

Cheshire West and Chester Council

Sutton Beeches

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on the 24th and 25th of April 2015. The provider did not know we were visiting for the first day but was aware that we were visiting on the second day. Our last inspection in December 2013 found that the provider was compliant with our care standards.

This visit was in response to concerns that the Local Authority Quality team had had following a visit they had conducted.

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. At the time of our visit there were 26 people using the service.

The service has a registered manager who has been in post since October 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

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of our visit.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We spoke to six people who used the service. Comments were positive. People told us that they felt safe being supported by the staff team and that staff did everything they could to ensure that they received the support they needed to return home. People told us that they felt that the staff team cared about them and responded to them in a positive and helpful manner. This view was echoed by a relative that we spoke with.

However we found that people who used the service did not always benefit from living in a well maintained and home-like environment. Refurbishment to the decoration, fixtures and fittings were noted to present a potential risk to people.

Staff we spoke with had little understanding of the Mental Capacity Act 2005 and had not received training on this. We did not see any evidence in care plans that an assumption had been made that people had capacity to make decisions or steps that the registered provider needed to take if the capacity of people to make decisions was uncertain.

People considered that their medical needs were attended to. One person told us that they had been able to re-establish family links during their stay at the service and this had been supported by the staff team. We found that the registered manager had made improvements to the service since they were appointed as manager in October 2014. This included ensuring people's needs were met.

We saw that pre-assessment information was received and assessed by the service. A system had been introduced whereby the detailed needs of people were outlined in all aspects of the support they required were

assessed and then a decision made on whether admission was appropriate. This was in response to past occasions when pre-admission assessments received did not accurately reflect the actual needs of people. Once admission was agreed, the assessment information was translated into a care plan.

People who used the service did not always have care planning documentation that was person centred to them. Some care plans were generic in nature with general statements on how support was to be offered. Care plans did not include people being involved in their evaluation and were not presented in a format that took the communication needs of people into account. This was the case in respect of one person who had limited eyesight.

People knew how to make a complaint about the service they received. The registered provider had not received any complaints. The registered manager told us that they strived to deal with any concerns before they got to a formal stage.

The registered manager had been in post since October 2014. They told us that they were aware of the challenges they faced in respect of ensuring that the service met the needs of people. They had introduced a quality assurance systems relating to care planning, infection control, health and safety and medication. The registered manager had started to hold regular group supervisions with each staff team and had delegated supervisions to senior staff for care staff. The registered manager had recognised that the service had had experiences in the past of admitting people whose pre-assessment information was different from their actual needs. As a result they had introduced a system of reviewing pre-admission information from hospitals to ensure that people's needs were met.

Staff and people using the service made positive comments about the registered manager. People using the service said that the manager was approachable and well-liked. Staff welcomed the registered manager's approach to deal with issues they faced and felt that she was "dynamic" and had a clear vision.

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?

The service was not safe.

People who used the service told us that they felt safe with the staff team and had no concerns about their safety. However we found that the premises were not well maintained and repairs were needed to ensure that the building provided a homelike environment for people.

The staff team had been trained in safeguarding people and they were able to explain the actions they would take if they witnessed any abusive practice directed towards people who used the service

Medication systems were safe and regard had been made to people managing their own medication.

Requires Improvement



Is the service effective?

The service was effective

Staff received appropriate support for their role. Communication between staff members was good to ensure they were made aware of people's needs.

The nutritional needs of people were met

Staff had not received training in the Mental Capacity Act 2005 and lacked knowledge about how to apply it in relation to the people they supported.

Good



Is the service caring?

The service was caring

People who used the service told us that they that the staff knew them well and that they were supportive and caring.

People received care and support from staff and visiting professionals, in a way, which promoted their privacy, dignity and independence.

Good



Is the service responsive?

The service was responsive.

The registered provider had put measures in place to ensure that pre-assessment information was accurate before people were offered a service.

Care plans were not person centred and they were not made available in a format which people could easily access.

