

Sutton in the Elms Limited

Sutton in the Elms

Inspection report

34 Sutton Lane
Sutton In The Elms
Leicester
LE9 6QF

Tel: 01455286577

Date of inspection visit:
17 June 2021

Date of publication:
05 August 2021

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 42-bedded residential care and nursing home. It specialises in the care of older and younger people who have needs relating to dementia, mental health, physical disability, and sensory impairment. At the time of our inspection there were 42 people using the service.

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

People using the service received person-centred care from a skilled, caring and well-led staff team. A relative said, "The care is very centred on the individual, which is no mean feat." The service was well-staffed, and people's needs were promptly met.

People and relatives made many positive comments about the staff team and gave examples of their dedication to the people they supported. A relative said, "They give off an air of wanting to be there and do what they are doing. They are fantastic, always kind, always calm."

The premises were spacious, well-decorated, and clean. People had access to a range of indoor and outdoor communal areas and gardens. People's own bedrooms were personalised in the way they wanted them.

People's needs were assessed before they came to the service and staff put care plans and risk assessments in place to ensure people had safe care and support. The service's nurses and care workers, in collaboration with external healthcare professionals, identified and met people's healthcare needs.

People and relatives said the service's activity co-ordinators provided an impressive range of group and one-to-one activities and events. A relative told us, "They had a summer of love day and dressed up as hippies and had a lot of fun. We were sent pictures of [family member] having a great time."

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

People, relatives and staff spoke highly of the registered manager and care manager who they said listened to them and acted on their ideas and suggestions.

The provider was committed to delivering high-quality care and had systems in place to monitor all aspects of the service. Managers and staff were continuously learning, developing and shaping the service with the involvement of people and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

Sutton in the Elms was registered with us on 15 January 2020 and this was our first inspection of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. 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 a 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

During the inspection

We spoke to three people using the service and one relative. We spoke with 10 members of staff including the registered manager, care manager, a nurse, two care workers, an activities co-ordinator, and representatives of the provider's senior management team. We reviewed a range of records including people's care records and medicines records. We also looked at records relating to the management of the service including audits, policies and procedures, and infection control documentation.

After the inspection

We spoke with 12 relatives by telephone. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people were safe at the service. A person told us, "I've never been safer. There's always staff on hand and they'd never let anything bad happen to me." A relative said, "The home itself feels very secure, you have to be let in and out."
- Staff were trained in safeguarding and knew the signs to look for if a person was being harmed. A staff member said, "I've never seen any abuse here. If I did, I would go straight to [registered manager] and they would 100% listen and take action."
- Managers encouraged people, relatives and staff to report any concerns they had about people's well-being without fear of being treated negatively. Safeguarding information was displayed at the premises with contact numbers for external organisations who provide advice to anyone raising safeguarding concerns.
- If a safeguarding incident was reported, the provider and registered manager worked with the local authority and CQC to investigate fully and act as necessary to keep people safe. Relatives were kept informed and the outcome shared with them.

Assessing risk, safety monitoring and management

- People's needs and risks were identified and there were clear instructions to staff on how to support people safely. Staff knew people well and understood their individual needs. A relative said, "Staff make sure everyone is safe from falls."
- People had the equipment they needed to mobilise, and staff were trained to use this. The service had systems in place to ensure equipment was well-maintained and fit for purpose in line with health and safety guidance.
- Care plans were comprehensive covering the full range of people's needs including, for example, safety and mobility, diet and nutrition, personal hygiene, and social assessment.
- Records showed people's needs were met and monitored. For example, staff used repositioning charts to show people supported in bed were regularly turned, and food and fluid charts to ensure people's nutritional needs were met.

Staffing and recruitment

- The service was well-staffed. Staff were present in communal areas and regularly looked in on people being supported in their rooms. A person said, "It doesn't take long for staff to come if I use the call bell." A relative said, "[Person] doesn't ring their call bell so their door is left open and staff pop in and out to check if they need anything."
- The provider had a system to identify the level of staff required according to people's needs. Managers regularly reviewed staffing numbers and adjusted them as necessary. The service did not use agency staff. If

cover was needed staff from the provider's other services supplied this.

