Sutton Village Care Home Limited

Sutton Village Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 29 March 2018 and was unannounced. Sutton Village Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection. The service provides accommodation and personal care to up to 33 people. This includes an extension with 10 single en-suite bedrooms. Both parts of the home have a range of communal rooms and bathrooms. The service has parking facilities, a courtyard and a garden.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

At the last inspection on 30 March 2017 and 04 April 2017, we found the service requires improvement.

During this inspection, we found that although the service had taken steps to make improvements, which we recommended during the last inspection, the service continued to requires improvement.

At the last inspection, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure systems and process were established and operated effectively to assess, monitor, mitigate risks and improve the quality and safety of the service. We asked the provider to complete an action plan to show what they would do and by when to improve the key question well-led to at least good. The registered manager completed an action plan showing how they would meet Regulation 17 of the Health and Social Care Act 2008, to improve the governance of the service.

During this inspection, we saw that the registered manager and provider had put systems in place and improvements had been made so there was no longer a breach of Regulation 17. However, some further improvement was still required.

We found medications were not always administered as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two people had not received their pain patches which could have put them at risk of possible harm. Guidance to support staff to administer specific medication did not always include sufficient information for staff to administer these as prescribed. You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments were in place; however, risks were not always appropriately reviewed and updated when people's needs changed. This meant people could have been at risk of potential harm. For example, we saw for one person action had been taken to protect them from the risk of falling. However, their risk assessment

had not been updated after they had experienced falls, to ensure staff were aware of additional measures that were needed to prevent further falls.

Staff were recruited appropriately and there was sufficient staff. However, they were not always deployed appropriately at meal times. This meant some people were not supported to eat their meals at the same time as everyone else and had to wait to be supported.

Staff had received safeguarding training and were knowledgeable about safeguarding and how to report concerns to protect people from harm.

The service was clean and infection and prevention control procedures were in place to prevent the spread of infection.

People were supported by staff who had received relevant training and were suitably qualified for their role, to meet people's needs.

Consent was gained before care and support was delivered and the principles of the Mental Capacity Act (MCA) were followed within the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of their responsibility in relation to DoLS. When people were unable to consent to their care and staying at the service the registered manager had applied for DoLS as necessary.

People were supported to meet their nutritional needs and maintain a balanced diet. People were offered choice at meal times and if people's choices were not available, staff would seek to accommodate their preferences.

People were cared for by staff who were kind and respectful and treated people with dignity. People were supported to maintain their independence where possible.

People's healthcare needs were responded to and when concerns were identified, relevant professionals were contacted for their advice and guidance.

Care plans were in place for people who used the service so staff knew how to meet their needs; These were detailed and person-centred. However, some of the care plans we saw were not updated as people's needs changed. The registered manager told us they were aware of which ones required updating and would ensure this was completed.

People were supported to access social and leisure activities and maintain relationships with family and friends. The service had developed links with the local community and worked in partnership with other professionals and organisations.

People were supported until the end of their life. The registered manager had developed a template for recording people's preferences and wishes about the support they may want at the end of their life. However, these had not been completed so people's wishes were not recorded. The registered manager told us these would be completed, so people had the opportunity to express their wishes for future care if they wanted to.

Records showed very few complaints were received. A complaints policy was in place and people told us

they knew how to make a complaint if needed.

The registered manager understood and fulfilled their responsibilities to report accidents and incidents, as well as other notifiable events to the Care Quality Commission as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medication was not always administered correctly. Guidance was not always available to staff to administer medication as prescribed.

Risk assessments were in place. However, risks were not always appropriately reviewed and recorded in detail, which meant people could have been at risk of potential harm.

Staff were recruited appropriately and there was sufficient staff. However, they were not always deployed appropriately at meal times.

Staff were knowledgeable about safeguarding and knew how to report concerns.

The service was clean and staff wore gloves and aprons to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

People were supported by well-trained staff, who were suitably qualified and supported in their role.

People were supported with eating and drinking and supported to access appropriate healthcare.

Consent was obtained and the principles of the Mental Capacity Act 2005 were followed. Authorisations for Deprivation of Liberty Safeguards had been requested.

Is the service caring?

Good

The service was caring.

Staff were observed being friendly and kind towards people using the service.

People were treated with dignity and respect and staff were aware of the importance of maintaining confidentiality.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and plans were in place for staff to support people in a person-centred way. People were supported to access activities, which they enjoyed.

