

Macc Care (Boldmere) Ltd

Sutton Rose Care Home

Inspection report

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Date of inspection visit:
07 July 2021
08 July 2021

Date of publication:
24 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sutton Rose is a care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 85 people. The accommodation is organised into three floors, each with its own communal areas.

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

Audits were carried out by the management team and the provider, but they failed to ensure medicines were always safely managed, care records were accurately completed, and CCTV was used in line with current CQC guidance.

People did not always receive their medicines as prescribed. People had personalised care plans and risk assessments which gave staff the information needed to safely manage the risks associated with people's care. However, the consistency and quality of health and care monitoring records required improvement.

There was an overt surveillance CCTV system fitted in bedrooms within the home. The registered provider told us it was primarily to protect the safety of people and footage was only viewed if an incident or serious fall occurred. Full consideration had not been given to ensure people's privacy in their bedroom had been fully assessed.

People said they felt safe living at the home. Staff had received safeguarding training and were aware of their responsibility to report safeguarding concerns. The provider had systems in place to manage concerns of a safeguarding nature.

The environment was safe and well-maintained. The home was clean and effective infection prevention and control measures were in place.

Staff were visible around the home and were readily available to support people when needed. We observed kind and caring interactions between staff and the people who lived at the home. The registered manager had a good rapport with people living at the home and staff.

Staff had the skills and knowledge to meet people's needs. Balanced and nutritious meals were served, and people were complimentary about the quality of the food.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to.

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

Rating at last inspection

This service was registered with us on 9 December 2020 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring and well led relevant sections of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Sutton Rose Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and a nurse specialist professional advisor (SPA). An expert by experience also spoke with some relatives on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sutton Rose is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced; however, we gave notice of the inspection when we arrived in the car park because of the risks associated with COVID-19 and to ensure everyone remained safe during our inspection site visit.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including the director of regulation, registered manager, nurses, care workers, house keepers and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and due to COVID-19 we reviewed several records off site.

Following feedback provided during and after the inspection, the provider informed us they had started to address the issues raised.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always protected from the risks associated with medicines.
- People did not always receive their medicines as prescribed. For example, records showed us two people had not received some of their prescribed medications for several days. We raised this with the registered manager who, after speaking with the clinical lead explained the pharmacy had not been able to supply some medicines for people. Although efforts had been made to chase this up, this had not been sufficiently escalated and staff had not checked with GPs promptly to assess the level of risk to people who had not received their medication.
- Safe practice around the use of sharps boxes (disposal of needles) was not always adhered to and was not in line with National Institute for Health and Care excellence (NICE) guidelines.
- There was no chart to record that daily checks were taking place of pain-relieving transdermal patches to record that the patch was still in situ.
- People's medicine administration records (MARs) were not always appropriately completed as there were some gaps where staff had not signed the record. We noted that a recent audit had identified this issue and supervision had taken place with nursing staff to try and ensure records were signed correctly.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to the issues raised and has informed us of new systems being introduced to help address the issues identified.

Assessing risk, safety monitoring and management

- Monitoring records to support people at risk of skin damage and dehydration were inconsistent. Records did not show people were receiving support in line with their care plans. Staff told us repositioning did take place and in one example we saw evidence that a person's pressure damage sustained in hospital was healing.
- Following our inspection the Clinical Commissioning Group (CCG) shared they had received some concerns about the service regarding poor wound care and re-occurrent falls. These concerns were being looked into.
- Staff that we spoke with were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- One person told us they felt very safe when staff assisted them to move using equipment.

- Relative's told us they felt their family member was safe at the home. One relative told us, "No doubt. We feel – fine. Care management is good." Another relative told us, "No qualms. Safe and well looked after."
- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff were visible around the home throughout our inspection and people who needed assistance were promptly supported by staff.
- The majority of people and relatives told us they felt there were enough staff at the home. One relative told us, "I do think there are enough staff. Always got time for us as a family. You don't feel you're an inconvenience".
- One person told us there was sometimes a delay in staff responding to their buzzer. Where a couple of relatives indicated staffing could be improved this related to staffing levels at weekends. Sampled rota's indicated there were usually the same ratio of care staff working on weekends compared to weekdays.
- The majority of staff told us there were sufficient staffing to meet people's needs. One staff told us, "There are no issues with staffing." Another member of staff told us there had been some shortages of staff previously but that these had been resolved.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home. One person told us they had been involved in an incident with another person at the home. They told us staff had provided lots of reassurance and were now very quick to respond to prevent similar occurrences.
- Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.
- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the provider had appropriate systems in place to manage concerns of a safeguarding nature.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- The provider had systems in place to ensure appropriate action was taken in response to any accidents and incidents. This information was regularly reviewed by the registered manager to ensure lessons were

