Bupa Care Homes (BNH) Limited

# Sutton Lodge Nursing Home

## Inspection report

87 Oatlands Drive
Weybridge
Surrey
KT13 9LN

Date of inspection visit:
12 February 2016

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23 March 2016

## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This unannounced inspection was carried out on 12 February 2016. Sutton Lodge Nursing Home provides nursing and residential care for up to 28 people. On the day of our inspection 18 people lived at the service. The accommodation is arranged over three floors and includes communal areas for people.

There was not a registered manager in place at the time of the inspection. 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 were assisted by the interim manager on the day of the inspection.

People's safety was not assured as identified risks of harm were not appropriately managed. A fire exit was blocked and staff had not always been trained to use emergency equipment. We recommend that steps are taken to ensure people's safety at all times within the service.

Other risks had been assessed and managed appropriately to keep people safe. One member of staff told us "I have the knowledge to keep people safe; it's about looking for dangers, like not leaving hoists raised where people could hit their heads." Evacuation plans were available for people.

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some mental capacity assessments had not been completed around specific decisions that needed to be made. However staff had a good understanding of their responsibilities under the MCA. We recommend that specific mental capacity assessments are completed for particular decisions that needed to be made.

People were not always cared for by staff that had all the appropriate training to undertake their role. There were gaps in training around challenging behaviour and dementia. Not all staff were up to date with their refresher training. However there were good practices from staff around the work that they undertook. None of the clinical staff had undergone one to one supervisions which gave staff an opportunity to discuss how they worked and what training was needed. We recommend that staff are provided with training to ensure that they are aware of best practice.

People did not always have a detailed care plan around their identified needs for example around diabetes and behaviour that challenges. However the care that people received from staff did reflect their needs. Staff had knowledge of people's needs and what care was required. We recommend that care plans are updated and detailed to reflect the needs of people that lived at the service.

People said that they felt safe at the service. One person said "I feel safe, there is always staff around." There

were sufficient members of staff deployed around the service to meet people's needs. One member of staff told us "I do think there are enough staff, the numbers are fine."

People's medicines were administered safely and medicines were appropriately stored. Staff were trained to administer medicines safely. Incidents and accidents were recorded with detail around what happened, how it was dealt with and what steps were taken to reduce the risk of this happening again.

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and staff had received training regarding this. Appropriate checks had been undertaken to ensure that only suitable staff were employed at the service.

People at risk of dehydration or malnutrition had effective systems in place to support them. Where people were at risk steps were taken to ensure that they received the most appropriate care. People did have access to a range of health care professionals and advice was sought from them when needed.

People told us that they liked the food that was provided. One person said, "If I don't like what's on the menu then I have a salad to my taste."

Although we observed occasions where staff could have been more caring and respectful on the whole staff displayed caring and dignified behaviour towards people. People told us that staff were caring.

People and relatives said that they were involved in the planning of their care and we found that care plans reflected people's wants and desires.

People participated in a range of activities that included meditation, games, nail painting, arts and crafts, seasonal events and entertainers. Other activities included a 'Zoo' lab where animals were brought in for people to touch. People told us that they enjoyed the activities.

There was a complaints procedure in place for people to access and complaints were dealt with appropriately. One person said "If I was unhappy about anything I would mention it to the carers but I've never had to."

Audits of systems and practices carried out were effective. Where concerns had been identified these were being addressed. Surveys and meetings took place to identify improvements that needed to be made.

Staff said they felt supported and listen to by the registered manager. Regular staff meetings took place and staff contributed to how the service ran.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Staff at the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Some risks to people were not managed effectively.

There were enough staff deployed at the service to meet people's needs.

People received their medicines on time and as prescribed. Medicines were stored safely. .

People told us they felt safe and staff understood what abuse was and knew how to report it appropriately if they needed to.

Safe recruitment practice was followed.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's human rights were at risk because the provider had not always followed the requirements of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately. However staff knowledge of MCA was good.

Staff did not always have the most up to date training to be able to meet people's needs.

People were provided with nutritious food and drink and people's weight and nutrition was monitored.

