

Barchester Healthcare Homes Limited

Sutton Grange

Inspection report

Greaves Hall Lane
Southport
Merseyside
PR9 8BL

Tel: 01704741420

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sutton Grange is a residential nursing home providing accommodation for people who require nursing or personal care and treatment of disease, disorder or injury for up to 70 older people, people with a physical disability, younger adults or people living with a dementia. At the time of the inspection 44 people were living at the service and a further 6 people visited the home for day care support. The service was purpose built over two floors with lift access to the first floors. There were four units in the service, Red house and Blossom Walk which supported people with residential care needs and, Silver Birch which supported people with nursing care needs. The Woodlands unit which supported people with nursing dementia needs had recently opened following the removal of conditions from the registration of the service. All units of the service had access to outside space. The service was situated in a small residential area in Banks close to the outskirts of Southport. Parking facilities were available.

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

We received mixed feedback about the staffing numbers in the service. A senior member of management undertook a full review of the staffing required. We made a recommendation about this. Safe recruitment practices were in place. People and relatives told us they felt safe in the service and staff had undertaken training. Medicines were being managed safely and people's risks were considered. The service was clean and tidy and had been developed to support the needs of people living there.

A range of training was provided to ensure staff had the knowledge and skills to support people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Records confirmed people's consent had been obtained. We observed a positive dining experience. People were offered a choice of meals according to their likes and needs.

People were positive about the care they received. People were supported to be involved in decisions and were treated with dignity and respect. Care files contained good information about people's individual needs, and these had been updated. A range of activities were provided to people both in the service and in the community. Complaints were investigated and acted on appropriately.

Positive feedback was received about the registered manager and the changes made in the service. Team meetings were being undertaken with all members of the staff team. Evidence was seen that the service worked well with relevant professionals to improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2018). Since the last inspection the Care Quality Commission has lifted the conditions on the registration for Sutton Grange with

the Care Quality Commission imposed earlier.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sutton Grange

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.

Inspection team

The inspection team consisted of two inspectors, a specialist nurse advisor and a specialist pharmacy technician; as well as two Experts by Experience. 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 Grange 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.

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.

What we did before the inspection

Prior to our inspection we looked at all of the information we held about the service. This included any feedback, concerns, investigations or notifications which the provider is required to send to us by law. We also sought feedback from a number of professionals who had experience about 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

During our inspection we spoke with 14 people who used the service and eight visitors. We also undertook observations in all areas of the service. We spoke with 18 staff members. These included, housekeeping, the chef, the activities team, care staff, nursing staff, the providers dementia specialist visiting the service, the regional director, the divisional clinical lead and the registered manager who took overall responsibility for the service.

We reviewed a number of records. These included seven care files and associated records, medications administration records, three staff files, supervision and training records and duty rotas. We observed the daily meeting held with the heads of department in the service and we reviewed a range of records in relation to the operation and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service had ensured safe recruitment practices were in place. Some concerns were identified in relation to the staffing numbers in the service.
- We received mixed feedback about the staffing numbers in the service. People told us, "There's always somebody [on the staff] around nearby and you could get somebody quickly [if you needed assistance]." Relatives told us, "I think there are enough staff on duty and you see the same staff. At meal times, staff are in the dining room, helping people." However, others said, "There is not enough staff"
- Staff told us, "There are not enough staff on duty as many have complex needs. Sometimes it can be 12 midday before people are got up. We make sure people don't miss their meals, but it is a struggle to get through everything." However others said the units were well staffed and that there generally seemed to be enough people on duty to manage each shift.
- We looked at the duty rotas for all of the staff team and saw that staffing had been allocated to each unit in the service. However we noted some shifts where staffing was lower than other days. One of the units supported people where higher levels of support from the staff team was required. We noted some shifts where staffing levels would need to be reviewed to ensure there was enough staff in place to ensure people's needs could be met. We discussed this with the registered manager who told us this was a result of staff sickness. Where the service used agency staff these were the same staff team to support consistency.

We recommend the provider considers current guidance on assessing the staffing levels, staff allocation and deployment and take action to update their practice accordingly.

- Following the inspection a member of the senior management team undertook an urgent review of the staffing numbers in the service. They told us of their findings and confirmed the monitoring of staffing numbers and deployment of staff in the service was ongoing and would be adapted as required.
- Safe recruitment practices had been developed which ensured only people suitable for their role were employed. Relevant checks were completed including, completed application forms and referencing from previous employers.

