Ashmere Care Homes

Sutton Lodge

Inspection report

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Date of inspection visit:
29 June 2016

Date of publication:
27 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 29 June 2016. Sutton Lodge is registered to accommodate up to 42 people who require nursing or personal care. At the time of the inspection there were 39 people using the service.

On the day of our inspection there was a registered manager in place, but they were not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed, although personal emergency evacuation plans required more detail. People's freedom was not unnecessarily restricted. There were enough staff to keep people safe and people's medicines were managed safely. However the temperature of the room the medicines were stored in did, on occasions, exceed the recommend safe limit.

Staff completed an induction prior to commencing their role. The majority of staff training was up to date. Staff had the skills needed and their performance was regularly reviewed to enable them to support people effectively. However, members of the management team required refresher training in some areas.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People spoke highly of the food provided, although some wished for more choice. Some people were left waiting too long for their meal to be served to them and others who needed assistance did not always receive it in a timely manner. People's day to day health needs were met by staff. A visiting healthcare professional spoke highly of the way staff supported people. Referrals to relevant health services were made where needed.

Staff understood people's needs; they showed a genuine interest in what they had to say and were kind, caring and compassionate. People's privacy and dignity were maintained and staff spoke with them in a respectful way. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to. People spoke positively about the activities provided at the home. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided with the information they needed if they wished to make a complaint.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed. Robust quality assurance processes were in place, including audits

carried out by registered managers from within the provider's group of services, to ensure people and others were safe in the home. Staff enjoyed their job and spoke highly of the management team. Staff understood and could explain how they would use the whistleblowing process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed, although personal emergency evacuation plans required more detail.

People's freedom was not unnecessarily restricted. There were enough staff to keep people safe.

People's medicines were managed safely, however the temperature of the room the medicines were stored in did, on occasions, exceed the recommend safe limit.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The majority of staff training was up to date. Staff had the skills needed and their performance was regularly reviewed to enable them to support people effectively. However, members of the management team required refresher training in some areas.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People spoke highly of the food provided; however some people were left waiting too long for their meal to be served to them. Others who needed assistance did not always receive it in a timely manner.

People's day to day health needs were met by staff and visiting healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff understood people's needs; they showed a genuine interest in what they had to say and were kind, caring and compassionate.

People's privacy and dignity were maintained and staff spoke with them in a respectful way. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People spoke positively about the activities provided at the home.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed.

Robust quality assurance processes were in place.

Staff enjoyed their job and spoke highly of the management team.

Staff understood and could explain how they would use the whistleblowing process.

Sutton Lodge

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 June 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with six people who used the service, five relatives, three members of the care staff, the cook and the deputy manager. We also spoke with one healthcare professional and another professional who was visiting the home during the inspection.

We looked at all or parts of the care records and other relevant records of seven people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. All relatives we spoke with agreed they felt their family members were safe. One relative said, "There are always staff on hand [to support my family member]."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

People's care records contained assessments of the risks to their safety. They were reviewed regularly to ensure they met people's needs. The assessments included; whether people were at risk when eating their meals, people's ability to independently mobilise and their ability to manage their own medicines.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. A lift was in place for people to access the first floor. Records showed regular servicing of the lift and other equipment such as hoists, walking aids, gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use. We saw an alarm had been placed at the bottom of a steep staircase leading to the first floor. If a person walked up the stairs the alarm was triggered and staff would be quickly alerted. This ensured people with limited mobility were not placed at risk.

People told us they felt their freedom was not restricted within the home. One person said, "I have the key to the front door." Relatives told us they did not feel their family members' freedom was restricted. We noted there were measures in place throughout the home to prevent people from accessing areas that could cause them harm. This included coded doors to areas such as the laundry and medication rooms. The deputy manager assured us that people lived as free a life as possible but these measures were necessary to reduce the risk to their safety.

People had individualised personal emergency evacuation plans (PEEPs) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical ability and were regularly reviewed. However the plans did not take into account people's mental ability to understand the implications of an emergency. This could impact on the staff's ability to evacuate people safely.

Regular reviews of accidents and incidents that occurred at the home were carried out. Where trends or themes had been identified, preventative measures were put in place to reduce the risk of reoccurrence. The deputy manager told us if this resulted in more staff being needed to support people, then they and the registered manager ensured they were put in place.

The majority of people we spoke with told us there were enough staff in place to support them when they

needed it. One person said, "They [staff] always come immediately." Another person said, "I never have to wait longer than five minutes." Although one person said, "Sometimes when they [staff] are busy I have a problem [with the staff responding to them quickly enough]."

The staff we spoke with told us they thought there were enough staff in place to support people safely. One staff member said, "There are enough staff, I am never left on my own. We all work together as a team."

