

Burlington Care Homes Limited

Sutton Hall and Lodge

Inspection report

Cornmill Walk off Sutton Lane
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Keighley
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Date of inspection visit:
09 June 2022
10 June 2022

Date of publication:
04 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sutton Hall and Lodge is a residential care home providing personal and nursing care to up to 60 people. The service provides support to adults under the age of 65, adults over the age of 65, people living with dementia and people living with a sensory impairment. At the time of our inspection there were 43 people using the service.

Sutton Hall and Lodge accommodates 60 people in one adapted building over two floors. There are four separate wings to support people living with dementia and people who require nursing care.

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

Improvements were needed regarding the upkeep of the building. There were incomplete or missing risk assessments and not all staff were following the guidance on infection prevention and control. We found people at risk of weight loss did not always have access to fortified food and there were delays in seeking appropriate treatment.

Safety checks were completed to make sure the building was safe. Staff had been recruited safely and medication was administered safely. When an adverse incident occurred, lessons were learnt to minimise the risk of this recurring.

People were supported to have choice and control over their lives. Staff had the skills and knowledge to provide safe care. Where health and social care professionals were already involved, staff worked well with these partners.

Staff were kind, caring and treated people with dignity and respect. Staff had the right ethos and passion to make sure people received high quality care.

People's wishes, preferences and choices were recorded in care plans. Information was available to people in a wide range of accessible formats. There were a variety of one to one and group activities available. The registered manager responded appropriately to complaints. Staff had a good understanding of end of life care.

The registered manager had a good oversight of the practice and areas for improvement within the service. All of the areas for improvement identified on the inspection had already been identified by the registered manager's audits. In most cases, measures were being put in place. For example, to improve the maintenance of the building and rewrite all care plans to ensure consistency in the quality of the information.

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.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published on 2 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

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 have identified breaches in relation to the management of infection prevention, the maintenance of the building and incomplete or missing risk assessments at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sutton Hall and Lodge

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 Health and Social Care Act 2008.

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

The inspection was undertaken by an inspector, a nurse specialist professional advisor and an Expert 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 Hall and Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutton Hall and Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, clinical lead, chef, nurse, senior carers, carers, domestic staff and an administrator.

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.

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 of 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.

Preventing and controlling infection

- Not all staff adhered to infection prevention and control best practice.
- Some staff were observed not wearing face masks, wearing a non-compliant face mask and not wearing suitable clothing.
- Parts of the premises were unclean, and it was not fully documented what cleaning had been done in the week prior to the inspection.

The failure to ensure robust infection prevention and control practices were in place was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager took immediate action regarding some staff not wearing face masks correctly or wearing unsuitable clothing.
- The provider has an action plan to improve the standard of cleanliness.

Assessing risk, safety monitoring and management

- Risks assessments were not always in place.
- People did not always benefit from risk assessments or plans of care to minimise risk of harm. For example, one person, who was registered blind, did not have a visual impairment risk assessment or care plan in place.
- Some people had lost weight, but prompt remedial action was not always taken. For example, there was a lack of clear action taken to manage the weight loss such as a prompt referral to the GP or the person's food being additionally fortified by kitchen staff.

The failure to robustly assess, manage and respond in a timely manner to risk to people is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safety checks, such as gas safety and fire risk assessments, were in place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse or neglect.
- Staff had a good understanding of when to raise a concern.

- The provider had a safeguarding adult's policy in place. The registered manager had a good oversight of safeguarding risk within the home and appropriately informed the local authority and CQC of notifiable incidents.

Staffing and recruitment

- There were enough staff to meet people's care needs.
- The registered manager used, and regularly updated, a dependency tool to calculate the staff required.
- New starters had an induction programme and all mandatory recruitment checks were completed.
- There were mixed views on the staffing level. One person told us, "You don't see a lot of staff" whilst another person said, "There are enough staff and I have more or less the same staff."

Using medicines safely

- Medicines were managed safely.
- People's medication records were fully completed, and staff had a good understanding of people's medication.
- People who had "as and when required" medication had a clear process in place to ensure staff know when to give this and why. One relative told us, "Staff are on the ball with medicines."

Visiting in care homes

- Visits to Sutton Hall and Lodge were in line with government guidelines.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The registered manager had a robust and methodical approach to reviewing accidents and incidents. This ensured learning was identified and shared with staff.

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.

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

- Not all parts of the service were well maintained.
- Parts of the premises were in need of repair. For example, most of the communal assisted bathroom floors had damage and markings. People's bedrooms, the walls had been damaged near the bed where there was exposed plasterwork or woodwork which had not been repaired.
- Within the communal dining areas, the kitchenettes were damaged and, as a result, could not be effectively cleaned. Parts of the lounge area was also not clean with some communal chairs were stained or had exposed padding.

The failure to ensure the premises was maintained to a good standard was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager had identified the need for renovation through audits and had recruited a full-time handyperson to address the issues.
- The premises were fully accessible and had the necessary equipment to provide safe care and treatment.

