

Ashmere Nottinghamshire Limited

Sutton Manor

Inspection report

Priestsic Road
Sutton-in-ashfield
NG17 2AH

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Sutton Manor is a purpose-built care home providing accommodation for up to 45 people requiring nursing or personal care. At the time of our inspection, 32 people were living at the service. The accommodation was established over two floors. On the ground floor there was a large double height reception area, bedrooms a dining area, a large communal lounge, which was also used for delivering activities, plus two smaller quieter lounges off this. On the second floor there were bedrooms and office space. Access between the floors was via a lift or staircase which were secured to prevent risk of injury from fall.

People's experience of using this service:

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Not previously rated under this registration

Why we inspected: This was a planned inspection. At this inspection we found the service was Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sutton Manor

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Sutton Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and three relatives to ask about their

experience of the care provided. In addition, we spoke with five visiting health professionals.

We spoke with 11 members of staff including the nominated individual, registered manager, deputy manager, senior carer workers, care workers, the cook and the handyperson.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at six staff files in relation to recruitment and supervision records along with records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and their relatives told us the service was safe. One person told us, "They [staff] reassure me when I don't feel safe when they are moving me. I know I am safe. They reassure me by talking and putting their hands on mine." A second person added, "Everything here is safe."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support people using the service in the event of a fire.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, some people were at risk of falls from reduced mobility. Staff were able to identify and describe what assistance people required and how to keep them safe. A staff member told us, "We [staff] must assist [person] to walk otherwise they forget to use their walking frame and fall." Before lunch we saw a staff member assist the person to go to the dining room. We heard the staff member reminding the person to use their walking frame. People told us they felt safe when staff supported them using equipment, for example using walking frames.
- The provider had purchased a device known as a 'de-choker' designed to assist people should they have difficulty swallowing and breathing. All senior level staff were trained to use the de-choker and a defibrillator was available as well.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. We saw that where concerns were identified the provider took appropriate steps to protect people's safety.
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. Comments included, "If you ring the bell, they will come and help you", "It is well staffed here" and "There's enough staff for the number of residents we have. Plenty of staff to meet people's needs."
- Safe and robust induction procedures were followed and appropriate checks were completed for all staff. This helped to protect people from the risks of unsuitable staff.

Using medicines safely

- Staff completed medication training and competencies were completed by the registered manager or

deputy manager. We observed staff administering people's medicines and saw medicines were stored, administered and recorded safely.

- People told us they were happy with the support they received to take their medicines. One person said "They are good with the tablets, we get the right tablets at the right time." A relative added, "They give the tablets each morning. They put them in front of [relative] on the table in a line."
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines. This helped to protect people from the risks associated with medicines.
- Staff told us medicine procedures and storage were monitored effectively. One staff member said, "Audits and checks are undertaken every night to make sure medicines are correct." We saw audits for medications to confirm this.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. People and their relatives told us the service was clean and they had no concerns regarding the spread of infection. One person said, "Cleanliness is good", a relative added, "the bedroom and toilet are nice and spotlessly clean – always." Our observations supported this.
- Staff were observed using good infection control and prevention practices, including hand washing and use of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use these as learning opportunities to try and prevent future occurrences. They told us, "Every day is a learning day. Anything that needs investigating we hold a staff meeting. All meetings are recorded (with staff knowledge) and typed up afterwards."
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence. The registered manager showed us an example of an updated risk assessment and care plan, along with a referral to the falls prevention team, for a person following a fall at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People received a comprehensive assessment of their needs prior to admission at Sutton Manor and these were regularly reviewed. Care plans contained information about people's choices, likes and dislikes and preferences for how their care was delivered. For example, preference for male or female care staff.
- The provider was awarded a contract by the local NHS trust to provide rehabilitation services for people leaving hospital called, 'Short Term Rehabilitation Scheme'. This allowed hospitals to free up beds for acute care and enabled people to receive rehabilitation and preparation for returning home in a less clinical, more homely environment.
- We sat in on a weekly meeting of the 'Short Term Rehabilitation Scheme' team meeting attended by the Managing Director, registered manager, a physiotherapist, occupational therapist, nurse and outreach worker. The meeting discussed people's current physical, social, financial and environmental needs. As well as planned care, upcoming appointments, homecare and equipment needs.
- At the time of our inspection, the project had been running for three months so formal analysis of its effectiveness was not available. However, feedback from health professionals involved in the project was very positive. Comments included, "This has really helped us with winter pressures. Twenty beds makes the difference between a black alert (serious concerns for the viability of services) and just coping." "It's freed up 20 acute beds, seen 50 patients since December, it's good, a positive impact." "The ease of referral has greatly improved. It's very simple to discuss the suitability of a placement now."
- Following our inspection, we were provided with evidence that the project had reduced the recurrence of people returning directly to hospital following discharge and had exceeded its target for people leaving the service and living independently at home. This meant that the project had been extended beyond the projected end date and would include more people. The project was also nominated for a national NHS innovation award.
- Staff worked well with other agencies including, GP, district nurse, Dementia Outreach Team (DOT). Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff.
- A dedicated training manager was employed by the provider. The registered manager told us this role had

greatly improved the quality of and access to training for staff. "The training manager just makes things so much easier for us to access training now. They'll even come in on a Saturday to make sure everyone gets the training."

