

## Sutton in the Elms Care Limited

# Sutton in the Elms

### 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

### About the service

Sutton in the Elms is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People told us they felt safe and could approach staff if they had any concerns. Staff had received training and understood their responsibilities to safeguard people from abuse and avoidable harm.

Risk was assessed and managed. People's freedom and autonomy was respected and upheld. People were able to take informed risks and staff knew how to manage distressed behaviour and offer reassurance. Checks and routine maintenance was carried out on the premises and equipment used. Health and safety audits were carried out so that any risk could be identified and managed.

Staff knew how to reduce the risk of infection and had all the equipment they required such as gloved and aprons and appropriate cleaning products. People had their medicines in the right way and at the right time in the way they preferred.

Staff received the training and support they required to meet people's needs. People said that staff were competent, approachable and friendly. People and staff had developed positive relationships.

People enjoyed their meals and had enough to eat and drink. Staff took action when nutritional risk was identified or people had specific nutritional needs. People had access to healthcare services and staff knew how to recognise deterioration in health and wellbeing. The service provided nursing care so there was a qualified nurse available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were able to follow their chosen hobbies and interests. There were a range of activities which people enjoyed. People's friends and family were made welcome at the service. Complaints were taken seriously. Action was taken to resolve complaints and they were used as an opportunity to improve and learn.

People and staff praised the registered manager and said they were open, approachable and accessible. Audits were carried out to monitor the quality of the service. Action where this was required. People, relatives and staff were asked for their feedback about the service and this was used to make changes and improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection we rated this service Good (report published May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led.	<b>Good</b> ●

# Sutton in the Elms

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector 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 in the Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the provider, registered manager, nurse, two care workers and a cleaner.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe. No one can walk in. The staff are not bullying. Another person said, "I'm very safe, staff keep a check on me."
- People told us they felt confident raising concerns with staff and felt sure they would listen and act.
- Weekly 'residents' meetings were held and each meeting began by asking people if they had any concerns about anybody living at the service.
- Staff knew how to recognise the signs of abuse and how to report it. They knew how to escalate concerns to other agencies such as the local authority safeguarding team should they need to.
- Staff had confidence in their manager and said all concerns would be taken seriously and action would be taken.
- The registered manager contacted the local authority safeguarding team if they suspected any risk of abuse. They gave us examples of when they had done this and how this had protected people.

Assessing risk, safety monitoring and management

- Risk was assessed and management plans were in place to reduce any risk of harm. One person who was at risk of pressure sores told us, "The nurse puts cream on my sore feet and the skin is intact. The carers change my position in bed regularly".
- Risk assessments for mobility, oral health, nutrition and pressure sores were completed when people moved in and were reviewed at least once a month. Staff knew what action to take to reduce risk such as monitoring food and fluid intake, positional changes and the use of equipment such as walking frames.
- People had their freedom respected and were able to take informed risks so they could maintain their independence. For example, some people chose to mobilise independently in their rooms even though a risk of falling had been identified. Staff respected people's choice to do this.
- Staff knew what to do in the event of an accident or incident. One person told us, "I fell three weeks ago. I called for a nurse, who came, and helped me. They got two carers to hoist me gently. A doctor came that night to check me and a carer stayed with me. I had a chest infection and got antibiotics. I have a wheeled walker to get about but don't always use it. Staff keep a check on me."
- Care plans were in place for risky or distressed behaviour caused by conditions such as dementia. Where distressed behaviour occurred staff took time to understand the cause of distress and how to reduce it.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "Unless staff are very busy, I don't have to wait more than a few seconds. My longest wait was about five minutes" Another person said, "There are enough carers. They do have busy periods at getting up and bed making times. But I don't have

to wait more than 10 minutes"

- We saw that staff attended to people's needs and requests quickly and spent time with people. They gave people the time they required and did not hurry them.
- The registered manager used a dependency tool to calculate the number of staff required to meet people's needs and keep them safe. This was reviewed frequently and changes made accordingly.
- The service provided nursing care so there were always qualified nurses on duty.
- Staff were recruited in a safe way. Checks were carried out with previous employers and the disclosure and barring service. This meant that so far as possible, only staff with the right skills, experience and character were employed.