The deputy manager told us an assessment of people's dependency needs was regularly carried out to identify changes in their care and support needs. These changes would, on occasions, lead to an increase in staff. We saw a person was currently being provided with one to one continuous support to ensure they were kept safe throughout the day. We saw staff supporting this person in line with this requirement. Our observations throughout the inspection confirmed there were enough staff in place to support people safely and to respond to their requests for assistance in a timely manner.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

People told us they were happy with the way their medicines were managed. One person said, "I have them at the right time, and they [staff] make sure we take them." A relative said, "There are no problems, and they are [medicines], as far as I know, [given] on time."

There were processes in place to assist trained staff to manage people's medicines in a safe way. People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. We observed staff administering medicines to people and they did so in a safe way. They explained to people what medicines they were taking, why they were taking them and gave them to them in the way in which they wanted to take them.

Where people were unable to give their consent to staff managing their medicines for them, mental capacity assessments had been completed to ensure the appropriate legal guidance had been followed.

We looked at the MARs for three people who used the service. These records were used to record when a person had taken or refused to take their medicines. These records were appropriately completed and where handwritten additions had been made to people's records, these had been signed by two members of staff to ensure the entry was correct.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperature of the fridge used was within safe limits. However, records showed the temperature of the room, for a period of one week in June 2016 was over the above safe recommended limit. We noted during the inspection the room was within the safe limit. The effectiveness of people's medicines can be reduced if they are stored at temperatures above or below the safe recommended limits. After the inspection, the registered manager told us they had spoken with representatives of the provider and they assured us urgent action was being taken to rectify this.

Processes were in place to ensure that when people were administered 'as needed' medicines they were

done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

Records showed that staff who administered medicines had received the appropriate training. The deputy manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us they were happy with the way staff supported them. One person said, "Without a doubt." A relative said, "I have no concerns."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people safely. Training was carried out in a number of areas such as dementia awareness, equality and diversity and safe moving and handling procedures. The majority of the training for the care staff was up to date. However, we noted that the training completed by the deputy and registered manager required updating in a number of areas. This included behaviours that may challenge, equality and diversity, medication and palliative care. It is important that the training for people working in the role of a registered manager, or in other managerial/supervisory roles is up to date, to enable them to assess whether their staff are carrying out their roles in line with current best practice. The deputy manager told us they and the registered manager had focused on ensuring that staff training was prioritised, but acknowledged it was important that their own training was up to date as well.

The deputy manager told us all staff were expected to undertake an external, professionally recognised diploma (previously NVQs) in adult social care. They told us this ensured staff were equipped with the additional skills needed to provide effective care and support for people.

Records showed and staff confirmed that all staff received regular supervision and appraisal of their work. All of the staff we spoke with told us they felt well supported by the management team. One staff member said, "I feel well supported by the management here. They are lovely." Regular assessment of staff members' work enables the registered manager to be aware if the performance of staff meets the required level to provide people with effective care. If the performance drops below the required level then ways to improve can be discussed with the respective staff member.

We observed staff communicating with people who were living with a variety of mental health conditions, such as dementia. This included different tones of voice along with non-verbal communication. We observed people respond positively to the way staff communicated with them.

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. We checked whether the service was working within the principles of the MCA.

People's care records contained a variety of assessments of their ability to make their own decisions in a wide range of areas. These included people's ability to manage their own medicines and to maintain an adequate level of personal hygiene. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that DoLS applications had been made for four people living at the home. These had been made because the people had been assessed as being at risk if they were out in the community on their own. We looked at the paperwork for two of these people and found staff adhered to the terms recorded. However, during our inspection we identified a number of other people who we felt would also require a DoLS application to be made. We raised this with the deputy manager. They told us they had prioritised the people most at risk, but they would carry out a review of all of the people living at the home and would make the required applications where needed. After the inspection we were advised by the registered manager that this review had taken place and applications were being made. This will reduce the risk of people's liberty being unlawfully restricted.

The staff we spoke with had a good understanding of the MCA and DoLS and could explain how they implemented them effectively into their role. Records showed the majority of staff had received MCA and DoLS training, although a small number had not and others required refresher training to ensure their knowledge met current best practice guidelines.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We saw examples of staff doing so throughout the inspection.

People spoke positively about the food and drink provided at the home. One person said, "[The food is] excellent. All the food is fresh." Other people told us they got a good choice of food although some felt there could be a wider range of food provided. Relatives felt the food provided met their family member's needs. One relative said, "[My family member] enjoys the meals. They [staff] have asked me what they like." Another relative said, "[My family member] eats everything that is put in front of them."