Using medicines safely

At our last inspection the provider had failed to ensure safe systems were in place for the management of medicine. These were not robust, and a person missed medicines as a result. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to ensure that medicines had been managed safely. People and their relatives raised no concerns in relating to their medicines. Comments included, "Yes [I get my medicines when I should] and the staff keep the records" and "Everything [regarding medication] is okay; no problems." Staff told us and records confirmed medicines training and competency checks had been completed.
- Policies and procedures were in place and provided staff with guidance to manage medicines. We noted that the policies would benefit from more detailed information to ensure they reflected current nationally recognised guidance. The registered manager took immediate action to ensure the provider could update the policy. Staff told us, and records we looked at confirmed medicines training and competency checks were undertaken.
- Medicines were ordered and stored safely and temperature checks on storage rooms and fridges were undertaken. Medicines administration records were completed which confirmed people received their medicines as required. Where gaps were seen we noted that medicines audits were being undertaken which would identify any shortfalls in medicines management and enable the registered manager to take action on these.
- As required medicines protocols were in place. Whilst most of these contained good information some records would benefit from more person- centred guidance. The registered manager confirmed they would take immediate action to review all people's as required protocols to ensure they reflected people's individual needs.
- We observed the medicines round for some people. We saw in the main that most people received their medicines safely. However we noted one person's medicines were left on their table for them to take. We discussed this with the registered manager who provided evidence of the actions taken and risk assessments in place to monitor the safe administration of this person's medicines.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had developed safe systems which ensured people were protected from abuse. Detailed records confirmed any allegations of abuse were investigated and actions had been taken as a result of these. Records included information about appropriate referrals including notification submitted to the Care Quality Commission.
- Staff we spoke with understood the actions to take if abuse was suspected. Comments included, "I would refer to [registered] manager, the Care Quality Commission, Lancashire county council and the police [if needed]."
- People and relatives were confident that people were safe in the service. People told us, "My [family member] knows I'm safe when I'm here; I feel relaxed and confident when I'm here." Relatives told us, "We absolutely feel that [my relative] is safe because their room is well-maintained, every little moan and groan they have is attended to and their medicines are well-managed."

Learning lessons when things go wrong

- The registered manager had ensured systems were in place which supported lessons learned. Incident and accident records included any outcomes taken as a result; as well as any referrals to professionals where required. A 'lessons learned' file have been developed which detailed the actions taken to learn from incidents and events and confirmed these were being shared in a number of formats with the staff team.

Assessing risk, safety monitoring and management

- The service had ensured good systems were in place to assess and monitor risks effectively. A range of individual risks had been completed which identified the risks for people and how to manage these safely. Areas covered included; falls, moving and handling and bed rails. These had been updated which ensured they reflected people's up to date needs.
- Environmental servicing and checks had been completed. Fire risk assessments and relevant fire safety

checks were noted. This confirmed the service was safe and monitored for people to live in and staff to work in.

- Since the last inspection the Care Quality Commission had removed the conditions on the providers registration and people had begun to move into the nursing dementia unit. We discussed with the registered manager the measures they had introduced to ensure admission to the unit were managed safely including staggered admissions and ongoing monitoring of the public areas of the units was in place.

Preventing and controlling infection

- The service had developed safe systems to prevent and control infection. All areas of the service were clean and tidy and free from clutter. A range of personal protective equipment was available for use and we saw staff making use of these during the inspection. This protected people and staff from infection risks.
- Dedicated housekeeping staff were undertaking cleaning duties they had access to a range of cleaning products. Audits had been undertaken which demonstrated the service was monitored for its cleanliness.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager had developed systems which protected people from unlawful restrictions. We noted that where required, capacity assessments and best interest decisions had been completed. DoLS applications had been submitted to the assessing authority. The progress of these were followed up by the service. This protected people from unlawful restrictions.
- We discussed the staff knowledge of MCA and DoLS with the registered manager. They told us the staff had received relevant training and knowledge checks were performed regularly with them. However the staff knowledge was limited about who to refer to if they had concerns about a person's capacity and told us they would refer concerns to the 'registered manager'. We discussed this with the registered manager who confirmed they would review the knowledge of the staff team and ensure further training was provided if required and ensured systems were in place to ensure people were not deprived of their liberty unlawfully.
- We observed staff seeking consent from people before undertaking any care or activity. Care records confirmed consent had been considered.

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

- The service had developed systems to ensure people's individual needs were assessed. Pre-admission assessments had been completed which ensured only people whose needs could be met came to live in the service. The registered manager told us the admission assessment record was in the process of review to ensure it covered all areas of people's needs and how to support them effectively.
- People told us they had been involved in decisions relating to their care planning.