learned and steps taken to prevent recurrence, when necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and we saw that staff tried to obtain consent before delivering care.
- DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment. Unfortunately, not all staff were aware that an individual had a DoLS authorisation in place. This meant not all staff were aware of approved restrictions in place.
- Best interest reviews had been completed although discussions around whether this was the least restrictive option were not recorded robustly.
- For some people, their relatives had consented to the use of CCTV in bedrooms. We asked for evidence for two people that their relatives had the right legal authorisation to consent on the person's behalf. We were informed it was the usual practice to obtain evidence to show this but in these cases copies of the legal authority documents had not been retained.
- Following the inspection we were informed the CCTV had been turned off.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people coming to live at the home an assessment of their care needs was carried out to ensure they could be supported and cared for safely and effectively. One relative told us, "I'm very pleased with the way they've handled the transfer for my (relative) and for me".

- People's current needs were regularly assessed but one person had a percutaneous endoscopic gastrostomy (PEG) fitted. Records completed by nursing staff did not evidence this person always received expected care of the PEG in relation to cleaning and rotation.

Staff support: induction, training, skills and experience

- People and the relatives we spoke with, told us staff had the skills to do their job. One relative told us, "Well trained? From what I've seen they're fine". Another relative commented, "The staff are well trained".
- Records showed that most training deemed mandatory by the provider for staff to carry out their role was up to date.
- Staff received an induction when they first started working in the home. One staff member told us, "I had a week's induction, it was really good."
- Following our inspection visits we received a whistleblowing concern regarding training and induction arrangements at the home. We passed this to the provider to investigate.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that drinks and snacks were available to people throughout the day. There were enough staff supporting people to eat at lunchtime so that everyone had the help they needed.
- People were positive about the food provided and told us they received a choice. One relative told us, "They create the food (relative) has always enjoyed having".
- Where people had specific dietary requirements, staff knew these and could support people accordingly. One relative told us, "Food is pureed. You would think it was a proper meal. Presented lovely. Smells lovely. Tray with proper china. Bring a drink in a cup and saucer."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who were aware of their healthcare needs. Care plans included information about the person's health conditions and oral healthcare.
- People had access to visits from external healthcare professionals such as GPs, dieticians and speech and language therapists. Records showed that people were referred to specialist teams when required. One person told us, "If I'm unwell, they get a doctor."

Adapting service, design, decoration to meet people's needs

- Consideration had been given to help meet the needs of people living with dementia. The registered manager told us that as it was a new building, they were compiling a list of any issues that needed to be improved.
- People's bedroom doors had personalised pictures to help them find their rooms and walls were decorated in neutral colours to create a calm environment.
- The building was decorated to a high standard and all rooms had en-suite bathrooms and air conditioning to make people feel comfortable.
- The home had a range of facilities for people to use including a hairdressing salon, gym, cinema room and an attached bistro.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- There was an overt surveillance CCTV system fitted in bedrooms within the home. The registered provider told us it was primarily to protect the safety of people and footage was only viewed if an incident or serious fall occurred.
- Full consideration had not been given to ensure people's privacy in their bedroom had been fully considered. A Data Protection Impact Assessment (DPIA) had not been completed.
- In one instance, CCTV footage had been shared with a person's relative without recorded evidence for the rationale of this.
- People told us their privacy and dignity were respected. One person told us, "Staff always respect my privacy and attend to me with dignity." We saw throughout the inspection that staff knocked on bedroom doors before entering.
- One relative told us, Relative) likes to be showered, clothes cared for nicely. Lovely to walk in and see (relative) in clean shirts, lovely."
- People were supported to maintain their independence. One person told us, "They [staff] support with my personal care but I shave myself." A relative told us, "They encourage independence. It's taking the time to care."