People's needs were assessed to ensure they could be met at the service.

People told us that they felt that their needs were met by the service.

Good



Summary of findings

People told us they knew how to make a complaint but had not needed to. The registered manager adopted an approach of dealing with concerns at an informal stage.

People were provided with opportunities to access activities of their choice although there were limited resources to support people with this.

People received care and support in a joined up way.

Is the service well-led?

The service was well led.

People who used the service and staff commented that the Registered Manager listened and was approachable.

A quality assurance system was in place to assess the quality of the service and this was on-going.

The provider took the views of people who used the service into account.

Good



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.

The inspection was undertaken by an adult social care inspector. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection, including notifications of incidents that the registered

provider had sent to us. We spoke with local authorities who commission care at the service and they reported no concerns or issues. We contacted Cheshire West Healthwatch. They told us that no visit had been undertaken by them and that they held no information about the service. 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.

On the day of our inspection, we spoke with six people who used the service and one relative who was visiting. We spoke with the registered manager and six members of staff. We spent time observing the support provided to people. We toured the premises and looked at all six people's care plans as part of our assessment of the quality of support provided. We also looked at other records relating to the support provided. These included staff and training files, medication records and other health and safety audits.

Is the service safe?

Our findings

People told us that they felt safe and comfortable with the staff team. No one had any concerns about the way the staff team supported them.

Whilst we saw that the building was clean and hygienic with no offensive odours, we found that some aspects of the environment were not maintained to an acceptable standard. The furniture and fittings in the service were outdated and were showing signs of wear. We saw duct tape masking a repair to a carpet, a ventilation fan in a bathroom not working, and some upholstery on armchairs ripped with the interior filling exposed. One bathroom was not working and although signs were in place to ensure that it was not used. Before our inspection we received a report from the local authority which suggested that this bathroom had remained out of order for the past month. There was no indication as to when this was to be fixed. The registered manager was aware of these and that they had been reported. We saw examples where pipework was exposed and where walls, doors and fittings were worn. We saw that a door to a cupboard containing lift machinery was not locked and the door was partially open. We alerted the registered manager to this and it was closed. While action was taken, we were concerned that this had happened in the first instance and carried a potential threat to the safety of people who used the service. We noted that the temperature in the building was very hot. This was an observation that staff also made. Some work was needed to ensure that the building provided a safe and pleasant place to stay and this was recognised by the Registered Manager.

This is a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not provided with a properly maintained and safe environment.

One of the aims of the service was to rehabilitate people back to their own homes, however, the lounge and bedroom areas did not present as a home-like environment. Information was placed on a notice board that was not relevant to people who used the service. It contained information in relation to business plans and

lifting and handling techniques. The registered manager recognised that the premises needed to be presented to reflect a temporary place of residence for people rather than as purely a rehabilitation unit.

Risk assessments were completed for the environment. These were up to date and had been included in the health and safety audits that the registered manager had completed. We also saw risk assessments relating to specific risks that people who used the service faced in their daily lives. Again these were up to date, relevant to the person and signed by them to confirm agreement.

We looked at the way the registered provider protected people from abuse. We spoke with five members of staff. All confirmed that they had received safeguarding training, and records confirmed this. We spoke to staff about the action they would take if they witnessed abuse being directed towards a person who used the service. Staff were able to give an account of the different types of abuse that there were and explained each step of the process for reporting abuse. We saw that documentation for reporting abuse was available to staff. We looked at our records. We found that where safeguarding concerns had arisen, the registered provider always informed us of these.

We asked staff about any concerns they had. No one had any concerns about the care that was being provided at that present time. Staff knew that they were able to refer to external agencies such as the Care Quality Commission and Local Authority if they had concerns about how people were being supported by the provider.

