Tamhealth Limited

Sutton Valence Care Home

Inspection report

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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

The inspection took place on 4 and 5 May 2016 and was unannounced.

Sutton Valence Care Home is registered to provide nursing and personal care services for up to 67 people. There were 63 people living at the home on the day of our inspection.

Many people living at the home had complex nursing care needs and required help with all aspects of their care. Others who needed nursing care on a daily basis were encouraged to lead as independent a life as possible within the home and around the local community.

The home was arranged into three units, each unit being led by a registered nurse with a team of care staff to support the needs of people. The team was further supported by a domestic worker every day to make sure the unit was kept clean.

There was a registered manager employed. 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. A deputy manager was also employed to support the registered manager in their role.

The home had a pleasant atmosphere with good facilities. A number of seating areas and lounges of varying sizes meant people had a choice of where to sit. A large conservatory overlooking the village cricket ground was a bright and airy room and had the benefit of having had new air conditioning installed, making it pleasant at any time of the year. A family room with kitchen and sleeping facilities provided was available for loved ones to stay if people were ill.

People and their relatives told us they felt safe living at the home. They knew who they would speak to if they were worried about anything and were confident they would be listened to. Registered nurses assessed people's needs and identified risks, putting measures in place to manage these safely. We spoke to staff who were able to tell us how they kept people safe. They understood their responsibilities in ensuring people were safe from abuse and their role in reporting any concerns they had.

There were suitable numbers of staff to be able to provide the nursing and personal care people had been assessed as needing. Registered nurses were employed to provide the professional expertise required to respond to people's often complex care needs. Care staff were not expected to undertake cleaning or cooking duties as experienced chefs and domestic staff were employed. This meant care staff could concentrate on providing the care people required. Safe recruitment methods had been used when employing new staff to make sure only suitable staff were employed to work with people.

A training plan was in place and all staff received the training they required to carry out their role well. The

registered nurses were supported by the provider to undertake training to ensure their professional development was a priority in order to keep their registration up to date.

People's medicines were managed by registered nurses who used their professional expertise and training to ensure safe practices were used. Close liaison with health care professionals took place making sure people got the health advice and treatment they needed promptly.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The manager had taken steps to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. People were not being restricted and their rights were being protected.

People and their relatives said the staff had a caring approach and looked after them well. There was a calm and relaxed ambience and the staff were friendly and happy to chat. People appeared comfortable and were not calling out for assistance, everyone looked well cared for. There were good examples of people being treated with dignity and respect.

People's nursing and care needs were assessed before moving into the home by registered nurses to ensure they were able to cater for their individual needs. Following assessment, the registered nurses developed a care plan to record how to provide person centred care, taking into account people's individual preferences and choices.

Three activities coordinators planned a range of interesting activities for people to take part in if they chose. These were planned ahead and people were given information so they were able to decide what they might like to join in. Those who were ill and being nursed in bed were visited by the activities coordinators to help prevent social isolation.

Complaints were investigated and responded to well as were accidents and incidents. The registered manager and the provider took the opportunity to learn from complaints received and incidents that had happened to be able to improve the service provided.

Surveys were carried out each year to gain the views of people, their relatives and staff. The provider carried out an analysis of the results to provide feedback and to make improvements where necessary.

People, their relatives and the staff thought the home was well run and the manager was approachable and supportive. Many people said the registered manager had an 'open door' policy, inviting people to speak to her at any time. Positive feedback was also received about the registered nurses and the leadership of their teams, making sure people got good proactive care.

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.

Staff could describe their role and responsibilities in keeping people safe.

Registered nurses used their professional expertise to make sure medicines were safely administered and managed.

Safe recruitment practices were used by the registered manager to ensure only suitable people were employed to work with people.

There were appropriate levels of staff employed to provide the care people required to make sure they were safe.

Is the service effective?

Good

The service was effective.

The registered nurses were supported to maintain their registration by engaging in the training required to continue their professional development. Staff received the training required to support them in their roles to make sure people received good care.

The registered manager had made sure people's right to make decisions had been adhered to guided by the principles of the Mental Capacity Act 2005.