#### Using medicines safely

- People had their medicines at the right time and in a safe way. Staff followed policies and procedures designed to increase safety. They checked they had the right medicine for the right person and at the right time.
- One person said, "I get my medicines very regularly and get the proper amounts. Staff will keep a check with the practice nurse" Another person said, "They have been very good at sorting out my medicines here. The nurse gets them from the local chemist for me"
- Records were accurate and up to date. Staff recorded when medicines were received into the service, administered and returned or destroyed. This meant staff could check people had received all the medicines prescribed by their doctor.
- Where medicines were prescribed on an 'as required basis', there were protocols in place so that staff knew in what circumstances the medicine should be used.
- People had their medicines reviewed by their doctor at least every six months. This ensured people's medicines remained effective or any required changes could be made.
- Medicines were stored securely and in line with manufacturers guidelines.

#### Preventing and controlling infection

- People told us they were happy with the cleanliness at the service. One person said, "The cleaners come every day to clean the room. They (staff) are very particular with my clothes and change my night dress daily. The bedding also gets changed"
- There were separate cleaning staff who followed daily cleaning schedules. They told us they were supplied with all the equipment and products required to keep the service clean and reduce the risk of infection.
- Staff had access to gloves and aprons. They knew what to do if there was any outbreak of infectious illness to reduce any risk of infection spreading.
- The service was clean and fresh when we visited.

#### Learning lessons when things go wrong

- Action was taken following any accident or incident to reduce further risk. For example, changes were made to care plans and equipment was provided such as sensor mats or walking frames where this was required.
- The registered manager gave an example of how they had learned and made improvements following an incident.



# 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.

At the last inspection this key question was rated as good At this inspection this key question has remained the same. This meant 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

- People had their needs assessed before they moved in and these were reviewed frequently.
- Staff kept up to date with best practice, guidance and the law through ongoing training, attending meetings with other professionals within the sector and through healthcare professionals and other organisations such as the CQC and local authority.
- Qualified nurses were registered with the Nursing and Midwifery Council (NMC) and the registered manager ensured all qualified nurses had a current registration. Nurses were given opportunities to keep up to date with their professional practice and were assisted with the 'revalidation process' required by the NMC.
- Three of the qualified nurses employed were student nurse assessors for a University and student nurses had work placements at the service as part of their training. This meant staff also kept up to date through access to resources such as training available to student nurse assessors.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent and knew how to meet people's needs. One person said, "The staff are absolutely first class. They are very understanding. If you have a problem they will resolve it quickly".
- A relative told us how skilled the staff had been at meeting their relative's needs. They praised all the staff and told us how supportive the registered manager was.
- Staff received induction training when they first began working at the service. All care staff had completed the 'care certificate. This training ensures staff understand their role and expected standards within the sector.
- Staff had opportunities to gain further nationally recognised qualifications in health and social care. There was ongoing training which all staff were required to attend. Most of training was delivered 'on-line' and this included a knowledge check and assessment.
- Staff told us they received the training and support they required to meet people's needs.
- There were one to one supervision and practice observations. Supervision provided opportunities to discuss training and development needs. The registered manager told us not all practice observations were up to date but they were in the process of working towards this.

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the meals provided and said they had enough to eat and drink. One person said, "I get enough to eat. If I wanted more then I'd be given it, there is a variety of meals available."