We looked at staffing rotas. During our visit we noted that the registered manager was on duty with senior care support, care workers and ancillary support. These included three senior staff, six care staff and on two units; two domestic staff. Catering staff were also deployed in the kitchen. Staff told us that staff shortages did occur but had been addressed by agency staff working in the service for some time. They told us that staffing levels never posed a risk to people who used the service. The registered manager told us that the use of agency should be minimised once staff had been transferred to Sutton Beeches from other Local Authority services. This was on-going.

We looked at how staff were recruited. We looked at five recruitment files. None of the staff had been directly recruited by the service but had been transferred to Sutton

Is the service safe?

Beeches from other services within the Local Authority. As a result no new staff had started work at the service outside of the Local Authority. We did find that staff had been recruited appropriately in the first instance.

We looked at how the management of medicines promoted the well-being of people who used the service. People told us that they always received their medication on time and that it was never missed. Some people told us that they had been able to self-administer their medication which they welcomed. Risk assessments had been completed to ensure that this was safe.

We saw that medicines were stored in lockable cupboards in people's bedrooms. This enabled medicines to be administered on a personal basis. We saw that medication records were accurate and contained no omissions. The registered manager had undertaken an audit of medication systems.

We saw evidence that medicines were appropriately disposed of when no longer needed. Staff had medication training in accordance with the registered provider's policy and their competency was checked annually.

Is the service effective?

Our findings

People we spoke with said that they were happy with the staff team and that the staff team were knowledgeable. They told us that the staff team knew what they were doing and that they met their needs. People told us that they were happy with the quality of food provided to them and could have an alternative if they so wished.

We asked staff about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their understanding of it. Mental Capacity is applicable to those people who cannot make some or all decisions for themselves. All care services have a legal duty to take this into account. Staff had no understanding of the Mental Capacity Act 2005 or when a deprivation of liberty would be justified. Staff confirmed that they had not received any training in this. We saw no evidence in the six care plans that an assessment of capacity had been made. This combined with the lack of staff training meant that there was no evidence that the registered provider had taken capacity into account.

All Staff told us that they had received training in a variety of topics. These included food hygiene, health and safety, manual handling, infection control and dementia awareness. We were able to verify this through training records. Staff considered that training was good.

We saw evidence that staff received individual supervision on a regular basis. This was confirmed through discussions with staff. We were able to see that the registered manager had held group supervisions with senior staff, the care team and ancillary staff. Staff also received annual appraisals and felt that this had been useful in enabling them to perform their role.

We looked at how the registered provider maintained the nutrition of people who used the service. We observed the activity that took place over the lunchtime period. We saw

that people were given a choice as to where they wanted to have their meals. During the morning, most people had remained in their own bedrooms. Lunchtime gave people the opportunity to socialise.

Meals were prepared in the main kitchen and brought upstairs to each unit in a heated trolley. Meals were hot when they were served to people. A menu was on display and people had had advanced notice of what was available. We observed staff making sure that everyone had sufficient portions and were comfortable. Not all people wanted to eat in the dining room. Some people wanted to have their meals in their bedrooms. Staff again made sure that everyone was offered a meal and went to great lengths to ensure this. We also saw that people were offered drinks throughout our visit.

We spoke with staff about people at risk of malnutrition. They identified one person who needed to have their intake of meals monitored and have their weight taken weekly to ensure that they were healthy. We saw that nutrition assessments had been completed and the person had been weighed in accordance with these assessments. We saw that where people had dietary considerations such as diabetes, steps had been taken to ensure that those people received the appropriate meals.

People who used the service told us of their plans to return to their own homes following the period of rehabilitation. They were able to outline clear steps that they had to take before going home. One person told us that they had received regular physiotherapy sessions and that these had equipped them well. They told us that they had felt physically fitter. Another person told us that they were about to go home and had felt that the service had helped them to achieve this goal. People felt fully involved in their rehabilitation process and had been provided with information as to which professionals they would see during their visit. Those who aimed for independence in their mobility, recommended exercises had been left with them to undertake.

Is the service caring?

