Mrs Linda Anne Croudace

Sutton Lodge Home Support

Inspection report

Sea Home
Sea Lane, Sandilands
Mablethorpe
LN12 2RA
Tel: 01507 441800

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 29 April 2015 and was announced.

The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to be sure that someone would be in.

Sutton Lodge Home Support is a community based adult social care support service registered to provide personal care to people living in their own home. There were 32 care staff employed to deliver care to 74 people.

The service was managed by the registered provider. Registered providers are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and to report on what we find.People who lacked capacity to make a decision were supported by staff who acted in their best interests.

Staff understood safeguarding issues and knew how to recognise and report any concerns in order to keep

Summary of findings

people safe from harm. However, the registered provider did not always undertake safe staff recruitment checks before staff were appointed to their role. People felt supported to take their medicines safely by staff who were competent to monitor them.

People were cared for by staff who were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities. People had their healthcare needs identified and were able to access health and social care professionals such as their GP and social worker. Staff knew how to access specialist professional help when needed.

People and their relatives told us that staff were kind and caring and people were treated with dignity by staff who respected their choices, needs and preferences. Staff respected a person's home, their personal belongings and their lifestyle choices.

People were supported to maintain their independence and maintain their everyday activities and past times. The registered provider had systems in place to prevent people from feeling isolated in their own home.

The registered provider had an open door policy and people, their relatives and staff said that they found them approachable. People were able to give their feedback on the service. However, the registered provider's quality monitoring systems did not always pick up shortfalls in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The registered provider did not follow safe staff recruitment processes.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by staff that were supported to undertake further training to carry out their roles and responsibilities.

People were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Good

Is the service caring?
The service was caring.

People were treated with dignity by staff who respected their choices, needs and preferences.

Staff had a good relationship with people and treated them with kindness and compassion.

Good

Is the service responsive?
The service was responsive.

People were encouraged to maintain their hobbies and interests including accessing external resources.

A complaints policy and procedure was in place and people and their relatives told us that they would know how to complain.

Good

Is the service well-led?
The service was not always well-led.

The registered provider's quality monitoring systems did not always identify shortfalls in the service.

Staff and people found the registered provider approachable and felt able to raise concerns with them.

Requires Improvement

Sutton Lodge Home Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 April 2015 and was announced.

The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to be sure that someone would be in.

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service, such as older people. The expert by experience spoke with people and their relatives by phone.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

Before the inspection we looked at previous inspection reports and we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We used this information to help plan our inspection.

We looked at a range of records related to the running of and the quality of the service. This included staff training information and staff meeting minutes.

We also looked at the quality assurance audits that the registered provider completed which monitored and assessed the quality of the service provided.

During our inspection we spoke with the registered provider, a personal assistant, a team leader and six care staff. We also spoke with four people who received care from the service and five relatives.

We looked at the care plans or daily care records for 11 people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We asked the local authority and commissioners of healthcare services for information in order to get their view on the quality of care provided by the service.

Requires Improvement

Is the service safe?

Our findings

Shortfalls were identified in the registered provider's recruitment practices. 18 members of care staff had been appointed to post since April 2014 and the registered provider had not undertaken pre-recruitment safety checks. This could have had a negative impact on people if a staff member had been recruited who was barred from working with vulnerable people. This had been brought to our attention through whistleblowing processes and had been investigated by other agencies. We found that six weeks before our inspection the registered provider had commenced safety checks. We saw from staff personal files that prior to April 2014 all pre-recruitment safety checks had been undertaken.

The registered provider told us that they had enough staff to cover all the calls on their visit rota. When a staff member was on sick leave other staff covered their duties. The service did not use bank or agency staff and people were cared for by staff who knew them. Staff told us that sometimes they could be late for a call because they were held up by traffic. However, they had a fifteen minute window either side of their call time and if they anticipated missing this they would call the on call manager to alert the person to the delay. In addition, if a person requested an earlier or later call than planned, care staff tried to accommodate this.

People and their relatives told us that staff were sometimes late for a call, but added that they always received a call from the office to tell them about this. One person said, "They are late arriving to provide my care, but they never miss a call." Another person said, "Carers are generally on time, but if they are going to be late they will call and let me know. They stay for the full time they are supposed to." A relative said, "The carers arrive on time, but if they are running late they will call me and tell me how long they are going to be but they have never missed a call."