The deputy manager told us people's ability to eat independently had been assessed to enable them to provide people with staff support where needed. We observed staff support the people who required the most assistance and they did so effectively and respectfully. However, we noted that some others who did not receive support from staff did need it. Some people were unable to cut up their food and because staff were supporting others, it meant they struggled with their meals.

We found a contributing factor to the limited support available for people was because all people sat down for lunch at the same time. This resulted in some people waiting as long as half an hour for their meals, with limited interaction from staff to explain how long their food would be. We did see some people were given specially adapted equipment to encourage them to eat independently, but we noted others would have benefitted from this equipment as well.

We raised this with the deputy manager. They told us the lunchtime meal was normally well organised and people received their meals much quicker, with support provided where needed. However they acknowledged on the day of the inspection the lunchtime experience for people was not effectively managed.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food [e.g. soft or pureed diet] and any assistance they required with eating and drinking. We spoke with the cook and discussed how they provided people with the food and drink they wanted. They told us there were regular

discussions with people about what they wanted and they had recently added another meal to the menu that had proved popular with people.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks to reduce the risk of dehydration.

Where people had been assessed as being at risk of malnutrition or dehydration, plans were in place to monitor their food and drink intake. People were weighed regularly to enable the staff to assess whether people's health was at risk as a result of excessive weight gain or loss. Where expert guidance was needed, referrals to GPs and dieticians were made and recommendations implemented.

People told us their day to day health needs were met by staff or external healthcare professionals. One person said, "I go to the opticians." A relative said, "A nurse comes every other day to dress my [family member's] cut leg. Another relative said, "[My family member] sees a GP and any other professionals when they want to."

A visiting healthcare professional who regularly attended the home told us they felt the staff managed people's health needs effectively. They also said, "Everyone [people who live at the home] seems so happy here. They always seem to be doing something."

Records showed people regularly saw their GP, dentist or other health or social care professionals where needed. Information was available for people who wished to see a chiropodist or optician and people's records showed this regularly occurred.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "They [staff] are very nice with me and very friendly." Another person said, "They [staff] look after me so well here, I love them all." A relative said they found the staff to be very sociable.

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained detailed information about their life history and we saw staff use that information to form meaningful relationships with them. We spoke with one person in their bedroom and were accompanied by a member of staff. The person told us they enjoyed the company of the staff and it was clear they got on well with the staff member.

Staff interacted with people in a kind, compassionate and caring way. We saw staff take the time to sit and talk with people, either in communal areas throughout the home or in people's rooms. We also saw many examples of light hearted banter and laughter, which showed people and the staff got on well together. Staff showed a genuine interest in what people had to say.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

Where people became distressed or upset staff responded to them quickly and offered reassurance. We observed staff sit with people, offering a gentle word in their ear or the holding of a hand to ensure the person knew they were there to support them. A staff member said, "I try to make sure people are ok. They can become upset sometimes. I offer a quiet, kind word which helps I think."

People's care records showed they were involved with making decisions about their care and support. Where they were unable to do so, relatives were encouraged to make decisions for them. A relative we spoke with said, "We are consulted about everything."

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Where people had been assessed as being able to lead an independent life, they were given the support they needed to do so. One person we spoke with told us they were able to go out of the home on their own to the local shops. They also told us they liked using the 'residents' kitchen'. The deputy manager told us a request had been made by a relative that they would like a place within the home where they and their family members could meet and make their own drinks and food if they wished to. A room called the 'residents' kitchen' was made available for them and others. The deputy manager told us this also gave people additional private space in the home if they wished to be alone or to speak privately with family.

Throughout the home we saw there were many posters and leaflets which explained how people should expect to be treated with dignity. We also saw reference to specific guidelines for treating people living with dementia with dignity. A 'residents' charter' was also available for people to read. This charter explained how people's human rights would be respected by staff and that all people should expect to be treated equally whatever their background. There was guidance for what they could do if they felt the staff did not adhere to this charter.

Sutton Lodge has acquired Nottinghamshire County Council's Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. This included meeting a range of standards such as; having a positive attitude, ensuring people receive meaningful occupation and stimulation and ensuring people's emotional and physical freedom. Throughout the inspection we saw many examples of people living with dementia being treated with respect and dignity and being encouraged to become involved with others as much as possible.

We observed staff respect people's privacy. When people were asked if they wanted company, or were invited to join in with activities, staff respected their wish to be alone. We saw visiting relatives use rooms to speak privately with their family members. We also saw staff knock on people's bedroom doors and wait an acceptable length of time before entering to ensure people's privacy and dignity were not compromised. A staff member explained when they supported a person with their personal care, they ensured their curtains were closed and doors were locked to protect their dignity.