Peoples nutritional and hydration needs were catered for, monitored by registered nurses with the expertise required. People had reported a big improvement in the quality of food and meals recently.

People's complex health needs were looked after well by professional qualified nurses who liaised well with other health care professionals.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were good and they were happy with the care they received.

Staff were smiling and spoke about how much they enjoyed their work.

The home had a relaxed and positive atmosphere. Both people and staff said their surroundings were pleasant, light and airy.

People were treated with dignity and respect and staff could describe how they made sure this happened.

People were supported and encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Registered nurses undertook and initial assessment with people to establish their nursing and care requirements before moving into the home.

People and their relatives were involved in developing a care plan to describe the care and support they required and how they wanted this done.

Activities coordinators planned activities for people and tried to involve people who were nursed in their rooms, due to frailty or by choice.

Complaints were investigated and recorded. A process was in place to monitor these in order to learn lessons.

Is the service well-led?

Good

The service was well led.

Good feedback was received about the leadership in the home, led by the registered manager.

The values of the organisation were known by all staff. They were an inherent part of the home every day.

Surveys had been carried out to gain feedback from people. The results had been analysed and fed back to people.

A robust auditing programme was in place, monitoring the quality and safety of the service provided.

Sutton Valence Care Home

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.

The inspection took place on 4 and 5 May 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse advisor and one 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.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with seven people who lived at the home and six relatives to gain their views and their experience of the service provided. We also spoke to the registered manager, four registered nurses, eight care staff and two chefs. After the inspection we gained feedback from three health and social care professionals.

We spent time observing the care provided and the interaction between staff and people. We looked at seven people's care files and ten staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

A previous inspection took place on 1 August 2013 when the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People said they felt safe at Sutton Valence care home. One person told us when asked if they felt safe, "Yes, very good" and another said, "I feel very safe". People also knew who to speak to if they did not feel safe. One person said, "Well, I would talk to the nurse about anything really", and another person told us, "If I heard anything about anyone else I would know where to go and who to speak to". Family members also thought their relatives were safe living at the home. One relative said, "I think she is absolutely safe, yes". Relatives also knew who to speak to if they did have concerns about their loved ones safety. A relative said, "Yes, her carer, the nurse or (the registered manager) as she has an open door policy".

The registered manager made sure people and their relatives had the information they required to help keep them safe from abuse and how to raise any worries or fears they had with the right people. Detailed in the service user guide, this was given to people when they first moved into the home.

The guidance and advice staff would refer to about abuse if they had a concern to report was accessible through a comprehensive safeguarding procedure. A flow chart detailing a step by step guide of the reporting process was included for ease of use. Staff had a good understanding of their responsibilities in keeping people safe from abuse. All staff said they would have no qualms raising any worries they had and they were aware of who to contact outside of the organisation should this be necessary. A notice board had whistleblowing helpline numbers clearly displayed in the staff room, an area used by all staff at break times. Staff were encouraged to report suspicions as quickly as possible and had the information available to them to help keep people safe from abuse.

Registered nurses identified risks to the individual, assessing the risk and how to manage it. The risk assessment was comprehensive with robust guidance at every step for people and staff. Care alert cards were at the front of each person's care plan, highlighting any risks to the individual. Such as people at risk of falls, or people who suffered allergies. The cards were coloured and easy for staff to see as soon as they opened the care plan. Moving and handling risk assessments detailed the activity and what measures needed to be put in place to carry out the task safely. For example, people with limited or no mobility transferring from their bed to a chair. The equipment required and how it was positioned was specified and the risks involved in using it for people and staff. One person told us, "I use a hoist and there are no problems there at all".

Risk assessments were reviewed regularly every month, or more frequently following an incident or change of circumstances. For example, a registered nurse spoke to a person and their family following a period of falls when trying to get out of bed. They discussed the person's safety and if they wanted to consider having bed rails in place to protect them from injury. All agreed this was the safest option at that time. The registered nurse fully documented the meeting with the reasons why the decision was made. The risk assessment was reviewed following this change to the care plan. A proactive response to people's individual circumstances helped to keep people safe.

