

Bupa Care Homes (BNH) Limited

Sutton Lodge Care Home

Inspection report

87 Oatlands Drive
Weybridge
Surrey
KT13 9LN

Tel: 01932222184

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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 Lodge is a residential care home providing nursing and personal care for 24 older people at the time of inspection. Sutton Lodge accommodates up to 25 people in one adapted building.

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

The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents.

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.

Care workers had developed caring relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from people, relatives and staff. Feedback was positive across all areas.

Rating at last inspection

The last rating for this service was good (published 7 June 2017).

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 reinspection 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 Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sutton Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two family members. We spoke with the registered manager, the regional manager, the regional support manager, three staff members and one professional.

We looked at the care records of three people. We looked at three staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and further recruitment information.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and were knowledgeable on the types of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively by the management team.
- People, relatives and staff we spoke with told us they felt safe. One person we spoke with had limited verbal communication but told us, "I feel safe." And when asked if they felt all their safety needs were met they confirmed they were.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of choking, falls or the risk of skin breakdown. Risk assessments had detailed information for staff and people to follow to minimise risks to people.
- Environmental checks were carried out such as gas and electrical safety to ensure people and staff were safe in the home.
- We noted in people's files that where necessary people had body maps to monitor pressure areas, bruises or redness on their skin.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- We observed staff following procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We

noted there were no gaps in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. We noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to identify lessons and improvements to people's care. We noted that following a person acquiring a pressure sore following a change of chair, the registered manager ensured staff checked skin more when environmental changes had happened to avoid this happening again.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us they received effective care. One relative told us, "Communication is excellent. They [staff] ask what she wants to wear. They know her well and know how she likes to dress, earrings etc. She is treated as an individual. She even gets offered a G&T. She's thriving since being here."
- People's care needs were assessed and care plans were created and were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that information was clear so staff knew what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as manual moving and handling, as well as training specific to people's individual needs, such as Parkinson's disease. Some training was face to face, some online. If the training was online staff were offered to do this on paper instead if they preferred.
- The management team had an effective system to monitor that mandatory staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- People were supported to eat and drink where needed. People's risks around food and drink were assessed, such as for people who were at risk of choking.
- People were given choices of what they would like to eat and drink. We noted at lunchtime people's meals were varied showing they were individual to the person's wishes.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, specialist palliative care nurses, pharmacies, GPs and speech and language therapists to meet people's needs. We saw evidence of this in people's care files.

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

- People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they might impact on the person so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as the GP or speech and language therapists.

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.

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 understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for authorisation under the Deprivation of Liberty Safeguards where appropriate. The service undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

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

- Professionals, relatives and staff we spoke with told us the staff who cared for people were kind and caring.
- One professional told us, "I would say most people who come here live longer than expected because they are looked after so well." One relative told us, "I do feel [Loved One] is genuinely loved here."
- People had developed caring and meaningful relationships with staff. Staff and the management team spoke about people in a caring manner. One staff member told us, "We [Staff] really do care and are passionate about the work."
- The registered manager told us, "I treat my residents how I would want my mum or dad treated, they are an amazing team they really are."

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

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate. One relative told us, "I am involved in [Loved one's] care. Communication is excellent."
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through surveys online. Comments from the survey included, "Someone is always there to listen to our needs", "The staff welcomed my [Loved one] with dementia, he settled quickly", "Staff are lovely, I know [Loved one] is safe here".

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff confirmed people were treated with dignity, respect and that their independence was promoted as much as possible. One staff member told us, "We always give people choice, and encourage them to do as much as they can or want to for themselves, it's important"
- We observed staff encouraging independence. We asked one person if they felt their independence was promoted and respected, they told us they always had choice, and they could shower when they wished to and they chose their own clothes.

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 good. At this inspection this key question has remained the same.

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

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in care plans that were comprehensive and that contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. For example, people were supported to eat foods that met their cultural needs and preferences. All people supported by the service were respected and there was no evidence of any discrimination in the service.

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 provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as documents and information in a larger font, or using visual aids and signs.

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 provider had activities co-ordinators who supported and encouraged people to join in activities. These included arts and crafts, baking, bingo and exercise such as yoga.
- The activities co-ordinator arranged themed days for people such as a country and western day, cheese and wine events and a summer social and nibbles day. Families were welcome to join their loved ones.
- Event days were also held for Valentine's Day, Easter and Christmas, as well as to celebrate people's birthdays.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We saw that the registered manager had responded appropriately and in line with their policy to complaints.
- People and relatives we spoke with told us they were aware they could complain but had not needed to.

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- The provider had advanced care plans in place which detailed the person's wishes if they came to the end of their lives.
- People's families were given emotional support during and after their loved one's final days. The provider supplied sleeping facilities for relatives to stay with their loved ones and some families had spent weeks living at the home when their loved one was approaching the end of their life.

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 good. At this inspection this key question has remained the same.

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

- People, relatives and staff consistently told us the service was well-led. There was a caring and warm culture within the service with a clear drive to provide high quality care. One staff member told us, "Good support from the manager and everybody in the home supported me, It's like a family here."
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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 was aware of their responsibilities in relation to the duty of candour and told us they would act appropriately should things go wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- There was a good governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files, meal time experiences and other records. These were effective in identifying improvements needed, such as if staff training was due or if meal time experiences needed changing.

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

- In addition to day-to-day contact with people who used the service and residents meetings, people and relatives could feedback regarding the service using an online form. The registered manager told us how open communication with people meant things were responded to quickly and people were happy with the service.
- Staff surveys were used to capture feedback from staff. We noted this was positive and one comment

included, "Sutton Lodge has such a lovely atmosphere as well as a proactive and caring team who all work as one to give the best care for our residents."

- Staff had the opportunity to share their opinions on the service in team meetings, supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.
- The registered manager spent time with all staff and would regularly stay for the nightshift to ensure night staff felt as valued and included as the day staff.

Continuous learning and improving care

- The management team had a system to monitor and improve people's care.
- Actions came from audits and quality assurance processes. This system had been effective in driving improvements, such as; the new décor in the home being chosen by residents.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GP,s and commissioners.