People had access to healthcare services to maintain good health.

### Is the service caring?

**Requires Improvement**

The service was caring however we did raise with the manager that on some occasions the staff could have been more caring.

We did see occasions where staff were kind and considerate to people.

People and relatives were consulted around preferences of care.

People did tell us that staff were kind and caring towards them.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive to people's needs.

There was not always detailed information available to staff about people's care needs. Changes in people's support needs were met.

There were enough activities that suited everybody's individual needs.

Complaints were dealt with appropriately and to people's satisfaction.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led . The service did not have a registered manager.

There were appropriate systems in place to monitor the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

Staff told us they felt supported and valued.

Notifications of significant events in the service had been made appropriately to CQC.

# Sutton Lodge Nursing Home

**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 in response to concerns raised with us, and 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 was an unannounced inspection which took place on the 12 February 2016. The inspection team consisted of two inspectors, a visitor from the Care Quality Commission and a specialist nursing advisor.

Prior to the inspection we reviewed all the information we had about the service. This included information sent to us by the provider about the staff and the people who used the service which included 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. We looked through notifications that had been sent to us by staff at the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with the interim manager, the regional manager, the quality manager, seven people that used the service, one visitor and five members of staff. We looked at eight care plans, three recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time. After the inspection we spoke with one health care professional.

We last inspected the service on the 16 December 2013 where we found all of our standards were met.

Requires Improvement

# Is the service safe?

## Our findings

There were some areas in which people's safety was not assured as identified risks of harm were not appropriately managed. We found that the fire exit corridor had been cluttered with wheelchairs and other equipment which made it difficult to walk around. We raised this with the interim manager who told us that this would be addressed straight away. However the Quality Assurance manager from Surrey County Council found that this had not been addressed the week after the inspection. Emergency equipment was available for people including rescue mats however staff told us that they had not all been trained to use the equipment.

We recommend that steps are taken to ensure people's safety at all times within the service.

Other risks had been assessed and managed appropriately to keep people safe. Equipment had been tested and maintained. to ensure that it was in good working order including hoists and wheelchairs. Where it had been identified that people required call bells we saw that this was done and were within reach of people. There were risk assessments in place for people in their care plans that included moving and handling, falls and skin care. Risk assessments were also in place around malnutrition and choking with clear guidelines on the action that should be followed by staff. Staff were knowledgeable around the risks to people. One member of staff told us "I have the knowledge to keep people safe; it's about looking for dangers, like not leaving hoists raised where people could hit their heads." Another told us "We need to be aware of the risk of people falling, we would use sensor mats where needed and ask people to call us if they want to walk around."

Appropriate plans were in place should an emergency occur, such as the building being flooded or a fire. There was a service contingency plan which detailed what staff needed to do to protect people and keep them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

People at the service said that they felt safe at the service. One person said "I feel safe, there is always staff around." People's needs were being met because there were sufficient members of staff deployed around the service. The interim manager told us that although they were still recruiting to some posts, any gaps were filled with agency staff. They told us that they tried to use the same agency staff so that there was consistency in people's care. They told us that two nurses and five carers were required in the mornings, one nurse and four carers in the afternoon and one nurse and two carers at night. We saw from the rotas that these levels were always maintained. One member of staff told us "I do think there are enough staff, the numbers are fine." Another member of staff said "There is enough staff here, there is sometimes a bit of a wait but we go and explain to people." We saw that people received care quickly from people when they needed it.

People's medicines was administered safely and medicines were appropriately stored. The medicine room was observed to be clean and well arranged. There was a record of the room and fridge temperature check

that ensured that medicines were kept at a safe temperature. There were medicine administration records (MAR) for each person that were signed with no gaps. The MAR charts included the name of the person, a photograph, details of any allergies and their date of birth that helped to ensure the correct person was getting their medicine. We observed two medicine rounds on the inspection. We found that people were told what their medicine was and given time to swallow their medicine before the member of staff left them. For people that had PRN (as required) medicine there were guidelines in place for staff.