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

- People were not always supported to eat and drink enough to maintain their weight.
- Kitchen staff were not always aware of when people needed fortified diets and specific instructions in people's care plan. For example, one person, who was at high risk of losing weight, had in their plan of care for cream to be added to food and drinks. This was not communicated to kitchen staff.
- Not all food was adapted to ensure people's health needs were met. For example, people who required a high calorie diet were not afforded a choice of all meal options being fortified and not all of the food was fortified.
- People were complimentary of the food. One person told us, "the food is not bad. You can't fault it" whilst another person said, "I can't complain. You get plenty of alternatives."

We recommend the provider reviews its catering system to ensure people have access to a wide range of fortified food.

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

- People had choice and control over decisions.
- People's care plans detailed preferences and routines. People felt in control of their decisions. One person

told us, "I had a sleep in this morning. I get up when I want. I get cups of tea when I want."

- Staff provided care which was in line with guidelines and expectations.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide safe care.
- Staff had completed training in key areas such as moving and handling, fire safety and dementia care. One relative told us, "The permanent staff are well trained."
- Agency staff, who were new to the home, had checks completed to ensure they had the necessary training in place. Agency staff also completed an induction to the service.

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

- Staff did not always involve other agencies to provide effective and timely care.
- Staff did not always ask for a review of people's health care needs when required. For example, some people living with dementia had regular anti-psychotic medication which appeared to be causing excessive drowsiness. It was not clear staff had asked for a review to reduce this medication.
- Staff cooperated and worked well with professionals already involved in people's care and support. One relative told us, "Staff do ring me when they need to call the doctor, but staff don't call if [person] has a fall. This happened twice recently, and I didn't get a call."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to maintain choice, control and independence over their lives.
- Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. One person told us, "I have been in a few homes and this one is the best. Staff give me choices such as they ask me what time I would like to go to bed."
- The provider had established policies and procedures in place to promote good practices. The provider maintained oversight of training and competency checks to make sure staff felt confident in this area.

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 good. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and compassion.
- Staff had a good relationship with people and put people are the centre of their care. One person told us, "The staff are very pleasant, they love us to bits. We always go into the dining room. I feel I can go to any of the staff if I want something or want to ask anything- that's dignity and respect."
- People were afforded privacy and dignity. One person told us, "The staff are very good, very kind and nice."

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

- There was a culture of people contributing towards decisions.
- People were given choice over their day to day decisions and also consulted on wider decisions about the service. One person told us, "The staff are very good, always smiling genuinely. If the shower is not available, I have a bed bath. The male staff are very good, they keep me covered up, so I feel comfortable."
- Relatives were asked to contribute towards the review of care plans.

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

- People received personalised care and maintained control of their lives.
- Staff ensured people were involved in their own decision making.
- People and their relatives were involved in reviews and updates of care plans and assessments.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

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

- People were supported to avoid social isolation.
- There were a wide variety of activities taking place on a group basis and one to one. One person told us, "Yes, they have activities, we play cards and I had a birthday party."
- Staff knew people's preferences and interests and made sure activities were tailored towards this. For example, one person had a passion for railways and staff ensured railway films were played when the person was in bed. One person told us, "There's bingo, painting, we go out to the park- there's enough to do. They help me keep in contact with my family. I ask them to phone my family when I want, I can speak to them or get a message to them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The registered manager had responded to complaints in an appropriate and understanding manner which resolved people's concerns. One relative told us, "I would complain to the registered manager, they always sort things out. It's an open culture here."

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified,

comfortable and pain free death.

- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide end of life care.

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; Continuous learning and improving care

- The registered manager had a good oversight of the service. As there are breaches in safe and effective, well-led has been rated requires improvement.
- The registered manager had a robust and methodical approach to reviewing the quality of care provided. One person told us, "The registered manager is doing a good job and are very approachable. They are the right person, pleasant and sociable."
- The registered manager and provider's audits and governance oversight had identified all of the issues we found on inspection. In all cases, plans had already been put in place before or during the inspection to respond to the known improvements required.
- The registered manager promoted a culture of continuous learning to minimise the risk of an incident recurring. One member of staff told us, "We are told if we need to improve and we learn lessons, and this is shared. The communication is excellent."

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

- Staff put people at the centre of their care and empowered people to achieve good outcomes.
- The registered manager had clear expectations around the standard of care to be offered. Where the registered manager had identified improvements which were requires, they were proactive to correct this. One person told us, "I think it's well managed because they know what they are doing. If I had anything to say, I would be listened to. It's a good atmosphere because it's comfortable, relaxed and friendly."
- Staff found standards had improved since the registered manager started. One member of staff told us, "Since the registered manager started, things are much better."

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 acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved and consulted regarding the development of the service.

- The service was reviewing all care plans at the time of the inspection and people and their relatives had been invited to contribute to this review.
- People were able to attend "resident meetings" to contribute their views regarding changes at the service.
- Staff worked well with involved health and social care professionals. There were established relationships with partner organisations.

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
Treatment of disease, disorder or injury	Not all staff were adhering to correct infection prevention and control guidelines in relation to facemasks. 12(2)(h) Not all risks had been considered, assessed or incorporated into plans of care. 12(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Not all parts of the premises were clean or correctly maintained. 15(1)(a) 12(1)(e)