- People told us their particular dietary needs were catered for. One person said, "The food is very nice. I can't eat pork, so the cook will give me something else. They bring a menu and ask what you would like." Another person said, "No complaints about food. I'm on a gluten free diet and always get that."
- Staff understood people's nutritional needs. Where risk of malnutrition or dehydration was identified then action was taken to reduce risk. Staff consulted doctors and dieticians, provided fortified diets for people who required additional calories and monitored daily food and fluid intakes.
- At lunch time people were supported in an appropriate and sensitive way. Staff gave people time and were social and friendly so that the meal time experience was relaxed and unhurried.
- Staff took time to explain the menu and assisted people to make choices. They encouraged people to eat and drink when their appetite was poor. Staff knew people's likes and dislikes and understood that some people preferred to be offered a smaller plate of food so they would not be put off by a large amount of food.
- Meals were well presented and nutritious. There was a variety of juices available. Menus offered a variety of meals that people had been consulted about and had chosen.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required. A relative told us how staff had arranged an optician and a dentist for their relative when they moved in.
- One person told us, "We do have medical inspections (G.P visits). In the past I went to hospital appointments but not now. I do have a local optician and dentist that I see".
- Staff knew how to recognise people's changing health needs and took action when this was identified.
- We spoke with a visiting speech and language therapist. They told us staff made appropriate and timely referrals and ensured that any requirements they made were followed.
- There were twice weekly exercise sessions provided by the activities organiser to encourage people to stay active and mobile.
- The service had signed up to a 'food for life' initiative. This initiative was designed to encourage healthy eating and an enjoyment of food and meal times.

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

- People were satisfied with the premises and environment. One person said, "I like my bedroom. I have my own things in it and can move about safely. The furniture is very comfortable."
- The premises was a converted building which had been extended and provided a choice of communal dining rooms and lounges. The décor was in need of refreshing and updating and some carpets required replacing. The provider had identified this and included it in their improvement plan.
- People had arranged their rooms in the way they preferred and had personalised them with their own possessions to suit their tastes. A relative told us, "I was very impressed by the home. We can bring our own furniture and what we want, provided it is tested."
- There were communal bathrooms with assisted showers and baths for people with mobility needs.
- People had access to communal areas and outside areas which could also be accessed with a wheelchair.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.
- People told us staff asked for their consent and respected their freedom to make choices. People had their capacity to make decisions assessed and appropriate referrals were made when best interests decisions were required.
- One person said, "They (staff) ask 'would you like a wash? Are you ready for a wash? I do exercises and the carer asks 'would you like to join in?'. I said, Yes."
- Staff understood the MCA and DoLS and provided care and support in the least restrictive way.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were friendly and caring. One person told us, "They (staff) bring a lot of good qualities. They give me a cuddle at night and in the morning. They call me precious." Another person told us, "I had a birthday recently. I had a lot of cards. I was overwhelmed that people were so kind, thoughtful and made a fuss of me."
- Two relatives told us staff had gone out of their way to meet people's needs. They were always made welcome at the service and offered a hot drink. They told us staff were always kind and caring. One relative told us, "Staff are understanding and will go back to give them time. All the trained nurses are fantastic, they have supported us as a family. The staff all really care, especially the Registered Manager who has gone beyond the call of duty to take pressure off me. We feel very lucky to have our relative in here."
- We saw staff spending time with people offering reassurance and comfort where this was required. One person had recently moved in and staff were speaking with them about routines and what they could expect. They took time to listen to the person and find out what was important to them. At quieter times during the day, staff spent time chatting and relaxing with people.
- Another person became distressed because of their communication difficulties. Staff spent time patiently explaining the information they required. They were kind and gentle in their approach. The person responded in a positive way and was reassured.

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

- People were involved in planning their care and support, so they received it in the way they preferred and changes could be made when required.
- One person told us, "I have a care plan. My key carer is (staff name). If anything is wrong with my care I can talk with them."
- We heard staff giving people choices and involving them in decisions about their care and support.
- Weekly meetings were held so people could express their views.
- Staff knew people well and gave us examples of how they made sure people were as involved as they could be.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence was respected by staff.
- People told us staff knocked on their door before entering. One person said, "They have good manners. I can lock my door when I wash and get changed." Another person said, "I am very independent and can go out and about."