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said "I would report (concerns) to the manager what the allegation was, then if needed, tell the local authority safeguarding." Another member of staff said "I would report it straight away or use the whistle blowing policy. The manager tells the safeguarding team but if they weren't around we would go straight to them ourselves." There was a Safeguarding Adults policy and staff had received training regarding this.

In other areas people's safety was maintained as appropriate. Checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment files contained a check list of documents that had been obtained before each person started work. Documents included records of any cautions or convictions, evidence of their conduct in their previous employment, evidence of the person's identity and full employment history.

Incidents and accidents were recorded with detail around what happened, how it was dealt with and what steps were taken to reduce the risk of this happening again. One person had a fall and with their agreement a sensor mat was put in place to alert staff when they got out of bed. One member of staff said "If an incident occurred I would use the call bell to get a nurse and stay with the residents, I would then complete an incident form and ensure the right authorities are told if needed."

Requires Improvement

# Is the service effective?

## Our findings

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Most people at the service had capacity and there were full assessments of their capacity in their care plans. However for those that lacked capacity the assessments were not specific around the particular decisions that needed to be made. For example one person was resistant to personal care and there was no specific capacity assessment around whether they had the capacity to consent to having their personal care. Applications had been submitted to the local authority around people's liberty being restricted, this included people's capacity to consent to living at the service.

Staff had a good understanding of their responsibilities under the MCA. Staff were able to describe what MCA meant. One member of staff said "You go by the act (MCA); you can't assume that people don't have capacity, still give people an informed choice. If people don't have capacity you need to have a best interest meeting to make decisions." Another member of staff said "It's to protect people who are unable to make a decision for themselves." We heard staff ask people for consent on the day of the inspection.

We recommend that capacity assessments are carried out for specific decisions that needed to be made.

People were not always cared for by staff that had all the appropriate training to undertake their role. We were told by staff that there was no training around dementia and behaviour that challenges despite there being people at the service with this. We were told by staff that there were three people at the service living with dementia and one person whose behaviour was challenging at times. They told us that they would like to understand better how to care for people living with dementia. One member of staff said "We have asked many times about challenging behaviour training, staff find it difficult to know how to deal with it. We have had a booklet about dementia but we need more than that." Another member of staff said "I haven't had training around dementia since being back and I would like this, we have been told that training is on hold." Clinical training was not up to date with staff. One member of staff told us "I am waiting on training for wound care, I want to learn more, I have felt the difference with the recent changes as (the training) is not available as it used to be."

We asked for evidence of when nursing staff had training however we were told by the interim manager that there had not been any recently and that this was being arranged. We looked at the mandatory training schedule and found that staff were not always up to date with their refresher training according to the service requirements. Only 53% were up to date with basic food hygiene training and 61% were up to date with safeguarding training.

We recommend that staff are provided with training to ensure that they are aware of best practice.

Despite this we found that there were good practices from staff around the work that they undertook. At the time of our inspection there was no clinical lead at the service who was undertaking assessments of the nurses' skills however the nurses displayed good knowledge and skills around the clinical care that they provided. All other staff had undergone one to one supervisions which gave staff an opportunity to discuss how they worked and what training was needed. One member of staff told us "(Their senior) can tell me if I'm not doing something right, it's a chance for me to reflect on my work."

People at risk of dehydration or malnutrition had effective systems in place to support them. The chef told us that they were aware of people's nutritional and hydration needs. There was a large white board in the kitchen with details of people's allergies, whether they were on a soft or pureed diet, whether they required extra calories and people's particular dislikes. This information was updated regularly with staff. The chef told us that they visited each person when when moved in to talk to them about what they liked to eat. People had a choice of meals each day and if they didn't like either of the choices they could ask for an alternative. One person on the day of the inspection had a separate meal to what was on offer as they preferred this. People on soft or pureed meals also had the choice of two meals each day. People had special cutlery and plates to help them eat independently. People had assistance from staff to eat their meals when they needed. The chef told us that people were asked in advance what they would like to eat but for those who may forget they were given a choice at meal time.

