

Surbiton Care Centre Ltd

Surbiton Care Home

Inspection report

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Date of inspection visit:
30 December 2022

Date of publication:
27 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Surbiton Care Home is a residential care home providing personal care to up to 26 people. The service provides support to older people and those with dementia. At the time of our inspection there were 17 people using the service.

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

Risk management was not always clearly recorded to ensure staff had guidance to mitigate the likelihood of risk occurrence. Where potential incidents had occurred, these had not always been identified, reported or investigated. Management and oversight of the service required some improvement to ensure audits were effective in driving improvements.

There were enough staff to meet people's needs, and despite the lack of written guidance staff knew how to respond to people's needs. People received their medicines when they needed them. Staff understood how to safeguard people from the risk of abuse.

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.

People, relatives and staff were complimentary of the registered manager and the support and passion they brought to the role. The service worked in partnership with other agencies to meet people's needs.

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 this service was good (published 30 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

Enforcement and Recommendations

We have identified a breach in relation good governance 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 well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

Requires Improvement ●

Surbiton Care Home

Detailed findings

Background to this inspection

The inspection

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

This inspection was carried out by one inspector.

Service and service type

Surbiton Care Home 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. Surbiton Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 reviewed information about important events. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people living at the home and 1 visiting relative. We spoke with 2 care staff, the registered manager and the regional director. We reviewed the care records and medicines administration records (MAR) for 3 people. We reviewed 3 staff recruitment files. We looked at a range of documents in relation to the management of the service such as policies, audits and premises documentation. After the inspection we received feedback from 3 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- Potential risks to people were not always recorded and risk assessment and management plans were not in place. The provider used an electronic system to record important information about people. However, whilst people had care plans in place the risk assessment section of the system had been left blank. Paper risk assessments were also not in place.
- We raised the above with the registered manager and regional manager; who told us this had been an oversight. The provider had not ensured that potential risks to people were always clearly assessed, with clear guidance for staff to as to how to mitigate risks. We identified that one person could display behaviours that show anxiety or distress, but there was no risk management plan to guide staff should this occur.
- Notwithstanding our findings above, people's care plans were detailed and did address some areas of risk such as falls and specific health concerns. Staff were clear on how to mitigate risks such as falls and were able to provide examples of the specific support individuals needed. However, records had not been sufficiently completed to ensure there was robust risk management.
- Upon sharing our inspection findings, the provider took immediate action to ensure risk assessments were put in place immediately for those with the highest risk factors. In addition, they provided an action plan to assure us that all risk assessment documentation would be updated imminently. We were satisfied with this prompt response.
- We reviewed the providers new electronic case management system, which was due to be operational by the end of January 2023. This new system had a clear flag for potential risks to people and supported the provider to take accountability for risk management information. We will review their progress with this at our next inspection.

Learning lessons when things go wrong

- Incident management was not as robust as it could be. We identified two incidents within people's daily notes that had not been reported, recorded or investigated. We were therefore not assured that lessons had been learned from their occurrences.
- We raised the above with the registered manager who advised the incidents would be investigated in retrospect. We will review the provider's progress with incident management and lessons learned at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the potential risk of abuse and told us they felt safe living at the home.

Comments included, "Oh yes [I'm safe], staff are very good and very helpful" and "The staff are always available." A relative said, "When [loved one] needs to mobilise there is always somebody there, always checking on him to make sure he doesn't get up alone."

- Staff were clear on how to raise potential safeguarding concerns and raise them with management. Staff knew how to escalate concerns to the local authority safeguarding team where necessary.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff understood the importance of supporting people to make decisions in their best interests and with the least restrictive option possible.

Using medicines safely

- People's medicines were administered safely. However, at the time of inspection we did identify that staff were not always recording the reason for PRN ['as required'] medicines administration. We raised this with the provider who took immediate action to raise this with the staff concerned. We will review their progress at our next inspection.

- Medicines administration records (MAR) were clear on the medicines people were prescribed and when they needed to take them.

Staffing and recruitment

- Staffing levels were sufficient in meeting the needs of people living at the service. Rosters showed that enough staff were scheduled for each shift, and staff told us they had enough time to meaningfully interact with people.

- We observed staff carrying out their care duties as well as interacting with people without being rushed.

- Staff were safely recruited. This included a record of previous employment history, suitable references and a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider ensured that visitors accessed the service safely. This included access to handwashing facilities including sanitiser and ensuring face masks were accessible.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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 provider had not ensured there was robust oversight of the service so that areas of risk were clearly assessed and managed. The provider had failed to ensure that people had risk management plans in place.
- In addition to the above, incidents and accidents were not always recorded, reported or investigated. The provider had failed to ensure that governance systems identified these shortfalls, and therefore failed to make the improvements we identified at this inspection.
- Monthly medication audits were not sufficient in detailing the findings for each MAR that had been reviewed, nor had previous audits identified the findings at this inspection.

The failure to maintain sufficient oversight and governance of the service was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) 2014.

- Following the inspection, the provider sent us an action plan of the improvements they planned to make. We will review their progress at our next inspection.

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

- People, their relatives and staff were positive about the registered manager. Comments included, "She's wonderful and she's always available" and "I think [registered manager's] brilliant, I think when she was made the manager it's the best thing that happened to the home. Really on the ball, great energy, deals really well with residents and relatives."
- Staff told us, "I think [registered manager] is happy to listen to what we [staff] are saying, she would pick up any changes and ask us what's wrong."
- People were empowered to be independent and do things for themselves. We observed people moving independently around the home, with staff nearby for assistance where required.

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 knew how to ensure they were transparent with people and relatives were mistakes were made. They told us they would apologise and be accountable for issues that occurred.

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

- People and their relatives were consulted about their views on the home. This included regular surveys and meetings. A relative said, "My views are sought and acted upon." Minutes showed that people's views were recorded and any action taken documented.
- Staff told us they felt involved in the development of the service. Regular team meetings were held to ensure their views were sought.

Working in partnership with others

- The provider worked in partnership with a range of other agencies to meet people's needs. The registered manager told us, "Partnership working ensures their [people's] safety, to be in constant communication, when things happen, to follow through from beginning to end."
- Records showed that where there was a change in people's health needs appropriate support was accessed. This included physiotherapists, district nurses, GP's and occupational therapists.

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 17 HSCA RA Regulations 2014 Good governance Governance systems were ineffective in identifying areas for improvement and providing oversight.