- All staff had either achieved or were working towards the care certificate. A nationally recognised training qualification in care.
- Staff told us, "I've worked in care for years and years but I still had an induction when I started here. It was good. My induction was two weeks and included policies, procedures and working with other staff who had been here for a long time." Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff we spoke with told us they received one to one supervision sessions. A staff member told us, "My last supervision was a few weeks ago. A discussion takes place about my work and learning needs." Records we saw confirmed staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- We observed the lunchtime meal which was a calm, pleasant experience. We noted that people were not always offered a choice of meals. The menu used displayed the options for two days which, combined with the small type size, meant that people were not always aware what the meal options were. We asked three people and two staff members what the menu choice was for today and none were able to tell us. We reported this to the registered manager who informed us they would update the menu to make them easier to read.
- Catering staff were very knowledgeable about people's specific dietary requirements and these were communicated to the care staff on a regular basis.
- People told us they enjoyed the food served and they had enough to help maintain a healthy diet and nutrition. One person told us, "Perfect food, you couldn't ask for better. You get a choice. I love the porridge in the morning." A second person added, "The food is plain but edible. Basically, good food. They ask what you'd like, there's a choice. Sometimes they come around and ask you." However, we noted that people were not offered a choice during the meal times we observed.
- People were asked if they required assistance or aprons for when they were eating their meal and staff waited for their consent before proceeding. This showed a respectful approach to supporting people with their meals.
- People were provided with adaptive cutlery if required and the service used different coloured plates to indicate people who required assistance to eat or where at risk of choking.
- A staff member told us, "We [staff] know people who are at risk of weight loss. We assist the people to eat and their food has butter and cream added to it." Another staff member said, "Some people are on soft diets as they are at risk of choking."

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

- People had a say in the decoration of their own rooms and communal spaces. Peoples' rooms were well presented and individualised with personal belongings and furniture. Some of the rooms had recently been redecorated to a very high standard. People living in these rooms told us they were very happy with the decoration.
- Clear signage was displayed throughout the home and people's rooms were clearly numbered to ensure they were easily identifiable.
- Each floor was level throughout, with a lift provided between the two for ease of access.
- People had access to open space outside the home which was well maintained and utilised in warmer weather.

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

- Where people required support from healthcare professionals this was arranged. The GP carried out regular visits for all people and attended when requested. We saw records of regular visits by and appointments for, district nurse, optician, chiropodist and falls team.

- People told us, "I see the physio because I had a fracture." Another person told us, "The doctor comes here regularly." A staff member told us, "The doctor and other health care professionals visited here regularly as do the district nurses."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff displayed excellent knowledge of the MCA legislation and its application. One staff member told us, "I know the people who have DOLs (and gave us the names). DOLs are applied for when people are not able to make their own minds up. Some people need 24 hours care and regular supervision; others would not be able to go out safely on their own".

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our visit, we observed a warm, pleasant and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. One person said, "I've been in some care homes and this is the best by far. They look after you and make sure you are safe."
- People and their relatives spoke highly of staff; comments included, "They are all very good here. If I ask them to do something for me, they do it." "You couldn't have better care and kindness from all of them", and, "They are nice and kind. No problem."
- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well. A staff member told us, "I love the camaraderie we have with staff and residents. It's good to have a giggle and a bit of banter with each other."

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. For example, during meal times or assisting people with personal care.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Relatives were able to visit at any time. One relative said, "I visit lots, at different times and my sister visits too. We're made to feel welcome. We're offered a cup of tea."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person said, "I am treated well with dignity." A relative added, "[Relatives] hair is always brushed, and they always have clean clothes on. Whoever washes the clothes does a good job – quick turn around and well done."
- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. Dignity and empathy training was included in the mandatory training for staff and a dignity champion was present on each shift.
- The registered manager had accessed simulation training for staff to enable them to experience the sensory and physical impairments people in their care live with. The manager told us, "It's good just to remind staff of the deterioration people live with and help them understand why they sometimes can't do something."
- People were supported to maintain their independence as much as possible. We observed many incidences of staff encouraging and supporting people. One person told us, "Staff do encourage people to do things for themselves." A second added, "I am here for a short time only. It is important I do things for

myself to retain my independence as I will go back home soon"

- A relative said, "the staff encourage [relative] to walk...their walking is coming on well". Staff told us, we [staff] promote independence even if it is small things like putting socks on or face washing".
- People's information was stored and managed securely which protected their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of individuality, purpose and belonging.