- The provider employed activities co-ordinators and well-being therapists to support the care and nursing staff. This enhanced people's quality of life as they were able to enjoy daily activities and pamper sessions.
- The provider's recruitment process ensured appropriate safety checks were carried out on staff before they worked at the service. Where possible, people were involved in recruitment and had the opportunity to meet potential new staff and ask them questions.

Using medicines safely

- Medicines were stored safely and at the correct temperature and administered by trained staff. A relative said, "I know [person's] medicines and I know they are having them at the right times."
- Most medicines records were in good order, signed, and up to date. A few had missing staff signatures, and one record did not include a photo of the person in question. Managers promptly addressed these issues.
- Some people were on 'time specific' medicines but medicines records didn't always state the exact time these should be given and this information wasn't on the boxes the medicines were supplied in. We told the managers who immediately contacted the service's pharmacist to have this put right.
- Managers carried out competency checks on staff who administered medicines to ensure their skills were up to date and they followed best practice.

Preventing and controlling infection

- People and relatives said the premises were always clean, fresh, and well-maintained. Extra precautions were in place to meet the challenges of COVID-19 and staff wore appropriate personal protective clothing to reduce the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- At our last inspection some care plans were incomplete and/or out of date. To address this, the provider introduced a more effective audit system where any shortfalls were identified and relayed to the registered manager to address. This resulted in improved care plans and risk assessments.
- The managers monitored accidents, incidents, and safeguarding alerts to look for patterns and trends so as to minimise the risk of re-occurrence. Lessons learnt were shared with staff in handovers, team meetings, and in one to one supervision.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's needs were assessed prior to them coming to the service to ensure they could be met. Assessments covered people's physical, mental health, and social needs.
- Assessments identified if people had any cultural or other needs in relation to protected characteristics under the Equality Act. This meant staff were aware of these and included them in care plans and risk assessments.
- Where appropriate, technology was used to enhance care and promote people's independence. For example, a person used computer equipment for ease of communication and to engage in activities at the service.

Staff support: induction, training, skills and experience

- People and relatives said the staff were knowledgeable and competent. Comments about the staff included: 'they really understand dementia', 'they are good at their job and very capable', and 'we feel very relaxed about the care [person] is getting'.
- The provider's well-qualified training co-ordinator ensured staff had a comprehensive induction followed by a wide range of training courses to ensure they could meet people's needs.
- A nurse and a care worker told us they were satisfied with the online and face-to-face training they'd had. They said the training co-ordinator kept them up to date with their essential training requirements by email and they had the opportunity to do further training to develop their skills.

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

- Staff supported people to eat healthily. A person said they told staff they wanted to improve their diet and staff were supporting them to do this with a healthy eating care plan. A relative said, "[Person] is very light and staff give them lots of small meals to tempt their appetite as well as supplementary drinks."
- The service's nutritional and well-being lead consulted with every person on an individual basis to assess their eating and drinking requirements. They also referred people who needed extra support to speech and language therapists and dieticians.
- Records showed people at nutritional risk were monitored. Staff completed daily food and fluid charts to help ensure they were getting enough to eat and drink.

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 a range of health and social care professionals including GPs, district nurses, and physiotherapists. A person said, "The staff encourage me with my [physiotherapy] exercises. They tell me

they're proud of me because I've come so far."

- If people receiving residential care needed healthcare support, staff referred them to GPs and community nurses. A senior nurse practitioner ran a weekly clinic at the service which people attended when they needed to. The service's nursing team met the healthcare needs of people receiving nursing care.
- Other healthcare professionals, including occupational therapists and mental health specialists, worked with staff to meet the specific needs of some people receiving support. Records showed staff worked closely with these professionals and followed their advice and suggestions.
- People had completed RESPECT (recommended summary plan for emergency care and treatment) forms. These set out their wishes should they require emergency treatment from external healthcare professionals.