The provider had a business continuity plan in place to provide guidance for staff what to do and who to

contact if an emergency situation arose affecting the care and support provided to people. For example, a gas leak or fire which meant the home, or part of it may have to close. Information such as which safe places in the local area people could be evacuated to was incorporated.

Environmental risk assessments were undertaken to manage risks associated with the premises and environment. For example, the manual handling of materials and equipment, first aid, legionella and use of the minibus. A fire risk assessment had been carried out to ensure safe processes were in place to prevent a fire on the premises and to swiftly alert staff if a fire did break out. The servicing of fire equipment and alarms had been undertaken and were all up to date. Potentially dangerous substances were locked away. Clinical waste was segregated correctly, 'sharps' placed in the correct container, and dirty linen was placed in the correct colour bags. The registered manager helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that might be a risk.

All accidents and incidents were logged on to the organisation's computerised 'datix' system. All staff accessed the datix system to enable the immediate recording of incidents. A unique number was generated for each incident and this was recorded in the appropriate place, such as people's care plans, where a detailed recording of the incident was kept. The two records could therefore be cross referenced. Accidents and incidents were monitored by the registered manager. The organisation reviewed all serious incidents to check trends and learn from incidents to prevent reoccurrence. The 'datix' reporting and recording system helped to keep people safe by capturing incidents and reported risks to enable the management and learning from such events.

The property was maintained to a good standard and was clean and welcoming. All essential servicing had been carried out to ensure the safety of the building and equipment. For example, portable appliance testing, servicing and testing of all beds, gas safety and nurse call bell system.

A dependency tool was used to support the calculation of how many staff were required to support the needs of people living in the nursing home. The dependency tool was completed at the time of assessment and reviewed every month following this. If people's needs changed, requiring more staffing hours, this would be highlighted at the monthly review. For example, if the health of a person deteriorated meaning they now required two staff to support them rather than one.

There were sufficient numbers of staff employed to ensure people received the right amount of support for their assessed needs. In addition to registered nurses and care staff, the registered manager employed staff whose job it was to replace drinks throughout the day. They filled people's jugs with the drinks of their choice, making sure people had plenty of fluids within easy reach at all times. One person living at the home told us, "There is usually enough staff. If they are short in one area of the home, they will help from another area". Another person said, "There is always someone around". A relative told us, "Yes they were a bit short a while ago but they seem to have got more new staff. The staff are all very nice".

New staff went through an interview and selection process. The registered manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. Registered nurses were required to prove their qualifications by providing their PIN number so the registered manager could check their registration with the nursing and midwifery council (NMC). All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

People were protected from the risks associated with the management of medicines. People were given

their medicines by professional registered nurses who ensured they were administered on time and as prescribed. Observations of medicines administration showed appropriate checks and recording were carried out. For example, prior to the administration of insulin to an insulin dependent diabetic, the registered nurse checked the person's blood sugar, which was then documented, before correctly administering the insulin. Medicines were kept safe and secure at all times. Temperatures of the room and medicines fridge were checked daily to ensure they remained within the correct range. Medicine administration record (MAR) sheets were neat and well kept. Registered nurses made sure that people had their medicines reviewed regularly and they liaised well with the local GP's to do this. Changes were detailed in the care plan, including the reasons why medicines had been changed and if there were any untoward effects to look out for.

Good

Is the service effective?

Our findings

People thought the food at Sutton Valence care home was now good. There was a consensus that the food had improved a lot recently. One person told us, "The food is much better now, it's good to have new chefs". Another said, "The chef comes around and asks if the food was alright".

People living at the home had specialist nursing care needs. It was important the staff supporting them were led by qualified registered nurses who had the professional credentials to make sure people got the right care. The home was divided into three units, a registered nurse led the team on each unit throughout every shift. One of the team of registered nurses was designated as a 'clinical lead' and led the nursing team as well as having a lead responsibility for areas such as pressure area care. The registered manager and deputy manager were also qualified registered nurses. The registered nurses said they felt they were supported well professionally. They said they got good support from the registered manager and the provider to keep their training up to date, supporting their continuous professional development. They told us they had good support as a professional registered nursing team and were recognised well for this.