The registered provider had systems in place to keep people safe in their own home. For example where people were unable to answer their door to staff, their house key was kept safe in a locked key safe. Furthermore, staff had access to a range of policies to support them to undertake their role, such as safeguarding people in their own home, infection control practices and the safe handling of food. If staff needed to contact the person's family in an emergency they had an emergency access record and key holder contact list.

Staff had attended safeguarding training, knew how to recognise signs of abuse and how to raise concerns. A team leader told us that they had raised concerns in the past with the local safeguarding authority to investigate signs of suspected abuse. They added that some people are at risk of self-neglect and will not heat their home or buy sufficient food for their needs and these concerns are shared with their social worker. Other staff that we spoke with said that they were aware of safeguarding and able to identify signs of abuse. One said, "If I had any concerns I would report it to the on-call."

People had risks to their wellbeing assessed to help keep them safe in their own home. For example, we saw where a person was at risk of falls that they had a lifeline pendant and falls detector mat so as they could receive help quickly. When a person had a fall an incident report was completed and their risk reviewed and care plan amended. Furthermore, risk assessments were undertaken of the immediate environment, such as garden paths, stairs and hazards within their home. People told us that they felt safe. One person said, "They leave my home clean and tidy and make sure the door is secure when they leave." And another person told us, "As they leave they lock my door."

People told us how staff supported them to take their medicines. One person said, "They prompt me to take my medication, they stay with me until I have taken it." Care staff who handled medicines had an assessment of their competency to do so which included their knowledge of the procedure, safety checks and record keeping. We looked at the previous month's Medicine Administration Records (MAR) and found that when a person received their medicine care staff signed their MAR chart. In addition, if they did not receive their medicine the reason for the omission was recorded and signed on the MAR chart. One staff member told us, "Sometimes a person may decline their medicine such as a water tablet, that is their choice, but if it happens regularly we inform their GP." Another member of care staff told us, "I prompt the service user to take their medication and record this on the MAR sheet. If the service user refuses to take their medications I would note it on the MAR chart and inform the on-call.

Good

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to undertake their roles. For example, one person said, "I feel the carers are well trained and competent in providing for all my care needs." Another person said, "The carers do a good job and have a good knowledge as I am on oxygen." One relative told us, "It's a good service and they provide good quality staff that are well trained and know what they are doing."

Staff were supported to undertake training. Several staff had either achieved or were working towards a nationally recognised qualification in adult social care. On the afternoon of our inspection, several staff attended training on how to effectively complete care plans. In addition, senior care staff worked with community occupational therapist on how to use specialist moving and handling equipment. They then cascaded this knowledge with other care staff. Other staff had received training from specialist nurses so as they could support the personal care needs of people with bladder and bowel conditions.

There were robust induction processes in place to ensure that new staff were prepared to undertake their roles and responsibilities effectively. New staff participated in a two week induction programme where they shadowed senior staff to observe how they interacted with people, documented care plans and delivered person centred care. After their induction period new staff worked as part of a two carer team until they were assessed as competent to work on their own.

The registered provider recognised that care staff often worked in isolation. Therefore, when a member of staff was appointed to their post they were provided with a carer's handbook. The carer's handbook contained policies and information on a range of topics such as what to do in a medical emergency and what to do if unable to gain access to a person's home.

The registered provider told us that few staff had received supervision or an appraisal in the previous 12 months. However, they acknowledged that this was an area to be actioned. One staff member told us that they had supervision about every six months and added, "I have a meeting with my team leader every week to make sure everything is ok." Another said, "I have supervision on a regular basis but not so sure about appraisal."

The registered provider had developed a policy on how staff should obtain consent from people in their care. We saw this made reference to guidance laid down in The Mental Capacity Act (MCA) 2005. The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. People had signed their consent to receive personal care and support and to have assistance with their medicines. We witnessed the registered provider receive a call from care staff for advice about a person who normally had the capacity to make decisions about their care and treatment, who had become unwell. The person was in pain and hallucinating and did not want staff to call their GP. The registered provider made a decision in the person's best interest to notify and discuss their concerns with their family.

Care staff did not undertake capacity assessments, but were involved in best interest decision making meetings with the multiprofessional team, such as the person's social worker and community nurse. One person told us that if they needed help to make decisions care staff would support them to find an advocate, they said, "If I needed someone to support me like an advocate I'm sure the carers would look into it for me." An advocate is an unbiased individual appointed to support a person to make important decisions about their care and welfare. Staff told us that they had recently attended training on MCA. One said, "I recently had training so I am confident in noticing any change in the service user's capacity and understanding and making informed choices." Another staff member said, "I have recently had my MCA training, so I am happy that if anything is wrong I would let my manager know."