Our findings

People who used the service were positive about the staff team. They told us “Staff are brilliant”, “They are helpful”, “I feel comfortable with the staff” and “They know what they are doing”. One relative told us that both they and their relation had been involved in every aspect of their support. They told us that they had a clearer indication of when the person would return to their own home and the timescale for this to happen.

We observed care practice through the day and observed lunchtime. We saw that staff were consistently respectful and friendly in their approach to people. At lunchtime we saw that people were informed about the meals available and staff made sure that those people who preferred to have meals in their rooms were catered for.

One person told us that during their time in Sutton Beeches, staff had enabled her to get back in touch with a family member. They felt that the staff team had taken not just their physical well-being into account but also had helped to reduce potential social isolation.

We witnessed many examples of staff explaining to people how they were to be supported during the day and asking them if that would be their preference. The nature of the

service is one which aims to increase the independence of people so that they can return home at some point. We saw that people were able to mobilise around the premises independently with walking aids or otherwise.

The privacy and dignity of people was maintained at all times. We saw that staff knocked on bedroom doors and waited for a response before entering. We saw that when visitors came to see their relations, that they were able to do this with no interruptions from the staff team.

Staff interacted with people in a respectful manner. They responded to what people wanted and when people requested staff help, this was given in a timely manner. The communication needs of people who used the service at the time were such that they would respond to verbal communication and there was no need for any specialist communication method to be used. We saw that for those who used wheelchairs, staff would sit next to them to talk so they could communicate effectively with people.

We saw people being able to make decisions for themselves. People, who were able to, could mobilise freely around the building. Staff offered people the opportunity to make decisions about where they wished to sit at lunch, where they wanted to have their lunch and whether they had sufficient portions to eat. Staff responded to call alarms in a timely manner throughout our visit and their work was centred on the needs of people.

Is the service responsive?

Our findings

People we spoke with told us that they were satisfied with the service and had not had to make a complaint about the support they received. They told us that they felt that the staff team responded well to any health needs they had and felt that progress was made at Sutton Beeches in preparation for returning home. People told us that they enjoyed activities provided although stated that resources for providing activities were limited.

We asked people about their care plan and whether they had seen it. One person told us that they knew where it was but left it to the staff and relatives to look at. Another person told us that they had limited sight and that they could not read their plan. Other people told us that they had seen their care plan and that they could look at it whenever they wanted given that it was in their bedroom.

Care plans were accompanied with assessment information outlining the medical needs of people and steps for people to be successfully rehabilitated to their own homes.

We found that care plans were not person centred and were generic. We found that a pre-populated care plan had been produced in the first instance which was then added to with additional actions required by staff. All care plans we looked at stated goals such as “to meet personal care needs and promote independence” and “to promote mobility”. We found other that there were general statements for people in respect of privacy and dignity, diet, social interests and medical needs. This meant that people who used the service did not have a care plan that initially had been centred on their specific needs. There was no evidence that the care plans reflected people’s preferences and we saw no evidence that people had been involved in the reviewing of care plans.

We recommend that the registered provider review the care planning process to enable people to be more involved in the review of their care plans. Care plans should be more person-centred so that the rehabilitation needs of people can be best met.

Sutton Beeches provided a rehabilitation service for those who had been discharged from hospital and were not yet ready to return home. The registered manager had introduced a system to ensure that staff could meet the needs of people and that they were operating within their

conditions of registration. A senior member of staff had been employed to look closely at assessment information they received from hospitals to ensure that staff could meet people’s needs. We spoke to the senior on duty that day who told us that the system had been helpful to ensure that people’s needs could be met. We saw that criteria had been set for potential new admissions and that people’s needs that could not be met would mean that the person would not receive a service. We looked at two pre-admission assessments that had been received by senior staff during the second day of the visit. These assessments provided evidence that the people had nursing needs and that these could not be met by the registered provider. Senior staff told us that this had been a welcome introduction because it meant that people could be confident that their needs could be met when they used the service.