The provider had two induction plans in place to support new staff to gain the required knowledge of the home when they first joined. The registered nurses had a longer induction period with an emphasis on the expectations of them as a qualified professional and the responsibilities of this. The care staff also had an induction period but with a different perspective to reflect the importance of their role and how this fitted in with the role of the registered nurses. Staff told us the induction and training they had received was good. One staff member said, "I had training straight away, it was as it should be". A member of staff who had newly started in their role said they felt well supported, was able to ask for help if required and this prepared them very well for their role. Another staff member told us, "Everyone was really helpful and friendly when I started".

The provider had a training schedule in place and this showed that staff had all the relevant training for their role with updates as necessary. The schedule had clear colour coding to highlight any training that was due to be updated. The registered manager was able to easily monitor training needs and chase up those who had not kept up to date. Staff were encouraged to take part in other training opportunities. Information was made available to all staff either through notices in the staff room or memo's within their own personal folders. For example, notices were displayed in the staff room encouraging staff to put their name down if they were interested in becoming in house trainers, with a job description so staff knew what the role entailed. This provided a good personal development opportunity for all staff.

Staff had the opportunity to have one to one supervision meetings with their line manager on a regular basis. The meetings gave the opportunity of a two way discussion about the staff member's performance, providing positive and constructive feedback. Annual appraisals had been undertaken in previous years giving staff the opportunity to reflect on the past year's performance and set targets for the following year. The provider had introduced a new staff annual appraisal system that was due to start in May 2016. Each member of staff had a new folder to keep all their performance and appraisal information. The folder also

included the annual staff questionnaire to complete. The registered manager thought this would give the staff added pride and create a sense of ownership in the appraisal system. 'Lap top corners' were sited in the home where a laptop was available for all staff to use, with their password, to access the home systems with ease. Nomination slips were available in the same area for staff to nominate a colleague for employee of the month or one of the other organisational awards, with a box to post their suggestion. Staff were supported by having the training and resources available to be able to improve in their role, ultimately benefitting people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Care plans for people who lacked capacity showed that decisions had been made in their best interests. The manager understood when an application should be made and how to submit them. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People's rights, consent and capacity were assessed on admission as part of the care planning process and within the principles of the MCA. People's individual level of need around making decisions was explored with them and family members. Including legal status, for instance if a family member held lasting power of attorney for financial decisions or health and welfare decisions. People's care plans clearly stated that people were able to make their own decisions. Where people wanted family members involved with more complex decision making, this was recorded and it was evident that this happened regularly. People had made choices about whether they wanted further hospital treatment or investigations for health related issues. Clear documentation showed that people had been given the information they required by the registered nurses as well as other specialist health professionals and were able to make informed decisions with the support of their families. Decisions were respected and the decision making process was clearly recorded.

Registered nurses made sure that assessments took into account people's nutritional needs and support was provided where necessary. People were weighed every month and the registered nurses calculated their BMI to be sure a healthy weight was maintained. Any concerns could be picked up quickly and acted on, such as monitoring more closely using food and fluid charts. Other health care professionals such as the GP, the dietician or speech and language therapists (SALT) were referred to regularly. The registered nurse in charge of the unit monitored all charts to ensure people were taking the right amount of nutrition and fluid throughout the day. The chefs were aware of the dietary needs of people, they had menus for each individual. In addition they had a list detailing people who required puree, diabetic or soft diets.

People living at the home had complex health issues requiring the professional expertise of registered nurses to monitor their needs on a daily basis. Liaising with other health care professionals was therefore crucial to ensure medical treatment and intervention was monitored closely. Relationships with local GP's were essential and they visited regularly to treat their patients, advising the registered nurses regarding changes in medication or treatment. Regular entries were recorded in people's care plans making sure an

accurate record was maintained. One health care professional said, "I think the service provides both kind and high quality nursing and personal care in a pleasant environment, and the staff are excellent at communicating with me and my team". Registered nurses were able to use their skill and experience to provide people's nursing care requirements. People nursed in bed at high risk of developing pressure areas had detailed risk assessments and care plans that were well recorded by the nursing staff. One health care professional told us of the good nursing care they had observed, "Diabetic patients have appropriate checks from properly qualified and experienced staff, and pressure area care is exemplary". Registered nurses ensured their expertise informed health care plans that were used to advise and guide staff. For instance, people who were not able to eat food through the mouth and therefore required an alternative such as percutaneous endoscopic gastroscopy (PEG) feeding. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. One person told us, "I was ill a few weeks ago and they rang the GP straight away who came out" and "The nurses are usually on top of it anyway". Sutton Valence care home catered well for people's specialist health needs, good nursing care was evident.