Staff support: induction, training, skills and experience

- The registered manager had effective systems which supported the training of the staff. Staff told us and training records confirmed a range of training was provided to them. The training matrix confirmed the service had achieved 100% of staff training across all areas of the training provided. Topics included, basic life support, evacuation drills, fire drills, fire training, food allergens and food safety. Induction records confirmed new staff received induction training on commencement of their role. Supervisions had been completed with staff team which enabled discussions about staff performance and training or support needs.
- People and visitors were positive about the knowledge and skills of the staff team. Comments included, "I think [the staff] are meeting my needs."

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

- The service ensured people were supported with their nutritional needs. Records had been completed in relation to individual specialist diets; as well as people's likes and needs, for example vegetarian and gluten free. These were shared with the kitchen so that people's needs and choices would be met. The kitchen was clean and tidy and plenty of supplies of food were provided for the meals for people. The chef told us that people were offered a choice of meals and were offered alternatives of their choosing if the menu was not to their liking.
- People told us they were happy with the meals on offer in the service. Comments included, "Lunch is always great; hot, tasty; you couldn't fault it." However one person told us about some concerns which had been raised with the registered manager about the evening meal. The registered manager provided evidence of the actions taken in relation to concerns raised about the meals. We observed the lunchtime experience. Tables were nicely set with condiments and table cloths. People were supported to eat their meals where this was required with kindness and time to eat.

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

- The service ensured people were supported to access relevant professionals which promoted good outcomes for people. A range of professionals were involved in the care and supported the individual needs for people. Professionals were positive about the service and relationships which had been established between them.
- Relatives and people who used the service told us referrals to relevant professionals had been made and that they were kept informed of their relative's health needs. They told us, "On the whole we are kept informed. [The registered manager] told us that [my relative] needs further help with dressing etcetera in the light of falls, and this will go into the care plan." However, one relative told us not all of their family member's medical needs were acted upon. We discussed this with the registered manager who was aware of the concerns and confirmed the actions taken by the service.

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

- The service had been developed to ensure people's needs were met appropriately. All areas were tastefully decorated and people's bedrooms had been personalised with their own possessions. Communal areas were wide and accessible and a café and activity area was available for people to use. There was some evidence of pictorial information to support people to familiarise themselves in the service. The registered manager and visiting dementia specialist told us of the plans to improve the environment to support people living with a dementia.
- Equipment such as cleaning products, continence products and laundry were stored securely in covered trolleys which supported safe storage.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service ensured people were well treated and their equal and diverse needs were considered. All people we spoke with confirmed they were treated with kindness dignity and respect; and received good care. Comments included, "The staff are lovely and it's a great tonic when you come in and they say 'Hello, are you all right today' They're like lovely friends; always respectful."
- We observed staff delivering care with kindness, respecting their individual needs.
- A range of information and guidance was available to support people's diverse needs such as leaflets and booklets in the entrance to the service.

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

- The registered manager had developed good systems to support people to express their views. People said they were involved in decisions. Comments included, "The staff are very polite. If you want them to help you with a shower, they will, but you don't have to have one if you don't want one." We saw staff ensured people agreed to the care they received; for example, 'Is it all right if I push you nearer the table please' and 'There you go [name], my darling; look at that, just for you. Your favourite.'
- Care files demonstrated people had been involved in their development and their choices, likes and dislikes had been recorded. It was clear from our observations that staff knew people's needs and how to support them.
- Policies were in place for advocacy, these provided support and guidance which ensured people were supported with important decisions if required. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's privacy and dignity was maintained and their independence was promoted. Relatives told us the staff supported people's privacy and dignity. Comments included, "[The staff] are all very nice, kind and helpful; they treat people with dignity and care." We observed staff engaging in positive conversations, speaking quietly about people's care needs and care was delivered in the privacy of bedrooms or bathrooms.
- We received feedback that the service encouraged people's independence. Comments included, "The staff encourage [my relative] to walk although they can't stand for very long, to try to keep them active and independent" and "With [staff members] help he's got me walking again."
- Systems were in place to ensure confidential information was stored securely in the service. Care files were stored in lockable cupboards and the offices in all areas of the service had lockable doors on them.

This supported the service meeting the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The registered manager ensured systems had been developed to support people's needs and choices. Care files contained good information in relation to people's individual needs and how to support these effectively. These included, personal care, continence needs, moving and handling and specialist medical needs. There was evidence which confirmed some reviews of the records had taken place. It was not consistently recorded that people had been involved in the reviews, or understood and agreed to their care plan. A range of records were completed daily to confirm the care provided to people.
- Care files demonstrated the service had acted in national guidance in relation to supporting people's oral health care.
- Not all people could confirm they had been involved in the care plans however most relatives told us they had been involved in the development of their family member's care plan. Comments included, "I did go through one lot of things [regarding my care plan] not long ago" and "When [my relative] first came in, we went through their book, so we could tell the home about their likes and dislikes etcetera."