People told us they were assisted by staff with their meals. One person said, "Staff make my meals for me. I tell them what I would like and it's really nice, hot and tasty." Another person said, "Staff provide me with all my meals. I tell them what I would like and they do it for me exactly how I like it. I have drinks and snacks around until the carers come back." A member of staff told us how they supported a person who was living with a dementia to make meal choices. They said, "I show her two or three choices of meals to help her choose. I give her time and speak slowly with her."

Good

Is the service effective?

Where people were at risk of malnutrition care staff completed food intake charts on behalf of the district nurses. We saw archived food intake charts from the previous month been completed for each mealtime. In addition, care staff recorded in the person's care file any food and drink they provided for them. For example, we saw one person had their evening meal microwaved, and had a cup of tea and a glass of sherry. Staff told us that people told them what they wanted to eat. Where a person had little food in their cupboards staff informed their family or their social worker and also bought them food to keep them going.

One person told us that when they were unwell staff called their GP for them. They said, "If I'm not well they arrange for my GP to see me and then let my relative know what is happening. I feel cared for, safe and well treated." We found that staff sought support for people from appropriate services. For example, where a person was at risk of falls due to their home environment the person's social worker, occupational therapist and care staff had arranged to meet with the person in their own home to address the areas of concern. When another person required specialist input to improve their mobility, we found that they had been referred to the physiotherapist.

Details of other services people received in their home, such as support from the independent living team or their cooked meal delivery service were kept in both the person's file in their home and in the care agency office. When a person needed medical assistance staff completed an on-call report with details of the medical concerns, action taken, such as requesting a visit from the person's GP and any treatment or medicines prescribed. In addition, staff knew what action to take in a medical emergency and gave examples of when they had called 111 or 999 when a person was found collapsed in their home.

Good

Is the service caring?

Our findings

People told us that they were well cared for and staff understood their needs. One person said, “They are so caring and when we are chatting to each other I feel respected and understand what they are saying to me.” Another person said, “The carers are very sociable.” One person’s relative told us, “The staff are very good at caring and compassionate with my relative.”

We found where one person was unable to communicate their needs verbally that care staff worked with them to look at alternative means of communication, such as hand gestures for yes and no. Another person who was partially sighted had a letter from their son read out to them by a member of staff.

Staff told us that people were at the centre of everything that they did. One staff member said, “It’s what is right for people, we try to keep the same clients, they get to know us and there is continuity of care. They know what to expect.” Care plans were person centred and focused on people’s personal choice and preferences. For example, one person who wished maintain their independence expressed the wish to use their stair lift on their own.

Before a person was assigned to the service they had a full assessment of their needs and a care plan to support them completed by the local authority. A copy of this care plan was stored in their personal care file. In addition, the registered provider had systems in place to support people when they had decisions to make about their care. We found that they liaised with the person’s social worker to undertake an assessment of their needs and if required an advocate was appointed to support the person through the process.

Where a person’s care and support needs had changed significantly and they required continuous care, care staff supported the person to make the decision to move from their own home into a care home.

People told us that staff treated them with dignity and respect. One person said, “I feel treated with dignity and respect. They tell me what they would like to do and was that ok with me.” One person’s relative told us, “They treat my relative with dignity and respect. When they are washing my relative they make sure the curtains and door are closed.” Another relative said, “They treat my relative as a person, not a service user. They service they provide is dignified, respectful and kind.”

Staff had recorded actions to be taken to maintain a person’s dignity in their own home and respect their wishes. For example, to cover a person with a towel when they received personal care, to close their curtains on their last visit of the evening and to ring the doorbell before entering their home with a key. We saw that staff recorded the outcome of a dignified approach to care in their care file, for example, “Needs met in a safe and dignified manner.”

Staff were aware of the respect they had to show to a person’s home, their personal belongings and their lifestyle choices. For example one staff member told us, “We’re going into people’s houses, we’re all different, just because they are old or infirm doesn’t mean we have to put our values on them, this is the way they have always lived.” People and their relatives told us that care staff respected their belongings and always put everything away and left their home clean and tidy.

Good

Is the service responsive?

Our findings

All staff and the registered provider were kept up to date with any changes to a person's care needs through a mobile phone text messaging system. This ensured people received the care they needed and there were no delays in exchanging information between staff. For example, care staff shared when a person informed them that they would not be at home at lunchtime and their visit was cancelled.