Good

Is the service caring?

Our findings

People and their relatives told us they thought Sutton Valence Care Home had caring staff who looked after them well. One person told us, "It's through the support here I have a life, it's opened up". Another said, "The girls are nice" and, "She's got a heart of gold".
A visiting family member said, "The carers are very good, you can talk to any of them. They know me and I know them". A second family member told us, "Mum is always well looked after" and a third said, "The atmosphere is really good".

There was a calm atmosphere where everything appeared to get done by the staff without any rushing. The home had a pleasant airy feel that was bright and free from clutter. One person said, "I love it here, it's open and airy". A member of staff said the same thing, "The place is light and airy so it feels good". People were happy and comfortable in their surroundings. People thought they were lucky that the property had a lovely conservatory, well furnished, looking out over the village cricket green. New air conditioning units had recently been installed in the conservatory. People and staff were pleased about this as they said they would be able to make full use of the room at any time of the year now. People were keen to show us the garden area, commenting how nice it would be in the summer when all the climbing plants were in full bloom. There were many sitting areas around the home. Some smaller such as at the top of stairs, to stop and have a rest, meet with relatives, or for staff to sit and write their notes. Larger sitting rooms of various sizes were dotted around the home, with a radio on quietly producing background noise. The staff had the opportunity to make use of a staff room for break times with a fully equipped kitchen area, table and chairs and a staff notice board.

Staff were welcoming and smiling and were seen chatting to people in the lounge or in their rooms. One of the domestic staff was seen having a conversation with a person in their bedroom about the weather, discussing what it was like outside on that day and if they had any visitors coming. One person told us, "You can talk through any issues with the nurses" and, "Because the nurses are like that they bring the team with them".

All staff were confident to stop and chat and were keen to tell us what they did and how they enjoyed their job. One staff member said, "I treat people as if they were my parents or my aunt or uncle". Another told us, "I think people are well cared for. We have the time to spend with people, making sure they are". A third said, "I try to make people feel better if they are feeling a bit negative".

The registered nurses spent time with people getting to know their life histories and speaking to relatives to fill any gaps where people may have forgotten some details. For example, staff would find out how many children and grandchildren people may have, what their job was, where they had been born and where they had moved to in their life. This meant that all staff had important information about the person as an individual to be able to support them well. One staff member said "I like it that I stay on the same floor as I get to know people really well. I know who has milk and who has sugar in their tea". On the day we inspected, people and members of staff had attended the funeral of a person who had passed away, the staff were clearly upset at the loss of the person and spoke about them in a sensitive and caring manner.

One health care professional told us, "I find that both the Registered Nurses and Care Staff are kind and caring. In general they have a detailed knowledge of their patients/clients needs, and always get in touch with me when necessary".

Some people preferred to stay in their rooms and not engage too much with other people living in the home. Others were very involved in activities and decisions about the running of the home. These were decisions clearly documented as being the choice of individual people and respected as such. Registered nurses regularly checked with people that they were still happy with decisions made.

People's wellbeing was considered within care plans and in everyday communication. For instance, people's sleep routines were considered in their care plans to ensure everything was in place to get a good night's sleep to aid wellbeing. Such as whether people liked to have a light on or off, what type of nightwear they liked to wear and if they liked to have a hot drink before going to bed. The home had a cat that people were fond of. One person told us, "The cat resides in my room mainly".

The provider had made available an electronic communication device for use by people living in the home. With wi fi access available throughout the property, people were able to use the device to make contact with their relatives electronically if they wished.