People's needs were reviewed, although some care plans did not reflect detail of people's changing needs. We discussed this with the manager and they told us these would be updated.

People were supported until the end of their life and their needs were met. Care plans were being developed to identify people's preferences for end of life care.

A complaints policy was in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements had been made in implementing a formal quality monitoring system but this was not always effective in identifying shortfalls in care planning, risk management and medication. This meant potential issues could not always be addressed.

Some systems had been implemented to identify and address any possible gaps in staff development but the systems for monitoring this continued to require improvement.

Questionnaires were completed by people who used the service and their views were taken into account and acted on. The service worked in partnership with other organisations.

The registered manager submitted notifications to the Care Quality Commission as required.

Sutton Village 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.

This inspection took place on 29 March 2018 and was unannounced. The inspection was completed by two adult social care inspectors. At the time of this inspection, 31 people were using the service.

Before the inspection, we contacted the local safeguarding team, commissioners and Healthwatch to gain their views. Healthwatch is the independent national champion for people who use health and social care services. We also reviewed information held about the services including statutory notifications, which the provider had submitted. Statutory notifications contained information about important events which took place at the service. For example, safeguarding incidents, this gave us information about how incidents and accidents had been managed.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is 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 took this into account when we inspected the service and made the judgements in this report.

We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection, we spoke with two people who used the service and eight relatives. We also spoke with the registered manager, the provider and five members of staff.

We looked at three people's care plans along with the associated risk assessments and Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their

best interest.

We looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, recruitment information for two members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection control practices.

Requires Improvement

Is the service safe?

Our findings

Medications were not always administered as prescribed; two people had not received a pain patch which they were prescribed. We saw there was an additional pain patch stored, for each of the two people, which staff had signed to say had been administered. We spoke to staff and they could not give an explanation for this. We asked staff about the impact of this on the two people who should have received these. They told us they had not displayed any signs of pain, although this had the potential to affect these people's health.

Guidance was in place for administering some medications, for some people, but not others. This meant staff did not always have all the relevant information they needed to administer medications safely. For example, for a person who required paracetamol up to four times a day there was no guidance available to staff to administer this. Some people at the service were living with dementia and may have been unable to communicate when they were in pain. Guidance should have been available to staff, so they would know when to administer the medication, so people would receive their medication safely.

A medication policy was in place; however, this did not cover all areas such as the use of covert medication. We pointed this out to the registered manager and they agreed to review and update the policy.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medications were stored appropriately. A relative told us, "Medication is taken care of and more importantly dispensed at appropriate times." One person said, "[There are] no issues [with medication, I am] never left in pain."

Risk assessments were in place. However, some lacked details specific to the individual and some of these were outdated when people's needs had changed. This meant people could have been at risk of potential harm, if risks were not responded to appropriately. For example, we saw one person had multiple falls. Although appropriate action had been taken to reduce this risk, including making referrals to other health professionals and using equipment, details of this had not been reflected on the person's risk assessment.

People at the service said they felt safe. Staff were knowledgeable about safeguarding and knew how to respond to concerns. Staff told us about different types of abuse and how they would recognise signs of abuse. One staff member said, "When you know a resident you are able to recognise any changes that may cause concern."

Systems were in place to allow safe recruitment of staff. This included making appropriate checks with the Disclosure and Baring Service (DBS) before staff were allowed to start employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Staff levels appeared sufficient to meet the needs of people using the service. The registered manager told

us, "Staffing is based on needs", "We prefer not to use agency staff if we can avoid it" and "We want to portray a homely environment." The registered manager told us about a person who recently required more support due to a change in need for a short period of time; they told us they provided the additional support themselves to allow staff to provide support to other people.

People told us they knew staff by name and they felt there was enough staff available. One relative told us, "Staff seem to be under pressure at times but care is excellent; the staff are very friendly and mum knows all their names." One member of staff said, "I don't rush, if people need time, I spend the time." The registered manager was available most days and the provider told us, "I split my time between this service and another by spending most mornings here."

We saw at meal times the deployment of staff was not organised. During the main meal at midday, we observed staff were supporting people to eat. However, some people had to wait to be supported with their meal while staff were supporting other people. We saw one person was left waiting for their meal to be brought to the table, while the person next to them had already finished their meal. We discussed this with the registered manager and provider so they could consider how they organised this in future.