People told us they liked the food that was provided. Comments included "I'm a very difficult person with food, if you don't like something you can choose something else" and "The food is good" and "If I don't like what's on the menu then I have a salad to my taste."

People were weighed regularly to ensure that their weight was at a healthy level. Where people were losing weight, health care professional advice was sought. One member of staff told us "We follow the advice of the SALT (Speech and Language Therapist); we follow their advice with food. One person requires weighing daily and we always observe people's fluid intake." Throughout the inspection people had drinks offered to them and drinks were within reach in people's rooms.

People did have access to a range of other health care professionals, such as the GP, dietician, SALT team and tissue viability nurses. The GP visited regularly and people had been referred when there were other concerns with their health. One person told us "The doctor comes every week; I'm on antibiotics because I had a noisy chest, and I'm feeling better now." Another person told us "I had an upset stomach this week and staff supported me to get better."

Requires Improvement

# Is the service caring?

## Our findings

There were mixed responses from people and relatives and how kind staff were. Comments included "Most of the staff are nice, but they keep leaving", "Most of the staff are all right, a few I don't get on with" and "Staff are not too bad, they are up to standard, I can't moan." One person told us "The staff in uniform don't talk to us that often, especially the men." One relative told us that staff were caring and compassionate.

There was an occasion during the inspection where staff were not as caring as they could have been. One person was asking to use the toilet, they asked a member of staff several times. The member of staff appeared impatient and was heard to sigh on several occasions. The person said "I want to spend a penny." The member of staff was dismissive of the person and responded "You have a catheter." We raised this with the interim manager who went and spoke to the member of staff.

We saw several examples of staff being caring during the inspection. One person during lunch said that they were not hungry. A member of staff told them not to worry and that they could eat their meal whenever they wanted, the member of staff held the person's hand and reassured them. On another occasion we heard two members of staff asking the person in their room if they were happy with what they were doing and explained why they were doing it. Another person became agitated in their room; we saw a member of staff go to the person to reassure them and offer them a drink, which they brought back to them straight away. We saw a member of staff offer someone a tissue when they were coughing and put their arms around the shoulders of the person to offer comfort. On another occasion staff ran a bath for someone and asked them if they wanted their special bubble bath. One member of staff told us "I like the care job, I am fulfilled by it, and it's a very friendly home with a nice atmosphere."

On the whole we observed staff treated people with dignity and respect. There was one occasion where a member of staff was seen vacuuming a person's room whilst they were in there eating their meal. We raised this with the interim manager who said that this was not acceptable and went and spoke to the member of staff. There were good examples of staff being respectful. Staff closed doors when giving personal care and knocking on people's doors and waiting before entering. We saw staff hand people their unopened post to open. One member of staff told us "If people need help then I will do this discreetly."

We asked staff how they would treat people with respect and dignity. One told us "I don't wash or shower people with the door open; I ensure they are covered when hoisting them in case their clothing moves and I give people choices." Another member of staff said "I always cover people up when giving people personal care."

People's and relatives' views around their care were sought and recorded by staff. There was information about people's choices, likes and dislikes. One care plan stated that the person wanted their personal care at specific times unless they asked otherwise and this was adhered to. Parts of the care plan detailed where the person wanted their perfume sprayed and what jewellery they wanted to wear which matched with what the person told us on the inspection. There was information around people's history and what interested them. One person liked cats and staff brought the person a toy lap cat that moved and breathed which the

person had on their bed.

People were supported to be as independent as they could be. One person had been given a 'grab' stick so that they could reach objects around them without the need to always call staff which the person appreciated. Another person carried their phone around with them so that they could contact their family members when they wanted. Another person was assisted by a member of staff to call their relatives. Relatives told us that they were always welcomed at the service.

Requires Improvement

# Is the service responsive?

## Our findings

There was a risk that new staff may not have the most up to date and appropriate guidance for people who lived at the service. People did not always have a detailed care plan around their identified needs. There were people at the service who had diabetes however there was no guidance in their care plans around what the safe blood sugar levels were. There was no detail around the signs to look out for should they become unwell. There was no plan in place should the person become unwell. Another person had a behaviour that was challenging and although a health care professional was consulted about their care the advice from this was not reflected in the person's care plan. Another person had been admitted on the 4 November 2015 and there was no detailed care plan in place for this person. The provider used a lot of agency staff and there was a risk that they may not understand the needs of all of the people who lived there.