When first moving into the home, people were given a folder with all the information they would need to know about the home. Included was a welcome letter and a service user guide explaining what to expect. Such as what times meals were served, drinks and snacks available, description of uniforms and who wears which colour, how to order newspaper and magazine deliveries and hairdressing times.

People's privacy and dignity were respected by registered nurses and care staff who understood what this meant and how important it was to respect this. Doors were closed when people were receiving support, calls for help were responded to quickly and people were taken to their rooms for a quiet chat or to receive support when needed. One person told us, "If they want to do anything they always knock the door before they come in". A relative said, "Yes, they are always, they check on him regularly he does not want for anything".

The provider had made available a large family room with kitchen area, seating and a bed. This was offered when people were very ill to enable families to stay close to their loved ones. Visitors were welcome at any reasonable time. They clearly knew the home and the staff well.

People were supported to maintain their independence as much as possible by staff listening, taking their time and not rushing. For example,supporting people to walk with a zimmer frame, giving verbal encouragement and guidance. At lunchtime staff were seen checking if people had difficulty cutting up their food, if they did they would offer help, but would first offer encouragement to cut the food themselves.

The staff were seen to communicate well between themselves with a sense of willingness and cooperation between them. One person said to us, "They really do work as a team, they communicate well, it's really good". This encouraged an atmosphere that would be of benefit to the people living at the home, watching a team who were happy at work. A staff member said, "The team are really good, we all get on really well together. Communication is good". When the staff were asked, would they be happy for their own relative to be cared for in the home, all said yes.

Good

Is the service responsive?

Our findings

People said they were involved in their care plan and said how they wanted things to be done so this could be written down. People had choice, as one person said, "I can get up when I want and go to bed when I want, that's what's nice". Relatives agreed that people were involved in their care, one relative said, "Yes they do they get her involved in the discussion".

An initial assessment was carried out with people prior to their moving in to Sutton Valence care home, by the registered manager, the deputy manager or one of the registered nurses. People and their family members were fully involved, having the opportunity to discuss their needs and expectations. The assessment covered all aspects of the nursing and personal care required by the person as well as their social and emotional needs.

People said they were involved in their care plan and could change how things were done if they needed to. Care was taken to make sure the help people needed with their personal care and how they wanted this to be carried out was recorded to preserve their dignity and respect. One person said, "I asked them to come in and turn me in the night rather than leave me if I'm asleep. They changed the care plan to say this". People's preferences were clearly recorded in care plans. For example, what type of programmes they liked to watch on TV, what their links were with the local community, whether they liked to listen to music and what type. Care plans and associated risk assessments were reviewed regularly as a matter of routine to check if people's circumstances and wishes had changed or stayed the same. People were involved in reviewing their care plan and this was clear by the way they were written. Most people signed to say they were involved, although some people chose not to sign. People's relatives were also involved in planning their loved one's care. One relative said, "When it comes to planning her care we have a meeting every three months". One family told us they had some concerns they wished to raise and had asked for a review meeting. The registered nurse in charge of the unit their relative was on had arranged a meeting and they were all attending on the day we spoke to them.

The provider had a new initiative to promote people's wellbeing, called 'wishing well'. Focussing on activities people had wanted to do but not had the opportunity. The registered manager gave one example of a person who said they wanted to visit West Ham football ground and the wishing well programme would now make this happen.

The provider employed three activities organisers to support and encourage people to take part in organised activities and to find individual solutions. People were given the information they required about activities in the home and were able to make a decision whether they wanted to get involved or not. People attended organised activities some times and not others dependant on how they felt on a given day or their interest in what was on offer. The activities coordinators had engaged in a particular activity programme designed to provide a set of complementary services to enhance the mental, physical and emotional wellbeing of older adults. One of the three coordinators had been trained in the programme and had shared this with the other two. The activity was available most mornings to help people by stimulation and exercise so they felt the benefits through the day.

People told us of the activities they followed independently outside of the home, using public transport to get around. This had been fully supported by staff to enable it to happen. People were encouraged to follow hobbies and pastimes. One person had a sewing machine and told us they brought it into one of the lounges and sit in there to do their sewing.