People within the home looked clean and well presented. Their clothes, hair and nails were free from dirt. We visited people who were being cared for in bed. They also were well presented. This meant staff treated people with respect by ensuring they were clean and presentable.

People's care records were handled respectfully. Records were returned to the locked room in which they stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The deputy manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day.

Good

Is the service responsive?

Our findings

People were encouraged by staff to follow the hobbies and activities that interested them. People told us there were activities within the home that they enjoyed. There was also a regular supply of newspapers, magazines and movies provided. A relative said, "[My family member] liked the singer yesterday. They will join in sometimes."

We observed people take part in group activities throughout the day. We also saw staff take the time to carry out activities with people who did not wish to join in with the larger group. In the afternoon, for people who preferred some quiet time, a film was played on the large projector screen and the lights were turned down, so people could relax in peace and watch the film.

The deputy manager told us they had regular discussions with people about the activities they wanted to do. People had asked for more day trips out. This was responded to with day trips out of the home every Wednesday to local attractions, towns, pubs and cafes. The home also has the use of a minibus which enabled people to go further out of the local community.

We saw the provider was a member of the National Activities Providers Association (NAPA). NAPA is an organisation that encourages older people to lead active and fulfilling lives. This membership, along with Nottinghamshire County Council's Dementia Quality Mark, meant the provider ensured older people, some of whom were living with dementia, were supported by staff to lead a high quality of life.

We observed staff respond to people's requests for support quickly. When people needed assistance with going to the toilet or wanted to go back to their bedroom, they were able to do so.

People's care records were written in a person centred way and were regularly reviewed. They contained detailed information obtained from people and/or their relatives when they first came to the home. This included information about their life history and the things that were important to them. Guidance was also available for staff about how to support people in the way they wanted. This included when people wished to go to bed and whether they wanted male or female care staff to support them their personal care.

People living with dementia or other mental health related conditions were supported to lead as independent a life as possible. Memory boxes containing items that were important to each person were placed outside of people's bedrooms, and pictures and names were also placed on bedroom doors. Bedroom doors, and walls and handrails throughout the home were painted different colours. All of these measures were designed to support people with identifying their own bedrooms and to orientate themselves independently around them home.

People were provided with a complaints policy within their service user guide when they came to the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies such as the CQC.

People told us they felt able to make a complaint if they needed to. One person told us they were unsure about the process for making a complaint, but told us they hadn't needed to make one. They also told us they thought staff would respond quickly if they did.

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "It would depend on the nature of the complaint. If I could deal with it I would or I would pass it on to my senior."

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People and relatives were provided a variety of formats where they were able to contribute to the development of the service. Questionnaires were regularly given to people to obtain feedback on the quality of the service provided. Feedback received was then used to make improvements to the service.

Regular meetings for people and their relatives were held. We viewed the minutes of these meetings and saw a wide variety of subjects were discussed and action points were agreed. However some of the people who lived at the home told us they were not always aware when one was due to take place. We saw the dates of these meetings were posted in the reception area of the home, where people may not always access.

Regular staff meetings were held and the staff we spoke with felt able to contribute to these meetings. The staff we spoke with felt the management team were approachable and listened to their views. One staff member said, "We have regular team meetings. They [the management team] seem to listen to what we have to say."

The deputy manager was a visible presence throughout the home. They interacted well with people, their relatives and staff and their office door was always open. We saw people and relatives go in and talk to the deputy manager and they were welcomed with a smile. Sofas and comfortable chairs had been placed outside the deputy/registered manager's office, if people wished to sit and talk to them there.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "I love it here. The people who live here are lovely; it is a fun place to work." A visiting professional said, "The staff are really dedicated to the people they care for. The home is really well managed and I think the care is of a really high standard."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The deputy manager understood their role and could explain how they supported the registered manager to ensure that people received high quality, safe and effective level of care. The staff we spoke with had a clear understanding of their roles and responsibilities. The deputy manager told us they were aware of the requirements of the provider's registration with the CQC to inform them and other agencies, of any issues that could affect the running of the service or people living at the home.

Robust quality assurance and auditing processes were in place. Regular audits were carried out. These included audits of the environment, people's care records, staff performance and medicines. These audits ensured people who used the service, their relatives, staff and visitors were safe. A random spot check system was also in place. These were carried out during unsociable hours such as evenings, nights and weekends when members of the management team were not always working. These checks enabled the

management team to check that staff were carrying out their role effectively in their absence.

Regular audits were also carried out by other registered managers from within the provider's group of services. These audits ensured the quality of the service provided was assessed by managers who were not directly involved with the service. The deputy manager told us these checks were effective as they enabled a "fresh pair of eyes" to see what was happening at Sutton Lodge. Where improvements were identified action plans were in place and then reviewed to ensure they had been carried out.