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

- The premises were suited to the needs of people living with dementia and others. People made use of a range of communal areas, both inside and outside, with staff support as necessary.
- The premises were tidy and spacious making it easier for people to move about if they wanted to. A relative said, "The floor in [person's] room kept clear of trip hazards and the rest of the home is the same."
- Staff worked with people and relatives to personalise bedrooms. A person showed us pictures the registered manager bought for them to match the theme they had chosen for their room.
- The provider had made improvements to the premises. For example, bedroom floorcoverings had been replaced with either hard flooring or carpets, depending on people's choice. One person's bedroom was painted in a lighter colour after they told staff it was too dark for them. New furniture had been purchased.

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.

- Staff were trained in the MCA. They understood its principles and how to support people to make decisions. Staff asked people for consent before providing them with care and support.
- People who had had their liberty restricted had undergone appropriate assessments. Managers ensured that any restrictions in place were the least restrictive and regularly reviewed.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff treated people with kindness and compassion. Relatives said staff listened to people and made them feel they mattered. A relative said, "The staff are lovely with [person] they always call [person] by name and say how nice they look or comment of their new hair style."
- The registered manager said, "It's the little things that make people happy." Staff went 'the extra mile' to ensure people felt valued. For example, when people were isolated due to Covid-19 the provider bought everyone a TV and a radio to keep them occupied in their rooms.
- Staff genuinely cared about the people they supported. A relative said, "[Person] had a fall and the carer who should have gone off duty stayed until the ambulance came and made sure we were informed straight away." Another relative said, "They go above and beyond. A little while ago we were sitting outside and there was a constant supply of coffee and biscuits and the activities girl was watering the plants and she was in on her day off."

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

- Relatives said staff listened to people and acted on what they said. A relative told us, "They listen and take notice. [Person] is very capable of making their wishes known." Another relative said, "Staff give choices on clothing and food and what [person] wants to do."
- People had a 'Who Am I' section in their care plans which set out how they liked their care provided. It covered what was important to the person and how best to support them. Staff referred to these and used their day to day knowledge of people to provide personalised care.
- Staff kept people up to date with what was happening at the service. The activities co-ordinators consulted with people regularly. One of them said, "Every day we go around and get meal choices, and have an interaction with people, and tell them about activities on offer."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A relative said, "Staff knock before entering [person's room] and make sure they are comfortable with a drink near and chat with [person] all the time."
- People's care and other records were kept securely in line with the Data Protection Act and other relevant legislation. Staff understood the need for confidentiality and had training in this area.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans contained detailed information about people's needs, hobbies and interests. Where possible, people were encouraged to contribute to their care plans and were at the centre of the assessment process.
- Relatives and health and social care professionals involved in the person's care and support were also involved in the care planning process and supported those who were unable to express their needs.
- A person told us how staff had improved their quality of life. They said staff had supported them to stand and now walk which had increased their independence. They also told us staff had encouraged them with a hobby, supplying materials, which had given them much enjoyment.
- A relative said staff met their family member's needs. They said, "Staff treat [person] like an individual, for example, [person] likes to be present for activities but not join in so that is what happens."
- The service's activities co-ordinators provided a programme of one-to-one and group activities and events. At the time of our inspection visit 14 people were embarking on a 'Snowdon Challenge' in which they aimed to take as many steps as it would take them to climb Snowdon. This was open to everybody regardless of their mobility, for example, those in bed were using a pedal machine to take their steps.
- People and relatives were enthusiastic about the activities provided and said the activities organisers were 'brilliant'. A relative said, "[Person] is a great joiner in, she likes to dance, colour, paint, and garden, so she loves all the activities here."

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 service had an accessible information policy and produced information in large print and other formats on request.
- Staff assessed people's communication needs when planning their care. Staff had clear information about people's preferred methods of communication. For example, one person used sign language and staff understood and facilitated this.

Improving care quality in response to complaints or concerns

- People and relatives said they were happy to speak out if they had any concerns about the service and were confident managers would address these. A person said, "[Registered manager] is lovely. She listens and she puts things right." A relative told us, "Periodically we mention things and the staff always get them sorted out."

- Managers viewed complaints as an opportunity to learn and improve. If shortfalls were identified, the service was accountable, offering apologies and making every effort to resolve issues. Any complaints received were recorded and used to assess and improve the quality of the service.