Care staff undertook reviews of people's care needs with people in their own home. The areas covered in the reviews included if the person was happy with their level of care, if new risks had been identified, if their family were involved and how they maintained links with the local community. We found that the outcomes of these reviews had led to changes in the level of care a person received. For example, we saw where one person needed more help with everyday things that the duration of their morning call was increased to support them. Comments from people were positive. One person said, "I have a review of my care every now and then, my relative is involved with this as well." And another said, "I'm involved in my own care plan reviews and I feel listened to."

People told us that they liked that care staff helped them to maintain their independence. One person said, "When they provide my personal care, they only do the parts I cannot reach and this helps me to maintain my independence. They go at my pace." Another person said, "They maintain my independence by doing the things I can't."

People were supported to maintain their everyday activities and past times. We saw where one person was supported by care staff to attend a day care facility once a week. And another person was supported to shop at their local food store. Care staff assisted them to unpack their groceries, and store them in their fridge and cupboards and supported them to prepare their meals.

Staff told us about the risks of isolation for some people who lived on their own and the steps that could be taken to overcome this. For example, some local and national charities arranged for volunteers to visit people. Also some people are supported to attend the local community centre for activities and company. One person told us that they choose how they wanted to live their life. They said, "I live the way I want to live. I also go out sometimes which is good for me."

Care staff said that it was important that people had company and someone to talk with. Some staff told us that they enjoyed when they had time left at the end of their call to sit and chat with the person. One said, "It's nice to sit and have a drink with the service user if I have time, also I can find out if they are happy with the care they are getting." Another said, "It's so nice seeing the service user being happy. We often stop and have a talk about what is going on."

People and their relatives told us that they knew how to complain if they needed to. One person said, "If I had any concerns about my care I would call the office and complain." A relative told us, "They appear to carry out their tasks in a safe and proper manner so I have no complaints there, if I was to complain I would speak to the manager." Another relative said, "In three years we have never had to complain." One relative told us that a few days before we spoke with them the carers did not turn up. They said they had made a complaint and were waiting on a response. Care staff told us that if a person raised a concern with them they would pass it on to their line manager or the staff member on call. We looked at two complaints received in 2015 and saw that both had been investigated and resolved in a timely manner and the complainant was satisfied with their response. The registered provider told us that lessons learnt were shared with staff.

Requires Improvement

Is the service well-led?

Our findings

People were supported to give their feedback on the quality of the service they received through the service user's review. The comments we read demonstrated that people were happy with their care and had a good relationship with care staff. For example, one person said, "Happy that staff feed the birds." And another person said, "All the carers are fantastic and cannot find fault." In addition, when we spoke with people and their relatives they told us it was a well led service. One relative said, "The communication is good and I feel it is a well-run agency."

Although there were systems in place to monitor the quality of care people received the registered provider did not have good governance systems in place to identify weaknesses in safe staff recruitment processes or a regular programme of staff supervision and appraisal.

The registered provider had introduced an open door policy in place of regular staff meetings as staff were more responsive to this style of information sharing. Informal drop in sessions were held once a week and staff could attend individually or in a group. Notes of the sessions were kept and staff signed an attendance record to maintain an audit trial of their participation. Topics discussed were pertinent to their role and covered the shadow induction programme, current training needs and the introduction of new care plans. We saw that staff were made to feel welcome in the office and at ease with the registered provider and team leader. On the day of our inspection several staff dropped into the office for a chat or just to say hello.

Care staff told us that they had team values. One staff member said, "It's about how you would want to be treated yourself. My mum has care from the agency and the carers learn from my mum." Another staff member said, "My experience of working for this care agency is good, I feel well supported and have all my training."

Staff were aware of whistle blowing and could tell us what they would do if they had concerns. One staff member said, "If I had concerns about the care someone was giving I would use the whistle blowing procedure and give the reasons for my concerns."

Care staff told us that the registered provider was approachable and they often told them that they were doing a good job. One staff member said, "I feel valued and well equipped for my role." Staff said they were a good team, were all open minded.

Care plans were reviewed weekly when they were returned to the central office and a team leader undertook random checks to ensure care records were completed at the time care was delivered. The quality of the care files was monitored by senior staff. In addition, senior staff undertook spot checks when staff were due to visit people to ensure that correct procedures were being followed.

18 people and their relatives had responded to a quality assurance questionnaire in December 2014. The responses were positive and people found the registered provider and staff approachable. Comments included, "[The registered provider] and senior staff are easy to talk things over with." And "Very pleased with service."