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 had ensured systems had been developed to support and meet people's communication needs. Information and guidance was on display in the service. Pictorial information was on display to guide people to access areas of the service where their understanding of the written word was limited.
- Technology was being used to good effect. WiFi was available in the service and computer systems were being used for quality monitoring and staff training. A call bell system was in place; and bed and floor sensors were used where people had been assessed as at risk in their bedrooms.

End of life care and support

- The service had systems in place to support people's end of life needs. Policies, training and guidance was available to support the knowledge of the staff to deliver good end of life care. The registered manager told us about future training planned for the staff team. A relative we spoke with confirmed the service had discussed people's end of life needs. One said, "I have discussed end of life decisions, and the 'do not resuscitate' plan with somebody on the staff."

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

- The service ensured people had access to support interests and maintain good links with family and friends. We saw a range of visitors during the inspection and people we spoke with confirmed their family and friends were made welcome and it was clear visitors were known to the staff team.
- A dedicated activities team was in place to organise and manage activities for people both within the service and in the local community. We saw photographs and newspaper clippings of the activities previously undertaken. A range of activities were provided to people and we saw some of these taking place during the inspection. The service had installed an interactive board (Tovertafel) for people to use in for a range of activities and music. The Tovertafel is a table top electronic tablet designed to stimulate sensory awareness and movement for people with special care needs
- People told us, "I enjoy it here with the activities. They do quite a lot of things; we make cards and other things; the children come from the school and people love that." A relative told us, "Last time we came, [people] were all sitting playing games, three staff were singing with them. It's a livelier place now than it used to be."

Improving care quality in response to complaints or concerns

- The registered manager had developed good systems to investigate and act on complaints. Policies and guidance were available and on display to guide people on how complaints were managed.
- Copies of complaints received were seen, including the actions taken as a result of investigations. A matrix was in place to monitor the progress of any concerns or complaints received. Relatives of one person told us about a complaint that had been raised with the service. We discussed this with the registered manager who was able to confirm the actions taken in response to this.
- We saw positive feedback had been received by the service. Comments included, 'thank you for all the love and help you gave [name]' and 'would like to thank everyone who cared for [name]. You made [name] last two weeks of life more enjoyable and bearable'.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a positive, inclusive culture which supported good outcomes for people. Information requested as part of the inspection was provided promptly by all members of the staff team and all were supportive of the inspection process. The service provided information and evidence following the inspection to confirm the actions taken.
- A range of certificates and guidance was on display in the entrance to the service. This included the ratings from the last inspection, certificates of registration with the Care Quality Commission and employer's liability insurance. We also saw a range of certificates recognising the contribution of the staff team as well as care sector awards.

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

- The service ensured systems were in place to monitor the quality of the service provided. A range of audits were being undertaken which included the actions taken as a result of their findings. Senior audits were completed; the records identified the findings and the actions taken. This confirmed the oversight by the provider and supported improvements in the service.
- People, visitors and staff were complimentary about the registered manager and the changes in the service since they came to post. Comments included, "He [registered manager] is the best boss I have ever had. He cares about the staff as well as the residents", "We sought out this home because of [registered manager]. We felt so confident in them [from previous experience] that we were happy to come here. [Registered manager] is very efficient and very professional" and "[Registered manager] is very approachable and listens to you if you have a problem. [My team leader] is very supportive too."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had developed systems which ensured people and staff were engaged and involved. Records we looked at confirmed meetings were taking place and a range of topics were discussed. We observed a daily meeting with the heads of departments during the inspection where a range of topics were discussed in relation to the people using services as well as the operation and oversight. Some relatives we spoke with confirmed they had attended relative's meetings. One said, "I've been to carers' monthly meetings; we do feel listened to."
- There was a suggestion box located in the entrance to the service where people were able to provide

feedback. People we spoke with were unable to confirm if questionnaires or survey had been submitted. We saw a copy of the survey letter in relation to the views of the staff team. Monthly newsletters with a range of information was produced and displayed in the public areas. Information leaflets had been developed to provide a range of information to people who used the service and visitors.

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 registered manager demonstrated their understanding and responsibility of duty of candour. Records confirmed they were open and honest when things went wrong. Relevant feedback was provided as a result of investigations.

Continuous learning and improving care

- The service had developed systems to ensure continuous learning supported improvements in care. Policies and procedures had been developed by the provider which would support staff knowledge and the delivery of care to people. Guidance, information and leaflets were on display in the service.

Working in partnership with others

- The registered manager ensured partnership working was in place in the service which supported positive outcomes for people. A range of professionals visited the service including, GP, district nurses and tissue viability nurses. We received positive feedback from the professionals about the relationships which had been developed between the service and them.