- Staff displayed a good understanding of people's needs and wishes.

- The service had worked to develop good community involvement. Children from a local primary school and nursery visited once per month. People valued these visits and enjoyed meeting the children.

- The service and school had set up a pen pal scheme for children and people at the service to write to each other. The children had also worked to create a book at school which they came and read at the service. People and their relatives told us how much they enjoyed this.

- A weekly reduced access day care service was provided. This enabled local people to access entertainment and support at the service whilst also providing social contact and an update on local community activity for people at the service.

- The management team had an understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.

- We saw that some staff were funded to learn sign language to help with communication and that information was available in large format and easy read versions.

- Care Plans were detailed, person centred and gave the reader an understanding of the person's needs both physically and spiritually. Information about the person's life history, important events and important people were included to ensure the reader understood the person and their needs fully.

- The service used a computerised care planning system Personal Care Software (PCS) which enabled care needs to be recorded and updated in real time and helped ensure care was responsive to people's needs.

- People had access to a wide range of meaningful and interesting activities throughout their day. One person told us, "Oh yes plenty of things to do". A second added, "There's quizzes, ball activity, bingo, the

children come in too and there is entertainment too."

- During our inspection a specialist activities project called 'Creative Paths' course visited the service. People could take part in craft and modelling activities using specially adapted computer tablets. The coordinator of the project told us this was the third time the service had invited them and felt staff and the registered manager were very supportive of the aims of the project.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the manager would respond appropriately. One person said, "I have no concerns or complaints at all. Everything here is good. I feel I could tell any of the staff if I had a complaint."
- Staff we spoke with knew how to respond to complaints. They would report any complaints or concerns to the management.
- The providers complaints policy was displayed prominently and staff could describe their role in supporting people to raise a concern.
- We saw that any complaints received were investigated quickly and honestly and followed the provider's complaints policy. Any learning from the complaint was shared with the complainant and staff.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- End of life (EOL) support was included amongst the mandatory training that all staff must complete.
- Were appropriate, staff had held discussions with people and their relatives regarding EOL care and these were recorded sensitively in care plans.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service, management and staff were very compassionate and supported people's relatives and friends as well as staff, before and after a person passed away.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed and up to date information on how a person should be supported, including consideration to their needs and wishes.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated.
- The registered manager and provider were members of a quality monitoring group made up of local care service providers called 'Friends of Excellence.' The aim of the group was to share best practice to improve the quality of care for all services in the area.
- To ensure that people received care from a stable consistent staff team, staff were promoted within the service.
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required, lessons were learned if errors had occurred. Staff took joint and individual responsibility for reflective learning from incidents and near misses and shared their learning with others.
- There was a registered manager at the home and the rating was displayed at the home and on their website.
- Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care.
- The registered manager had worked with staff, relatives and people using the service to develop a bespoke vision and values statement. People were asked to state which one word described Sutton Manor and these were combined into an updated statement of purpose.

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

- The provider and registered manager had created an open culture and developed very positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "The manager is approachable. There is an open-door policy." Another said, "It's not just for work stuff, they are so supportive about everything. The manager will always check if you are alright."
- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative. One staff member said, "We have bi-monthly supervisions, you can raise

an issue and know they will act on it. Afterwards we sit and discuss what needs doing."

- Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.
- The provider and registered manager were passionate about providing responsive, effective person-centred care and this was reflected in every aspect of the service. We saw when accident or incident was recorded they were reviewed and the learning shared.

Engaging and involving people using the service, the public and staff, Working in partnership with others

- People and their relatives had the opportunity to give their feedback about their experiences of the service.
- Regular relative and resident meetings were held and a satisfaction survey carried out and feedback from these was overwhelmingly positive. One person said, "It has been perfect. I can't fault them." A second person added, "They are marvellous here. Best care home I've been in."
- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service. Particularly around the 'Short Term Rehabilitation Scheme' rehabilitation project.

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these. A staff member added, "If I thought even the tiniest thing was wrong I would go straight to the manager or deputy or senior. Everyone is very approachable and would do anything to deal with a problem."
- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. Staff received a handover at the beginning of each shift so they were continuously updated on people's current needs.
- We reviewed numerous case studies which showed people had experienced positive outcomes since living at the home.