

Habilis Operations Limited

Sutton Lodge Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection on 28 April 2015. Three breaches of a legal requirement were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the last inspection on 28 April 2015 we found that the provider was not meeting the standards of care we expect in relation to ensuring that there were sufficient staff on duty to meet people's needs. Care could not be delivered to people as they wished and they told us their needs were not always met. The storage and control of medicines was not maintained and recording of medicines was poor. We could not tell whether people had received their prescribed medicines. There were no

systems in place to ensure the quality of the service was being maintained. We did not know whether the provider was monitoring the quality of service people were receiving.

We undertook this focused inspection on 7 October 2015 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection on the 7 October 2015 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Sutton Lodge on our website at www.cqc.org.uk.

Summary of findings

Sutton Lodge provides care for older people who require nursing and personal care. It provides accommodation for up to 34 people. At the time of the inspection there were 14 people living at the home.

At the time of the inspection there had been no registered manager in post for five months. 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.

On the day of our inspection we found staff interacted well with people and people were cared for safely. People told us their needs were being met. Staff told us they had

sufficient time to meet people's needs. The provider had systems in place to ensure they knew the needs of people living at the home and could adjust the staffing levels when required.

Medicines were stored in a clean and tidy environment. Checks had been made to ensure staff used safe methods in administering medicines. The stock control had improved. All staff administering medicines had recently undergone further training in the safe administration of medicines.

Systems were in place to monitor the quality of the services being provided. Although audits had commenced there was not sufficient evidence to show this was going to be sustained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

The provider was now meeting legal requirements.

Sufficient staff were on duty to meet people's needs.

A system was in place to ensure the needs of people were taken into consideration when calculating staffing levels.

Medicines administration had improved and staff had recently undergone training in safe administration of medicines.

The storage and stock control of medicines had improved.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the safety of the service.

The provider was now meeting legal requirements.

Systems were now in place to monitor the quality of the services being provided.

The location still does not have a registered manager in position.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Sutton Lodge Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 7 October 2015. This inspection was completed to check that improvements to meet three legal requirements had been met. This was with regard to sufficient staff being available to meet people's needs, medicines management had improved and systems were in place to test the quality of the service. The provider had planned to complete these after our comprehensive inspection on 28 April 2015. We inspected the service against two of the five key questions we ask about services; is the service safe and is the service well-led.

The inspection team consisted of one inspector.

During our inspection we observed care. We spoke with eight people who use the service, the manager covering from a sister service, the provider, four care workers, a housekeeper and a cook. We looked at four care plans. We looked at staff rotas, a report of how staffing needs had been calculated, a report from commissioners of services, internal audit reports, medicines records and staff training records.

Is the service safe?

Our findings

At our previous inspection on 28 April 2015 we identified that people were not adequately protected because there were insufficient staff to meet their needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 7 October 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 22.

People told us their needs were being met. They said staff allowed them time to maintain their independence and were patient with them. One person said, "I'm looked after alright." Another person said, "They will do anything for me. They always come when I ask."

People told us that they could speak with staff and explain what they wanted them to do. One person said, "They do everything for me and explain what they are doing. They meet my needs." Another person said, "They are kind to me all the time."

Three people gave mixed comments to us. They said that their needs were being met but staff appeared under pressure. They said this meant that sometimes their call bells took a long time to be answered. One person said, "This is usually in the morning." Another person said, "It's sometimes a few minutes before they answer my bell." This meant that sometimes they had to wait for their needs to be met.

Staff told us that staffing levels had improved. One staff member said, "It's improved immensely." Another staff member said, "If everything runs smoothly it is fine." Staff did comment on the staffing levels in the afternoons. They said they sometimes felt rushed when they had to cover kitchen duties. One staff member said, "It's ok in the mornings but afternoons is sometimes a problem, especially when staff phone in sick." Another staff member said, "We could do with someone else to help us make the beds."

Staff told us they could voice their opinions to the manager and the provider. They told us they were approachable and all the staff worked as a team. One staff member said, "Our strength is we work as a team." Another staff member said, "I still enjoy coming to work."

We looked at the staff rota for last month and the current month. Staff told us that the details were correct. The staff on duty that day was reflected in the rota. Staff told us that extra working hours were available to take people to appointments and to cover short term absenteeism. This had been identified on the rota.