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions between staff and people. Staff showed compassion and were patient with people when they were upset or distressed. We saw staff reassuring people and explaining the support they were giving.
- The majority of relatives confirmed staff were caring. One relative told us, "(Relative) finds the hoist scary. I was there when they were using the hoist. The staff were very reassuring." Another relative commented, "Nothing I could fault. Care is exceptional."
- Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, preferences and interests so staff could consider people's individual needs when delivering their care. This helped staff to respect people's individuality and diversity and understood how past experiences could affect their responses now.

Supporting people to express their views and be involved in making decisions about their care

- People did have the opportunity to make some choices such as at mealtimes, where they wanted to sit and whether they wanted to join in with the activities that were on offer.
- We saw examples of where people who had capacity had been consulted if they wished to have the CCTV

in their bedroom turned on or off.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly, although it was not always recorded if people had been involved in the review.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and gave an example of how information had been provided to a person in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were activities organised on the days of inspection that some people enjoyed, and we saw that people had a choice of whether to join in.
- One relative told us, "Excellent activities. They put effort in trying to engage [with people]."
- People told us they had been supported to maintain contact with family or friends during COVID-19 restrictions. One person told us, "My family visited, and I saw them in the pod, but I can now have visitors in my room."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "I feel I have a great rapport with staff so can raise any issues if I need to."
- We looked at one complaint that had been handled through the provider's complaints procedures. This had been investigated and outcomes recorded.
- Following our inspection visits we received a whistleblowing concern relating to a number of alleged issues at the home. We passed this to the provider to investigate. They responded appropriately and provided a response to the concerns raised.

End of life care and support

- End of life care plans had been completed and included personalised information about peoples wishes in the event of their death.
- Some people were receiving end of life (EOL) care at the time of our inspection.

- We looked at the EOL care one person was receiving. They were receiving good care and support and the provider was working well with other professionals to ensure people were as comfortable as possible.
- Following our inspection, the Clinical Commissioning Group (CCG) shared they had received a concern regarding EOL care that they were looking into.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a system in place to ensure the use of the CCTV was in line with CQC published guidance or related legislation. There had been no audits completed of its use or records kept showing the rationale when CCTV recorded images had been viewed.
- A system was in place to audit medicines, but this had not been effective in identifying some issues we found on inspection.
- The consistency and quality of record keeping required improvement. Whilst systems were in place to audit care plans and risk assessments there was no audit system for fluid and repositioning charts. Therefore, the provider had not identified gaps in these records.

The failure to monitor the service effectively was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

- Following our inspection, the provider informed us of actions they were taking to improve. They also informed us a decision had been made to turn off the CCTV pending further legal advice and publication of revised CQC guidance.
- Following our inspection, we were informed of a change in the management arrangements at the home as the registered manager had submitted an application to cancel their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they attended team meetings and the management team was approachable if they needed to raise concerns.
- The majority of relatives told us the registered manager was approachable and communication was effective. One relative told us, "From day one of contacting the manager, they rang back early evening, took his own time and was easy to talk to. We hadn't been used to that. This is just fabulous". A minority of comments indicated that communication about their family members well-being could be improved.
- Some systems were in place to seek feedback from people. For example, the chef told us they regularly spoke to people about their views on the meals provided.
- The nominated individual told us that as it was a new service, they had not yet completed an annual survey to seek people and relative's views on the service. This was scheduled to take place soon and would

be used to inform any improvements needed.

Continuous learning and improving care

- There were clear plans in place to address areas for improvement that had been identified by audits and checks. Plans included records of action taken.
- The registered manager and management team were open and transparent during the inspection and demonstrated a willingness to listen and improve.

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

- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so we can take any follow up action needed. The provider had ensured we had been notified as required of incidents.

Working in partnership with others

- The service worked in partnership with social workers, physiotherapists and other health care professionals and relatives to ensure people were getting the care they needed.
- The service had good links with the local community and hoped to develop this further (COVID-19 restrictions permitting).

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from the risks associated with medicines.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and quality assurance systems and processes were not sufficiently robust or effective. Audits were carried out by the management team and the provider, but they failed to ensure medicines were always safely managed, care records were accurately completed, and CCTV was used in line with current CQC guidance.