Despite this the care that people received did reflect their needs. Staff had knowledge of people's needs and what care was required. The assessment and management plan for wound care was comprehensive. For example in the wound care folder, there were detailed guidelines which described the wound's appearance along with photos of how the wound was changing. There were care plan for pressure ulcer prevention. Repositioning charts and skin care plan were up to date for people who were being cared for in bed. All necessary equipment was being used to relieve pressure on sores for example pressure mattresses. One member of staff said "With pressure care we can make sure the person's position is changed and we record this." Information about people's care was shared between staff at staff handover and throughout the day. Staff told us that the senior on duty would share information with them about people's needs changing.

We recommend that care plans are updated and detailed to reflect the needs of people that lived at the service.

There were activities coordinators employed at the service who undertook activities with people. In addition to this people in their rooms would also have one to one sessions with the activities coordinator. One person told us "I can do things I'm interested in." Another person said "I never get bored; if the activities coordinator isn't here I can do some painting." We saw that people participated in a range of activities that included meditation, games, nail painting, arts and crafts, seasonal events and entertainers. Other activities included a 'Zoo' lab where animals were brought in for people to touch.

There was a complaints procedure in place for people to access. One person said "If I was unhappy about anything I would mention it to the carers but I've never had to." Another person said I don't have many complaints, If I do I mention it to the person in charge and they usually put things right."

We were provided with copies of complaints and how these had been addressed. All of the complaints had been addressed. One relative complained about aspects of their family member's care. The regional manager met with the relative and resolved their concerns. Steps were taken to remind staff about the care the family member needed.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager. The previous manager who was not registered with the CQC had left the service in the weeks leading up to the inspection. We were supported by the interim manager. The service had been without a registered manager since 6 August 2015. Despite this people and staff told us that they were happy with the management of the service. One member of staff told us "It was scary for a day or two when we had no manager or deputy but better now." Another member of staff said "Having no long term manager has not impacted (on the service); all of the (interim) managers have been good."

People's and relative's comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys, discussions about the food and meetings to gain people's views. We saw that where suggestions had been raised to improve the quality of the service these were addressed where possible. On the last survey the only concern raised was the quality of the food. We saw that steps had been taken by the chef to produce more interesting meals for people including curries and homemade cakes. We saw that residents/relatives meetings had been arranged which gave people the opportunity to discuss any changes that they would like to see. We saw that a further meeting had been arranged for April 2016 and invited people's views on the activities and how better to use the communal areas.

Staff received annual appraisals where performance over the year was discussed and further training and development was encouraged. One member of staff told us that they were encouraged to develop at the service which they appreciated. The service was well organised and the atmosphere was calm. Staff said that they felt valued and supported. One member of staff said "The management changes haven't affected us as we are a team that care, the last few managers have been very supportive." Another member of staff said "It is very open here, I believe if I don't ask I won't get, this is my second family." Staff told us that they saw the manager on the floor all of the time. We saw that the senior staff were present and visible around the service throughout the inspection. The interim manager told us that more work was being undertaken to look at good practice at neighbouring BUPA services to improve the quality of the care at Sutton Lodge.

We saw audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. Each month the quality manager would look at medicines, staffing levels, health and safety and housekeeping. Action plans had been devised to address shortfalls with the details of who was responsible for this. For example it was identified that there were gaps in the MAR charts which had now been rectified. In addition to this there was an action plan of improvements around the layout of the service and how to utilise the space more for people. There was a an audit taking place on the day of the inspection which highlighted the need to some care plans to be reviewed and more detailed care plans put in place. The interim manager explained that with the absence of a permanent manager in the service the senior staff had been behind with paperwork which was now being addressed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Staff at the service had informed the CQC of significant

events in a timely way. This meant we could check that appropriate action had been taken.