We saw the service appeared clean and a cleaning schedule was in place. The registered manager told us bedrooms were cleaned on a daily basis. There was no odour, apart from one bedroom, which the registered manager immediately asked staff to clean. People we asked about the service told us they thought the service was clean. Infection control practices were in place and staff told us they had access to gloves and aprons to prevent the spread of infection. We saw staff wore aprons and gloves throughout the day when appropriate.

Maintenance records and safety certificates were in place including fire, gas, hoists and electrical testing. Some equipment was kept in the hallway, which we told the registered manager and provider needed to be stored out of walkways so this would not be a trip hazard. Staff had received first aid training and fire safety training. A fire risk assessment was in place. In addition, each person had a personal emergency evacuation plan detailing the support they would need if the building had to be evacuated.

Accidents and incidents were recorded and we could see the registered manager had reviewed these and actioned anything that they felt needed following up. The registered manager was aware of their responsibility to inform CQC of certain notifiable incidents that may take place, including safeguarding concerns. We cross-referenced the accidents and incidents recorded with the notifications we had received from the service and found they were compliant with this.

Good

Is the service effective?

Our findings

The registered manager told us they assessed people's needs before they received a service. A member of staff told us, "People are assessed before they come in so information is in the care plan." People were supported to access healthcare services when needed. We saw contact with health professionals had been made and advice had been acted on. One person said, "[Staff] call the GP when needed." A relative told us, "The home are very efficient in alerting medical staff when needed for dad." Another said, "There was excellent support when mum had to visit hospital."

People were supported to maintain a healthy and balanced diet and people were supported with eating and drinking. Comments from relatives included, "Mum is satisfied and happy with the quality of food", "They bring round a menu for mum to choose" and "There is a good variety of meals and staff help with feeding when required." People were offered choice between two meals at lunch time and if people had dietary requirements these were catered for. The registered manager told us the menu was changed in line with the season and people's preferences. They also said, "If someone likes something as a one off we can get it; if someone says they like fish and chips we will go and get it." We saw one person was offered an alternative choice when they did not want the dessert that was offered. One person told us they did not like either of the choices available on a certain day. We told the registered manager, with the person's agreement, and they spoke to them about what they would like instead and provided this for them.

People were supported by skilled staff who knew how to meet their needs. A relative told us, "They [staff] have given the time to get to know mum and understand her needs which is difficult, given she cannot communicate well." Another told us, "Senior staff are exceptional and some go above and beyond and junior staff seem willing."

Staff received an induction when they started working at the service. This included time spent shadowing, (working alongside experienced staff) until they felt confident they could meet people's needs. A member of staff told us, "The induction is very good. I was shown around the home and got chance to read the care plans. I did shadowing for about a week." Another member of staff told us, "If we need more training we will ask [registered managers name] and they will get a course on that."

Staff were supported to access training. They were also supported to gain additional vocational qualifications relevant to their role. For example, a member of staff told us they were being supported to gain a level three qualification in health and social care. A family member told us, "Yes [staff] go on training courses. I feel confident they know what they are doing when I'm around."

During the last inspection staff had not received an appraisal. The registered manager showed us this was being corrected and most staff had received an appraisal in 2017. Staff also received supervision.

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 saw consent was obtained before providing care and support and we heard staff asking people their permission before providing support. Staff were aware of the importance of obtaining consent. One member of staff told us, "[I seek consent by] asking [people] and seeing what is written down and checking people's facial expressions."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The registered manager was aware of their responsibilities in relation to the DoLS and had requested DoLS authorisations to the 'supervisory body' when necessary.

We saw the principles of the MCA had been followed when making decisions but there was not always a record of this. For example, we saw there was a record evidencing the MCA had been followed when making the decision to put bed rails in place for a person but there was no record for making the decision to put a falls sensor mat in place. This would be needed so people were supported to have maximum choice and control of their lives and supported in the least restrictive way possible. The registered manager was able to explain how this decision had been made following the principles of the MCA but this had not been recorded. We highlighted this to them and they acknowledged they had not considered recording this decision but would in future.

We saw most people's care plans had been written to ensure staff provided care and support in the least restrictive way to meet people's needs whilst also supporting people to make choices. For example, in one person's care plan we saw detailed information explaining how staff should support the person to get dressed. It said staff should offer the person choice about what to wear but explained because of their memory impairment they may not always be able to make a choice. On occasions when the person was unable to select their clothing it detailed what the person liked to wear so staff would know what to choose.

