as well as the steps needed to ensure that people were safe.

Each person had a personal evacuation plan (known as a PEEP). This included information around people's needs in case of the building needing to be evacuated, and the support they would require to do so safely. The registered provider had information centrally held with all the information needed to effect a safe evacuation. This included details of the floor plan of the building, a fire risk assessment, a summary of personal needs and practical items such as torches. The fire alarm was tested on the day of our visit. Everyone was informed that this was to take place and that it was routine as opposed to an actual fire alert. Fire doors automatically closed when the alarm was activated and these worked well. Firefighting equipment was tested on a regular basis and service records were available confirming periodic checks to all aspects of fire detection and prevention.

Service records were available demonstrating that the registered provider had arranged checks and servicing of equipment to ensure they were safe and work correctly. Portable hoists had been subject to a six month check in line with regulations and the same frequency of servicing had been applied to fixed bath hoists and overhead hoists. Portable electric appliances had also been checked to ensure their safety.



The premises were clean and hygienic with no unpleasant odours. Domestic staff were seen attending to their role of cleaning each area of the building during our visit. Domestic staff used personal protective equipment (PPE) when attending to their tasks. The same applied to care staff when they were assisting with personal care. A good supply of PPE was available throughout the building.

# Is the service effective?

## Our findings

People who used the service told us "I am ready to go home now" and "it is because of their [staff] hard work". One visiting professional told us that the staff team were always very professional in their dealings with them. People told us that they were happy with the food provided and told us "there is always a choice" and "the food is very good"

Staff received training appropriate to their role. This included health and safety topics such as manual handling, first aid, fire awareness and food hygiene. In addition to this, staff had received training in medication management, safeguarding, equality and diversity and values of care. A training matrix was available and this identified when staff had received training and when refresher training was due. Staff said that training provided was good and enabled them to perform their role effectively. Where further training needs were identified, the registered manager had identified further training to further reinforce the skills of the staff team.

Staff told us that they received monthly one to one supervision and this was confirmed through training records. Supervision included meetings with staff with different roles such as care and ancillary staff. For senior staff, supervision had included an assessment of their competency to administer medication. Staff who had been employed at the service for longer confirmed that they had received an annual appraisal that had assisted them to develop their practice further.

A structured induction process was in place. This involved training in health and safety and safeguarding and a period of shadowing existing staff. One person had received induction since our last visit. They considered that the induction process had been thorough and had prepared them for their role. The induction process included reference to the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The registered provider ensured that the consent of people was gained before they received support. This was done verbally in the first instance. We observed staff asking individuals if they wanted any assistance with tasks and only assisting once people had agreed. In addition to this, consent was gained in writing. People had signed their care plan to confirm they agreed with the support they were to be provided with. People had also signed consent forms for their photograph to be taken for identification in medicines records. Staff were able to outline ways in which they gained consent from people. This involved gaining verbal consent and providing individuals with as much information as possible about the support that staff could provide.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

No-one using the service was subject to a deprivation of liberty order. Assessments completed before people came to Sutton Beeches included an assessment of their capacity to make decisions for themselves. Assessments we saw confirmed that people had been assessed as having capacity. Information was available for staff on the principles of the Mental Capacity Act and training records confirmed that staff had received training in this. Staff were able to give an account of the broad principles of the mental capacity act and how they would put this into practice.

We observed lunchtime. Lunch was a relaxed time with people using the dining room to have their meals although two people preferred to have their meals in their own rooms. Staff took the time to ensure that people received the meal they had selected. Meals were prepared in the kitchen area and then transferred by heated trolley to ensure that meals were hot when served. Staff wore personal protective equipment such as aprons when serving meals. People were given a choice of what drink they wanted to accompany their lunch. A menu outlining what was for lunch was on clear display for people to refer to.

Care plans noted that some people had diabetes which was controlled by their diets. Information was available of meals on offer that would enable people to follow this dietary need. A five week menu was available outlining a good variety of nutritious meals. Alternatives were included on this menu reflecting the nutritional needs of people such as diabetic diets or low fat meals. Records of meals provided for each individual were maintained. This enabled the registered provider to demonstrate what people had eaten so that those issues such as loss of appetite could be identified. Hot and cold drinks were made available to people through the day.