The activities coordinators made sure they visited people in their rooms two to three times a week when poor health meant they were nursed in bed or in their room, not able to get to the lounge areas. These were social visits, to chat and make contact, but people could choose to have other interaction such as painting their nails or reading if they wished. The coordinators recorded the time spent individually with people on activity sheets kept in their bedrooms. This meant the registered nurses and managers could monitor any concerns around social isolation.

External entertainers visited regularly, for instance music artist impersonators were popular as were the pat dogs who visited twice a week. The pat dogs also visited people in their rooms if they requested a visit. The home had a minibus that was used to take people out, particularly in the summer months, for example, to the beach or a garden centre. One activities coordinator said, "I absolutely love it here, it is a really good home and they provide good care" and, "A lot of people don't get visitors, so it is important we get around to see people so they see as many people as possible".

The home had a hairdressing salon that was bright and fully equipped with proper hairdressing basins, mirrors and hairdryers. A hairdresser visited every week and people could book appointments. However, family members could also use the salon to do peoples hair too when they visited. A shop was open and available for a period of time every day, managed by people living in the home. The shop ran on a non-profit basis, paying for itself.

People were given information about how to complain and who to in the service use guide. One person said, "You can take your troubles to your main carer, she will take it on for you". Complaints received were logged on to the organisation's electronic 'datix' system. The investigation into the complaint, the outcome and when the response was sent to the complainant were all recorded. One complaint tracked through the system had taken two weeks from when the complaint had been made, through the investigation to the response sent to the complainant. Complaints were monitored by the registered manager and also the organisation. Learning from complaints and themes that arose were discussed at the organisations six monthly care quality meetings. Compliments received were also logged on to the same system and used to share good practice within the home and across the organisation.

Residents meetings were held on the first Friday of every month where people could get together with the registered manager and registered nurses to discuss the running of the home. Lots of discussion was held around such things as the food, suggestions for events and if people were happy with the care and support they received. One person told us, "I have no doubts I would be listened to if I had a concern". Another person said, "We do get listened to here". A relatives evening was also held once a month where the registered manager was available to meet with relatives should they wish. The registered manager told us she had found this to work well, rather than relatives meetings where few people attended. She was clear in saying that people or their relatives could talk to her at any time as her door was always open. However, having a dedicated evening set aside encouraged relatives to approach with a concern. A relative told us, "We did have a complaint last year and did raise this. It all got sorted though" and, "This manager deals with things straight away".

People also had the opportunity to give their views of the home by way of a questionnaire which was available to complete once a year. In the 2015 survey 64 questionnaires were sent to people and 26 were

returned. The provider had produced an analysis of the returned surveys which had suggested that 68% of those people had rated the home good or very good. The analysis had broken the responses down further into each category so that people were able to see what the consensus was. The results of surveys were made available to people and their relatives in a way that was easy to understand.

Good

Is the service well-led?

Our findings

People and their relatives thought the home was well run and had improved recently. One person told us, "They're very good here. This new manager seems be starting to stir things up a bit, you will see things improve". A relative told us how they and their family member were able to get involved with what was happening in the home, "Yes through meetings about every 3 months, and they have residents meetings the 1st Friday in every month". Another said, "Yes excellent, my mother has been here over nine years and I can't fault it at all".

The registered manager had arranged various events to involve the home in the local community. One of these was inspired by a 'combat loneliness' initiative launched by a national charity. The 'Friends together' day at Sutton Valence Care Home was a new event that had not yet had its first meeting. However, invitations had already gone out to the local community inviting people to join the home once a month. The intention was to lend an opportunity to people who were at risk of loneliness to have a relaxed place to socialise and make new friends while joining in activities.

The organisation's values were known by all staff and were displayed where appropriate in the home to remind staff of the values when going about their daily work. A 'flash' meeting was held each day which consisted of a quick meeting of all the senior staff on duty that morning, including registered nurses, chefs and senior housekeeping. The registered manager picked one of the five values to take to the meeting and informed all present what the value of the day was. For example it was 'happiness' on the day we visited. The senior staff would go back to their areas of the home and share the value of the day so all staff were aware that 'to be happy' was to be shared that day.
One staff member said, "I felt comfortable as soon as I came here. I won't be leaving any time soon!".