We saw the service was accessible for people although dementia friendly signage was not always visible. Some toilet doors did not have a sign on to make this easy to locate and other toilet doors had multiple signs on which could have caused confusion for people with a memory impairment. The registered manager showed us they had new dementia friendly signs for all toilet and bathroom doors and told us these would be displayed. They said, "People can decorate their rooms." We saw rooms were personalised with people's belongings and photographs.

Good

Is the service caring?

Our findings

People were supported by kind and friendly staff. Comments from people included, "[Staff are] always at my beck and call" and "The lady at reception gets me my paper and anything else I want from the local shop." Another person said, "[Staff] are nice and caring."

We observed staff were kind and caring throughout the day and spoke to people in a friendly manner. We observed positive interactions in the dining room between staff and people who lived at the service, who were smiling. A family member told us, "Staff are caring and professional and always make time to talk to mum." Another said, "Mum is happy with her life here and feels she can do as she wishes."

A member of staff told us, "It's like a family" and another said "I love [the job]; I think it's great. All staff are good with the residents", "I have worked at a few places and feel it is a family loving home," and "I treat [residents] like my own mum and dad."

During our inspection, there was a calm atmosphere and people seemed relaxed. The provider told us, "We are very relaxed, we like it that way. We are trying to portray a homely environment."

Staff treated people with dignity and respect. We observed staff supported a person to maintain their dignity by rushing to assist them to alter their clothing after they had come out of the toilet without securing their trousers first. We heard staff speaking to people using their name and addressed people by their title when this was preferred.

One member of staff told us, "[We maintain people's independence] by asking them and letting people do things for themselves." The manager told us, "We support people to do as much as they can for themselves. [We] try and find out what they did for a living or what they did as a family and keep that going. It is about keeping choices open to them and asking them." They also said, "If it is about their mobility we would get the physiotherapist involved and make sure they had the right equipment." We saw in people's care plans that there was detail about people's life history and interests and people were supported to access equipment to maintain their independence.

Staff were aware of equality and diversity and how to protect people from discrimination. Staff were aware of people's protected characteristics and supported people to maintain their cultural and religious beliefs. Staff discussed one person who changed how they practised certain aspects of their religion. One member of staff told us, "[Staff] had a discussion with the whole family; It was about whatever the person wanted."

Care records where stored securely in a lockable cabinet, which only relevant staff had access to, to protect confidentiality. We observed that this cupboard was kept locked throughout the day when not in use. Staff were aware of the importance of maintaining confidentiality and people's privacy. One staff member said, "This is their home not ours." We saw staff were respectful and knocked on people's doors before entering their rooms. One person told us, [Staff] always knock on my door."

Information was made accessible to people in an easy read format. People received a service user guide before moving into the care home to support them to access the service.

Good

Is the service responsive?

Our findings

A relative told us, "Staff are always available regarding all care issues" and "Mum is very well looked after." We saw people had care plans, which were detailed and person-centred so staff would know how to support them to meet their needs, in line with their preferences. For example, one care plan we reviewed included a detailed page about how somebody liked to be supported to get ready in the morning. Details were included such as '[Name] does not have her hair washed on her bath day, she likes to have it done by the hairdresser on a Tuesday afternoon,' and '[Name] will use her own products while in the bath, these are located in her bedroom in the white cupboard next to the sink.'

Care plans were reviewed on a regular basis and included information about people's abilities, levels of independence and healthcare needs. People's likes and dislikes as well as their life histories were also included, so staff could provide person-centred care. Staff we spoke with were knowledgeable about people's needs and how to support them. However, we saw one person's care plan failed to include relevant details when their needs had changed, following a recent deterioration to their health. This meant staff could not access current information in this person's care plan. The registered manager told us they were aware of whose care plans needed updating and would ensure this was done.

People were supported at the end of their lives to have a comfortable, dignified and a pain free death. We saw family had sent thank-you cards to thank staff for their support. The registered manager was aware that people's views and wishes for end of life care were not captured in people's care plans clearly, so they had developed a template for recording this information. We saw in one person's care plan their views and wishes about end of life care had not been considered. This posed a risk that people's preferences might not be known or respected. The registered manager told us these would be completed so people had the opportunity to express their wishes for future care if they wanted to.