- Staff had received training about privacy and dignity. They gave us examples of how they respected this. They knew how to keep information confidential and secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had an individual plan of care which was reviewed at least once a month. Care plans instructed staff how they should meet people's needs and in the way they preferred. For example, a care plan for emotional wellbeing instructed staff how the person required a calm environment and must never be rushed.
- Staff knew about the things that would cause anxiety and how to reassure people. Staff delivered care and support as instructed by the care plan. This met the person's individual needs.
- Two relatives gave us examples of how staff met their relatives needs in the way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard.
- Staff knew how to communicate with people effectively.
- Each person had a care plan instructing staff about people's communication needs.
- Appropriate communication aids were used, for example, a white board was used to write down messages for a person who had hearing difficulties. One person had a visual impairment so had access to audio books.
- Documents were available in large print. We saw examples of interview questions printed in large print so that people who used the service could be part of the interview panel.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were able to follow their interest and hobbies. There was a range of activities available which people had chosen and said they enjoyed.
- An activities organiser was employed. They had spent time finding out the things people liked to do and used this information to plan the activity timetable.
- One person said, "I go to coffee mornings, do exercise and word games. It tests your brain."
- People told us they went out on trips and visited a local nursery. A relative told us how pleased they had been when staff took their relative to a cinema to watch a film they liked.
- People were able to maintain relationships with their friends and family. People and relatives told us they

could visit anytime, could see their relatives and private and staff were welcoming.

- Staff knew how to engage people with dementia. They knew about reminiscence and the things that were important to the person. This meant they could encourage people to talk about their memories or about their interests.
- We saw staff sitting and chatting with people and playing games and puzzles. People said they were occupied and enjoyed the activities on offer.
- People were able to follow their chosen religion. One person said, "My views are respected here."

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable making a complaint should they need to. They said they would approach any member of staff who would listen and take action.
- One person told us how the registered manager had sorted out an issue for them promptly and effectively.
- A relative said, "It's a brilliant place the friendliness and homeliness, no complaints but I would feel comfortable making a complaint."
- The registered manager took all complaints seriously. They showed us examples of action they had taken and changes made in response to complaints. This meant that complaints were used as an opportunity to learn and improve.

End of life care and support

- Staff had received training about end of life care.
- There was ongoing training with a local hospice which took place once a month. Staff had opportunities to discuss symptom control and advanced care planning.
- Staff were proud of the care they provided for end of life. They gave us examples of how they had made sure people were never alone at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- One person said, "The home provides a valuable service. As far as I'm concerned, I'm perfectly happy with the therapy and care."
- People staff and relatives praised the service and said it was well led. One person said, "I know the manager. She is always with the people. It's a good relationship. If I needed the manager, I know that I could approach her."
- Another person said, "The manager is very friendly. My daughter knows her and talks to her. The manager is very friendly."
- Two relatives told us they were extremely happy with the service and how it had improved outcomes for their relatives beyond their expectations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest. They sent us all the information they were required to such as notifications about accidents or safeguarding concerns.
- We were given an example of action taken when something went wrong. This included a full apology.

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

- There was a clear organisational structure and staff understood their roles and responsibilities.
- Managers and staff shared the same ethos and values. Staff worked in a person centred way and followed the provider's policies and procedures.
- Audits were carried out to check the quality of the service and there was an action plan in place.
- The registered manager had identified some redecoration and refurbishment was required.

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

- Meetings were held for staff, people and relatives so that people could be involved and give their feedback.
- People told us about the 'coffee morning' meetings they attended. One person said, "I don't go to meetings. I prefer my own company. They do have meetings and my daughter goes to them and tells me



what is going on."

- Another person said, "I do go and we have a general moan and groan, here and there.. We have coffee mornings and meet up for a chatter. Things are discussed and recorded."
- Some people were involved in staff interviews so they could have a say about who was employed at the service.
- Satisfaction surveys were sent out annually. Most responses were positive. Relatives had asked for improvements to the car park and a quote had been obtained to carry out this work.

Continuous learning and improving care

- The registered manager and staff were committed to learning and improving care. They attended meetings and training and introduced evidence based best practice designed to improve people's quality of life. For example, there was a 'natural waking' policy so that people had the sleep they required in accordance with their individual needs.
- Changes had been made following accidents and incidents to reduce further risk.

Working in partnership with others

- Staff worked in partnership with other professionals such as healthcare professions and the local authority. This meant people received joined up care and communication between services was effective.