We were given details of how the staffing levels had been calculated for each day. This was reviewed monthly. The provider took into consideration the dependency of people using the service. Senior staff told us staffing levels had been reviewed after discussion with them at busy times of the day. However, some staff voiced concerns that where staffing levels had been reduced in some departments this was putting a strain on other departments. This was fed back to the provider who assured us no further staffing levels would be cut.

At our previous inspection on 28 April 2015 we identified the storage and stock control of medicines was not being maintained and recording of medicines administration was poor. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 7 October 2015 we found that the provider had followed the action plan they had written to meet the shortfalls in relation to Regulation 12.

People told us that they received their medicines on time. They said they were not rushed when taking their medicines. Staff told them what they were taking. We observed care staff giving medicines to two people. They did not rush each person and waited with the person until they had swallowed their medicines.

The storage room and medicines trolley were cleaner and tidier, which ensured medicines were stored in a suitable environment. Room temperatures and the medicines refrigerator temperature where medicines were stored were recorded daily. This ensured medicines were kept at the correct temperature and could be safely used. There was limited stock, which was kept in locked cupboards. All

Is the service safe?

unused stock had been returned to the pharmacy supplier when no longer required. A new system was in place to ensure staff accurately recorded what medicines had been received and which returned to the pharmacy.

An up to date reference book on medicines was available for staff to refer to, dated September 2015. We looked at 10 medicine administration record sheets (MARS). These had been correctly completed. Staff had recorded any allergies

people had and if their GPs' had changed the prescription. Also when a course of medicines had come to an end such as anti-biotics, which ensured people received the full course of treatment to help their health and well-being.

Since our last inspection all staff who administer medicines had undergone a refresher training course. Staff told us this had been useful to them. We saw details of the course in the staff training files.

Is the service well-led?

Our findings

At our previous inspection on 28 April 2015 we identified that there were no systems in place to ensure the quality of the service was being maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 7 October 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 17.

Since our last inspection the provider had introduced an auditing system which covered a wide range of areas; such as infection control and care plans. The provider and the manager were maintaining the auditing system until such time as a registered manager was employed.

People told us that they had been sent questionnaires to people who use the service since our last inspection, to obtain their views about the service. They told us they could voice their opinions at any time and felt valued. One person said, "I can speak to anyone any time." Another person said, "Staff do listen. They are lovely." We saw that a food questionnaire had been sent out to each person in May 2015 but only nine returned, out of 14. Changes to the menu had been made after suggestions had been noted.

In June 2015 the provider sent 15 questionnaires out to visiting professionals. Seven were returned. It had been suggested that an area of the home could be refurbished. This had been signed to say it had been completed.

We saw audits for accidents and incidents, for provider's visits, health and safety, safety checks of equipment and cleanliness. No actions were required, but staff told us that they were aware of how to record failings and to check when actions had been completed.

The maintenance book records daily problems which had occurred; such as light bulbs requiring to be changed. The person completing the actions signed the book when each one was completed. There was a maintenance programme in place. This described outcomes to be achieved; such as maintaining the internal décor of the building. The programme stated who was to complete each part, with time scales for some items. These included testing of lifting equipment six monthly and laundry equipment

maintenance monthly. Weekly checks had commenced for fire equipment and the water system for Legionella. We saw the records to support these were being recorded. Monthly fire drills were now being carried out. Staff told us new data sheets were available when new cleaning products had been purchased. This was to ensure they knew how to use them safely and what to do if an accident occurred.

The staff training planner had been reviewed. This ensured the provider was aware of staff who had completed specific topics such as manual handling and basic food hygiene. Staff told us there had been an improvement in the training programme. The supervision log was now up to date and recorded when staff had received their formal supervision sessions. The staff we spoke with had received supervision within the last year, and we saw on a supervision planner more had been programmed which was in line with the provider's policy.

Each person's care plan had been reviewed and there was a programme in place to review every three months. Staff and people told us they had been involved in the process. We looked at four care plans, each had been reviewed. These contained details of the reviews which had taken place and how people had been involved in planning their care.

A medicines audit had been completed by the local pharmacy since our last visit and any actions for improvement had been completed by the provider. The provider had commenced a system of internally auditing the medicines. Staff told us any actions were rectified immediately or explanation given.

A policy and procedure manual was now in use. This was easily accessible for staff to read. Staff knew where it was kept. A process had been commenced to review each policy at least annually.

There had been no formal complaints since our last visit. People told us they knew who to go to if they had concerns. They said they felt confident the senior staff would handle concerns in confidence. The complaints process was on display.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.