We saw that the health needs of people were taken into account. Information was in place outlining the medical history of people and further evidence of any visits by medical professionals. A system is in place whereby GPs from a local surgery visited the service each day to deal with any medical issues that people had. During our visit we saw staff called an ambulance in response to concerns they had about a person’s health.

We looked at how the registered provider managed complaints. People we spoke with said that they were happy with the service and had not needed to make a complaint. A complaints procedure was available to people. We looked at complaints records and found that no complaints had been received about the service since we last visited.

The provider employed an activity worker for two days a week. People who used the service told us that they considered that the activities person did their best to work with them within limited resources. There had been times when due to short staffing, the activities co-ordinator had been required to work as part of the care team to assist. One person told us that they felt disappointed at times when this had happened as they looked forward to activities. We observed an activities session. This took place in a dining room area at a table and involved arts and crafts. The opportunity was also available at this time for people to chat and to socialise. The activities staff were able to prompt people into a reminiscence conversation about life when they were younger and this carried on with

Is the service responsive?

enthusiasm. One person told us that they wished to see activities expanded but understood there were limited resources as well as a time limit on how long they would be staying there.

The rehabilitation nature of the service is such that there is a need for the provider to ensure that other agencies involved in the rehabilitation process are liaised with effectively. Other professionals such as physiotherapists,

social workers and nurses were based within the same building as the service. This meant that co-ordination of care could be effectively arranged. We saw health professionals liaising with senior staff over issues as they arose. We also saw evidence of regular multidisciplinary team meetings during the week which outlined progress for each person.

Is the service well-led?

Our findings

People told us that the manager was approachable and felt that they were listened to. One person told us “The manager has got so much to do but she will get there”. Another person told us “The manager makes us feel involved”

Staff were positive about the manager and said that they considered the manager to be, “Dynamic”, “Has a clear vision of how the service will develop” and “She is limited in what she can do but she will do her best”. Staff told us that the manager was always available and that there was nothing that she would ask them to do that she would not do herself.

The registered provider told us about any incidents that had occurred which adversely affected the health and wellbeing of people who used the service.

We looked at how the registered provider assessed the quality of the support it provided. We saw that people had the opportunity to express their views on the service through questionnaires and had the information they needed to express concerns if they had received unsatisfactory support. Other part of quality assurance included work that the registered manager had done to assess and report on the quality of service being provided.

The registered manager showed us evidence of audits that she had introduced into the service. These audits were designed to ensure that the well-being of people was being promoted by the service. We saw health and safety audits had been completed. We saw other audits for infection control and menus which demonstrated that the registered manager had sought to include the views of people who used the service as well as maintaining their well-being. We were advised that an audit of care plans had commenced in order to assess whether the care planning process assisted with identifying and meeting people’s needs.

The registered manager had implemented a system to ensure that the registration of Sutton Beeches was maintained so that people’s needs could be appropriately met. Past experiences had shown that individuals had been admitted into the service who had nursing needs and that the admission was not appropriate to their needs. A system of scrutinising pre-admission information from referring agencies had been introduced by the registered manager and this had ensured that only people whose needs could come to use the service. Senior staff who had responsibility in this process welcomed this arrangement and told us that it had been a positive measure.

Staff told us that they had regular staff meetings and we saw evidence of these. The registered manager sought to meet with each group of staff such as ancillary staff, carers and seniors to gather their views about the service. We saw evidence that quality assurance questionnaires were made available to people who used the service. These were completed and sent to the provider although the registered manager stated that they did not always see the specific results of these just general trends.

We spoke to the registered manager about some of the deficiencies we had identified during our visit. They told us that these had been recognised and were subject to an action plan. It was recognised that there were issues that had been prioritised and that these would take time in implementing.

The service had been the subject of a visit by the local authority quality assurance team in the month before our visit. The visit confirmed many of the issues we had identified on this visit. We saw evidence that an action plan had been drawn up in response to this and that work had commenced to address the issues.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People using the service were not living in a properly maintained and safe environment. Regulation 15 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.