There was a registered manager in post. They had previously been the registered manager at the home and had been successful in applying for promotion within the organisation. They said that although they enjoyed their new role, they had a fondness for Sutton Valence care home that had remained with them. When the registered manager position became vacant they decided to move back to it. People and their relatives spoke very positively about the registered manager and how they got things done. One person told us, "It's very well run. The manager is always there and you can always talk to her" and, "If she is busy, she will always remember and come back to me". A relative said, "I'm pleased (the registered manager) is back. I have a lot of respect for her" and, "If there is a problem, it gets sorted immediately". Another relative told us, "The improvement is tremendous".

Leadership was a strong point, the registered manager spoke highly of her own manager and the support she received. The chief executive officer (CEO) was also well spoken of. Although an organisation spread nationally, the CEO was said to be hands on, encouraging an open culture. The CEO had recently spent time visiting services. Two days were spent at Sutton Valence Care Home, working in the home itself with the registered nurses and care staff, supporting people. Staff had very positive views of the registered manager and her leadership. They found her to be approachable and keen to hear their views. One registered nurse said, "I think it's managed well, everything runs smoothly". They also said, "All the paperwork is done when it

should be. We are given the time to do it". One staff member gave an example of needing to change shifts due to family commitments that had arisen. They went to see the registered manager who changed their shifts straight away to what would suit them best. The staff member was very grateful as it made a stressful situation so much easier. Another said, "I could go and speak to the manager and I know she would give me the time". Good leadership followed through to the registered nurses who were also highly thought of by their staff. One staff member said, "The managers and the nurses are all really good, everything runs smoothly and they are all approachable". Another said, "I can always speak to the nurses, they run the place really well". A health care professional gave examples of working together with the registered manager to improve outcomes for their patients and said, "I have a very close and effective working relationship with the management team whom I know well".

The provider sent out a staff newsletter once every three months with news and information to share with staff across all their homes. The spring 2016 newsletter had a lot of information, including news about the staff awards and employee of the month, thank you's from people and reviews of different homes. 'Love every day' events were also highlighted as these were a way of celebrating the vision and values of the organisation.

The provider had a 'datix' computer system in place to support the recording and monitoring of data such as accidents and incidents and complaints. All staff had access via laptops and computers around the home. Staff would log the information on to the system and the registered manager monitored the records on a daily basis. All reports were visible to the head office and senior management staff to monitor incidents and complaints at the home as well as analysing trends across the organisation.

The provider had a quality assurance programme to measure the quality and safety of the home. A planned timetable was in place for the year to undertake a range of audits. The registered manager and the registered nurses between them carried out a monthly audit, looking at five individual areas over the course of the year. For example, a medicines audit had just been undertaken by the clinical lead nurse, checking the medicines across the home, including ordering, administration and storage. A regional manager visited once a month to carry out a separate, planned audit, recording their findings and setting an action plan for improvements to be made. A senior management team from the organisation visited once a year to undertake a fully comprehensive audit of all areas of the home. An action plan identified following the visit ensured the registered manager and her team made the improvements required.

The registered manager completed a daily 'walkabout', speaking to people and staff and making sure everything was as it should be in the home. People and staff had the opportunity to speak to her and raise issues or point out good things to draw her attention to. As well as this informal opportunity, the walkabout was used as a formal quality and safety checking audit. The registered manager focussed on five people in detail, for instance their daily records, were they comfortable, clean and well groomed, was their call bell in easy reach. They checked the environment was free from hazards, looked at kitchen records and cleanliness and read through the nursing documents. The walkabout was recorded and any concerns were followed up. One relative told us about this, "(The registered manager) does things in a good way. She walks around, she often sees mum". A person was heard speaking to the registered manager about a piece of equipment in their bedroom that they felt was not suitable for them. They had tried different types before but it was still not right. The registered manager went away to get a catalogue and they sat together and chose the equipment that the person thought would be best for them. The registered manager ordered the equipment that day. People were listened to and had their views taken into account.