End of life care and support

- Staff were trained to support people at the end of their lives. They had basic online training enhanced with specialist training from a local hospice. They understood the importance of respecting people's end of life wishes and preferences. These were recorded on advance care plans to ensure staff were aware of people's preferences.
- Managers had monthly palliative care meeting with staff at their local GP surgery and worked with them to ensure people had the medicines and health and social care they needed to keep them comfortable and pain-free 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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and relatives made many positive comments about the caring culture at the service and the focus on meeting people's individual needs. A relative said, "I love that [staff] know [family member] as a person. Their manner is very kind and they have a laugh and joke with [family member]."
- Relatives said the atmosphere at the service had recently improved. They described it as: 'friendly, warm and professional'; 'relaxed, secure and calm'; and 'happy and loving'. During our inspection visit people conversed with staff, went into the gardens, and took part in activities including a sing-song and a pamper session.
- Managers and staff had improved the culture of the service by concentrating on people's quality of life. For example, 10 people who had previously been supported in bed were now up and about and taking part in activities and events at the home.
- Staff said the managers were caring and approachable. A staff member told us, "[Registered manager] is fantastic, I can go to her about anything. It's lovely to know the senior team care." Another staff member said, "[Care manager] is lovely, brilliant, listens to us, cares about us, and is supporting me to go forward with my career."

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 service had a duty of candour policy which managers and staff followed. Incidents and accidents were investigated thoroughly for cause analysis and learning was shared with people, relatives and staff.
- The provider had robust governance systems that identified how the service was performing and where improvements were needed. Any learning was shared across the provider's other services.

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

- The provider and managers carried out checks and audits to assess the quality and safety of the service. These included spot checks to ensure records were in order and staffing levels suited to people's needs.
- Staff said that if shortfalls in their practice were identified managers supported them to improve. They said the service was a place of learning and everyone who worked there was committed to providing people with the best service possible.

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

characteristics

- Following changes to the management and staff team the service held an outdoor relatives' meeting to address past issues at the service and involve relatives in solutions. Twenty-two relatives attended.
- The service's well-being and compliance operations manager said, "We laid our cards on the table and told relatives we knew they'd been problems and we were working to address them, and we wanted their [relatives'] input."
- Relatives raised several issues including missing laundry, poor communication, and difficulty in getting through to the service by telephone. As a result, a new laundry labelling system was introduced, email communication was improved, and extra telephones installed.
- Relatives found the meeting constructive. A relative said, "It was very useful. It was to talk about management issues, and they listened to what we said and are working on them."
- Staff told us they liked working at the service and were well-supported by managers with regular supervisions, meetings, and training opportunities.

Continuous learning and improving care

- The service had a culture of learning and managers involved people, relatives and staff in the process of continual improvement and were open to ideas and suggestion. A relative said, "They [managers] asked what could be improved, so we all said communication, and it has improved. [We have] much more communication now, and much clearer emails."
- Relatives said the quality of care had improved following changes to the staff team. A relative told us, "This new team has shaken things up in a good way." Another relative said, "There have been some staff changes and these are for the better,
- The premises were re-decorated with the input of people and relatives and, in the words of a relative, were now 'brighter and fresher'. Another relative said of the gardens, "We built two raised beds in the courtyard and it is very pleasing to see how well-cared for they are and how the residents can be brought there to see the flowers and smell the herbs."
- Two areas of the premises and garden needed improvement. In some corridors the handrails were painted a similar colour to the walls which could make it difficult for a visually impaired person to identify them. And one of the enclosed patio areas needed weeding and some of the paving stones were uneven which could result in a person tripping. The registered manager said these issues would be promptly addressed by the service's maintenance team.

Working in partnership with others

- Staff worked closely with other health and social care professionals and sought their advice and support as necessary. People had 'professional visits' logs in their care records showing input from GPs, nurse practitioners, speech and language therapists, dieticians and other health and social care professionals.
- Local authority commissioners, who placed people at the service, carried out checks to ensure they were receiving good quality care. Managers and staff liaised with the commissioners and provided information and updates as requested.