Records were available indicating that health care professionals were involved in maintaining the health of people. These included support from Doctors, physiotherapists and District Nurses. Records showed the support provided and action taken to maintain the wellbeing of people.

## Is the service caring?

### Our findings

People told us "they [staff] are very kind and helpful" and "they are very good". People told us that their privacy had been respected and that they had been supported in a dignified and respectful manner.

People were supported in a patient, kind and friendly manner. Staff who directly supervised people with limited mobility did this patiently without rushing the person. Staff knocked on doors before they were invited to enter each bedroom and any support given with personal care was always done with bathroom doors being locked. Staff took the time to sit with individuals on their level to engage in conversation.

Staff were able to outline practical examples of how they promoted people's privacy and dignity. This included knocking on doors prior to be invited into rooms. In addition to this staff gave examples of closing doors or using shower curtains when directly supporting people with personal care.

Information was available to people about what they could expect from their stay at Sutton Beeches. No one at the time of our visit had the need for documentation to be presented in larger print or any other format to meet their communication needs. Information was available for each person in their room. This included their care plan, a statement of purpose, complaints procedure and information about the last inspection report from the Care Quality Commission (CQC). Other information on what food was to be provided was available on menu boards was also on display. Information specific to each person was provided verbally by staff and we witnessed this throughout our visit.

The nature of the service provided at Sutton Beeches was such that people had a temporary stay there following being discharged from hospital and before returning home or were having a period of respite. People were able to bring in personal items into their bedrooms such as pictures, photographs or other items to make their room more personal. Two people we spoke with confirmed that they had been able to do this. Care records suggested that one person had had a birthday recently during their stay. Balloons and banners had been placed in their room to reflect that it had been their birthday and this further demonstrated people were enabled to personalise their living space.

The registered manager was involved in a multi-disciplinary (known as an MDT) meeting each week. This involved all professionals involved in people's support to come together to discuss progress made. One person and a family member were spoken to in private about the possibility of the person starting to manage their own medication. We witnessed staff speaking to the person and offering an explanation that this was a suggested move rather than a compulsory one in order to sustain their independence. This verbal explanation was clear and the source of the suggestion (the MDT) was outlined to the person. They were quite happy with the explanation they had been given and agreed with it. As a result, people were involved in the development and planning of their own care.

The nature of the service was also designed to promote people's independence and to rehabilitate them to return to living in their own home. Care plans outlined how this was to be achieved. Some people aimed to be more independent with their mobility through gradual staff support to achieve this. The registered

provider sought to ensure that people would be able to manage their own medication once they returned home. Staff risk assessed how able people would be able to manage this and provided practical assistance in using blister packs. Two people we spoke with managed their own medication with visual prompts to assist them with this.

## Is the service responsive?

### Our findings

People told us "I am happy with the care I get" and "I have not had to make a complaint". Others told us "I would not have to make a complaint but I know who to speak to if I do". People expressed general satisfaction with the support they had been provided with and considered that this had helped them in their return to live in their own homes.

Our last visit to the service identified concerns with care plans. These had not been written in a person centred way to reflect the individual, and regular reviews were not carried out to ensure information was accurate and up-to-date. This visit found that care plans were now person centred. Care plans reflected the needs of each individual which had been identified during the assessment process. The main goals to assist in their rehabilitation had been outlined with reference to their daily living needs. Care plans showed evidence of review, and where care plans needed to be changed, we saw evidence of this being discussed with each person. Where a goal included in a care plan had been met, this was recorded by staff.

All care plans were located in people's room. We asked people if they had seen their care plan and no-one said they had. Care plans did contain a form outlining that the care plan had been explained to people and they had signed to say that they had seen it. We considered that the registered provider had taken sufficient steps to make care plans accessible to people. Care plans were accompanied by daily records. These provided an on-going commentary of how people were progressing. Records were recorded using people's terms of address as, for example, Mr or Mrs [person's surname] and this demonstrated a respectful approach. Daily records included an assessment of how people were progressing with their support as outlined in care plans. For example, for those who had mobility needs, records indicating how people had mobilised themselves or what encouragement had been given to them.