There was a complaints procedure in place and system for recording complaints. The procedure covered details of who to contact, their contact details and timescales of when this should be responded to by. People we spoke with told us they knew how to make a complaint but they did not have any concerns at the time. People felt if issues were raised, they would be responded to. A relative told us, "Feedback was given to [manager's name] and this was acted on appropriately." Another said, "I feel comfortable to raise concerns but have never needed to." One relative also told us, "We feel that we can raise issues with staff but have not had the occasion to do it." The number of complaints received was very low; these had been responded to appropriately.

We observed people engaging in different activities throughout the day including crafts and baking. We saw people laughing and enjoying this. The registered manager told us, "The responsibility for planning activities is shared between myself and other staff who enjoy this." The service had developed links with the local college and people told us they enjoyed visiting the local college to take part in activities. The registered manager told us people enjoyed having singers visit and people would be given the choice to choose an entertainer when it was their birthday. One person said, "[I] prefer to stay in my room and watch TV [but I] go down to watch entertainment...the singer is good."

People were protected from discrimination and supported to live their lives at they wished. We saw people's right and choices were promoted and valued.

Requires Improvement

Is the service well-led?

Our findings

Following the last inspection, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager submitted an action plan detailing how they would ensure systems and process were established and operated effectively to assess, monitor, mitigate risks and improve the quality and safety of the service in order to be compliant with Regulation 17. During this inspection, it was found the registered manager had implemented a system to assess and monitor the safety and quality of the service and was no longer in breach of Regulation 17. Although improvements had been made, this required further development.

The registered manager completed weekly audits of domestic duties, the environment and health and safety. They also completed monthly audits including staffing, care planning, safeguarding, DoLS, staff supervisions and appraisals and medication. The processes in place for monitoring the safety of the service had been unsuccessful at identifying medication errors. On two occasions staff administered pain relief medication to a person incorrectly which meant they were at risk of avoidable harm. The registered manager had systems in place to assess and monitor the use of this medication but this system did not recognise this error and the opportunity to learn from this mistake and reduce the risk of further medication errors being made in future was unsuccessful.

The registered manager had implemented procedures for checking other activities such as care planning and had recorded these checks when completed but the quality of these checks had not been recorded. For example, the registered manager had monitored that people had care plans in place but the content and quality was not assessed. They told us they knew which care plans needed updating but this was not recorded in the audit. Furthermore, there was no action plan to identify any outstanding actions so the opportunity for learning and development had been lost.

Some systems had been implemented to identify and address gaps in staff development. The registered manager had a system in place for checking staffs knowledge in certain areas, such as safeguarding. They had a system to check staff competency in other areas, such as medication but there was no process for keeping track of which staff had completed this and how often this needed to be reviewed. The registered manager acknowledged this and agreed to implement a process for monitoring this. Staff had access to training and were encouraged to complete additional training but there was no system in place for monitoring when training was due next. The registered manager acknowledged this and said this information would be collated.

People told us they were asked for the views about the service and felt listened to. The registered manager had developed systems to gain feedback from people using the service. They had analysed information from staff and developed an action plan to implement changes and to drive improvement. The registered manager had sent out questionnaires to people using the service and their relatives but had not developed an action plan to make any changes following this. We discussed this with them during the inspection and they told us this was something they had planned. Following the inspection they sent a completed action plan of improvements they were making following people's feedback.

There was a positive culture in the home shared by management staff, people and their families. A staff member said, "We are a team." A family member said, "The service is managed well enough; [There is] good communication and leadership."

The registered manager told us, "We have an open door policy." We saw they were visible throughout the day. People knew who the registered manager was. A staff member told us, "Management support is very good." Staff told us they attended monthly staff meetings. We reviewed the last team meeting minutes and saw information was shared by management amongst the staff team and there was opportunity for staff to be heard.

Staff were provided with a handbook when they started work at the service which provided relevant information including the services policies and procedures.

Links had been established with the community including the local college where people visited for activities and students came to the service for work experience.

We reviewed the accident and incident records held within the service and found that the service had informed the Care Quality Commission of notifiable incidents as required. We had also been notified about DoLS, this showed us the registered manager had a good understanding of their responsibility to report notifiable events to the CQC as required under their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management and administration of medications was not always safe. Appropriate guidance was not always available to staff to ensure medicines were consistently administered as prescribed.