Assessment information was in place for each care plan we saw. These assessments were either from hospitals or local authorities. Assessments were also conducted by the registered provider. These contained information about the health and social needs of people and the main aims for achieving rehabilitation so they could return to their own homes. The registered provider had also devised a system to ensure that any people who sought to stay at Sutton Beeches could have their needs met. A system was in place to ensure that only those people whose needs could be met came to stay there.

People were protected from the risk of social isolation, and had the option of joining in activities. One member of staff had been designated as activities co-ordinator through the week and this was included within the staff rota. Records were maintained of those activities that had taken place. These records included who had participated in each session, how it had benefitted them and whether they had enjoyed it. Activities of late had included board games, one to one chats, manicures and quizzes. During our visit we noted that in one lounge area, people were engaged in reading newspapers and later on had a game of bingo. Photographs were also available of recent Christmas events.

A complaints procedure was available. This had been placed in each person's bedroom and was contained with the service's statement of purpose. The complaints procedure outlined who to make a complaint to

and the timescales for investigating. Our records indicated that two complaints had been made about the service since we last visited. A record of complaints was available and this included reference to the two complaints we had received. One complaint had recently been raised and the registered provider had not yet had the opportunity to fully investigate this although it was clear that there had been dialogue with the complainant. The other complaint showed evidence of investigation and a timely response recorded by the registered provider. Compliments had been received by the service. These took the form of cards and letter. The details of compliments were recorded with cards and letter put on display for staff to look at.

## Is the service well-led?

### Our findings

People did not specifically mention the management of the service during discussions but had positive comments about the service as a whole. They said "It is very good" and "They [staff] are very kind".

Our last visit to Sutton Beeches rated the service as requiring improvement. In response to this, the registered provider sent us an action plan outlining how the issues we identified would be addressed. This demonstrated that the registered provider sought to address any shortcomings in the service that could have placed people at risk.

Our last visit to the service found that limited audits were carried out within the service. These did not cover the medication or care plans during people's stay at the service. This visit found that audits had been introduced.

Medication audits had been introduced. These involved a monthly assessment of MARS and stock checks. These audits identified those issues which suggested that medication management needed to be strengthened. Entries in audits identified that in two cases, the amount of medicine in stock was more than anticipated. The stock levels involved two to three tablets in each case. When this had been identified, steps had been taken to introduce the medication error procedure. This involved referring it to the local authority as a low level safeguarding referral to the local authority, gaining medical advice from a Doctor or using staff supervision for those concerned. Audits meant that any issues could be quickly identified and addressed.

The registered manager had set up audits in respect of care plans. These audits took place every month and recorded whether care plans had been reviewed, were up to date or whether any key information had been missed in each document. Audits found that care plans were up to date and contained the relevant information for each person during their stay at Sutton Beeches. Visits were undertaken by a representative of the registered provider.

Staff considered that management team to be supportive and approachable. They told us that they were able to forward suggestions to the registered manager about improvements or changes. Staff commented that the manager listened to them and was open to suggestions. Staff meetings were held on a regular basis and these were minuted. This ensured that staff were kept up-to-date regarding developments within the service.

The views of people who used the service were gained by the registered provider. This included a questionnaire provided to people just before they left the service. The survey invited people to comment on the quality of care, the staff approach and whether they considered that the service could be improved in any way. We saw recent surveys that had been completed. All were positive outlining people's satisfaction with the support they had received.

All surveys were audited by the registered manager. While no surveys in these audits had been negative, the registered manager identified those comments which had referred to support being "satisfactory" to see if



they could be acted upon for the future. For example, one survey did not criticise the standard of food provided yet was neutral in the feedback given. The registered manager had approached the catering staff to see if choices and standards in the food provided were being maintained.

Our last visit had rated the service as requiring improvement. This rating was made available to each person in their personal documentation in their rooms. Our last inspection report had also been made available for people to refer to. A certificate of registration was on prominent display and the service had appropriate and current insurance in place. Our records showed that the registered provider always informed us of any adverse events that had occurred within the service.