

Sutton Veny House Limited

Sutton Veny House

Inspection report

Sutton Veny
Warminster
Wiltshire
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Tel: 01985840224

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29 July 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sutton Veny House is a nursing home for up to 28 people accommodated in one adapted building. There were 15 people living at the service at the time of our inspection. People had their own rooms and communal areas to use such as a lounge and dining room. The home has extensive gardens and there are six bungalows in the grounds. Staff from the home provided emergency call out cover for people living in the bungalows.

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

People had their medicines as prescribed. Improvement had been made to how medicines were managed and record keeping for medicines administration had improved. Regular audits had been carried out of medicines management to monitor and check for quality and safety.

People told us they felt safe at the home and staff had been trained in safeguarding. We found two incidents of alleged abuse which had been investigated by the registered manager but had not been shared with the local authority. Following our site visit the registered manager took immediate action to make referrals.

People's risks had been identified and assessed. There were safety measures in place which had been recorded clearly in people's risk management plans. These had been kept under review by the nursing team with updates added when needed.

Staff had been recruited safely. People were being cared for by staff who were trained and supported by the management team. During the Covid pandemic, training had been adapted to enable staff to continue with development safely. For example, making sure social distancing was adhered to. There were sufficient numbers of staff deployed to meet people's needs.

Quality monitoring systems had been reviewed and improved to make sure there were checks taking place in all areas of the service. Improvements had been identified and the provider and registered manager monitored actions until completed.

People's views had been sought with action being taken to make changes where appropriate. The registered manager had adapted systems during the Covid pandemic to have meetings with people and care reviews. Staff used technology to involve professionals and families in people's care where appropriate.

People, relatives and staff told us the service had improved since the new registered manager started. Comments included, "I would recommend [Sutton Veny House] to any of my friends, if they asked me would I say to have their relatives live there, then absolutely I would", "The manager is amazing, she is so good with the residents, they love her. She is supportive and if there is a problem she is always on hand, always asks if we need help. She has been good with the virus, really supportive, she has been there for us the whole way through" and "The manager works well, very kind and understanding. Comes around regularly and asks us if

we need anything."

The home was clean and had not experienced any covid-19 infections. Staff wore personal protective equipment appropriately and safely. The home was closed to external visitors and had measures in place to reduce the risks of infection.

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

Rating at last inspection and update

The last rating for this service was Inadequate (report published 22 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 22 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sutton Veny House

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

This inspection was carried out by two inspectors.

Service and service type

Sutton Veny House 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

We gave the service 24 hours' notice of the inspection. This was because we wanted to find out some information about Covid-19 before we visited the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service about their experience of the care provided. We spoke with

one member of staff and the registered manager. We reviewed a range of records which included eight people's care plans and risk assessments, multiple medication records and accident and incident reports and reviews. We also looked at four staff files in relation to recruitment.

Following our visit to the service we organised to speak with people, relatives and staff on the telephone. We spoke with one person, three relatives and six members of staff. We contacted one healthcare professional for their views of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, staff rotas, meeting minutes, cleaning schedules and records relating to the management of the service.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant whilst improvements had been made, time was needed to ensure the improvements were embedded in the culture at the service, and there was further improvement needed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the health and safety risks for people living at the service and ensure robust safety measures were in place. They had also failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found there were not robust safety measures in place to support people who were at risk of malnutrition, choking or leaving the building unescorted. At this inspection we saw assessment and management of risks had improved.
- People's risks had been assessed, recorded and there were safety measures in place for staff to follow. For example, if people were at risk of malnutrition there was a completed and up to date Malnutrition Universal Screening Tool (MUST). This gave a MUST score which helped to guide the staff about further action needed. People had been referred to their GP and were supported with measures such as increased weight monitoring or nutritional supplements.
- For one person at risk of leaving the building unescorted we found the additional safety measures needed were in place. External doors had been fitted with alarms and regular checks of their whereabouts were taking place.
- For people at risk of choking we saw a referral had been made to the speech and language therapists and guidance recorded in people's risk assessments. We checked with the kitchen staff who were aware of who needed modified diets.
- People had their medicines as prescribed. At the last inspection we found there were no 'as required' protocols in place to provide staff with guidance on how to administer this type of medicine safely. At this inspection we found this had improved. People who were prescribed 'as required' medicines had protocols in place.
- People who were prescribed multiple medicines for pain management or constipation had guidance in place to inform staff what medicine to give and when.
- Where there were handwritten entries on people's medicine administration records (MAR) we saw these had been signed by two members of staff. This practice helps to reduce the risks of transcribing errors.
- People's topical medicines administration records (TMAR) had details recorded of what creams to apply

and where to apply them.

Staffing and recruitment

At our last inspection the provider had failed to carry out the required checks on staff prior to starting employment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were being supported by staff who had been recruited safely. Pre-employment checks had been carried out prior to staff starting work. This included a check of previous employment history and obtaining references from previous employers.
- A check had been made to the disclosure and barring service (DBS). A DBS check helps employers make safe recruiting decisions.

At our last inspection the provider had failed to deploy adequate numbers of suitably qualified staff and provide staff with appropriate training. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found there were shortfalls in the staffing numbers at the service and people told us they had to wait for their care. At this inspection we observed, and people and staff told us this had improved.
- Comments about staffing numbers included, "Staffing has improved a lot, we have more staff. We have enough time now to speak with them [people] while doing personal care. It is not stressful now like it was, it feels lovely", "There are more carers on duty, it is much better, not long to wait which is an improvement" and "There are more of them [staff] it has improved a lot. It was hard for us, but now it is good."
- We observed that staff were relaxed and unhurried which demonstrated they had time to provide the support people needed. The lunch time experience was an opportunity for a social interaction for some people. Staff were sat with people helping them to eat and using the time to talk with people about their day.
- Records demonstrated that staffing numbers were consistent with any gaps in rotas being covered.
- At our last inspection we found staff had not been provided with adequate training or given opportunity for supervision. At this inspection this had improved so people were now supported by staff who had been trained and were supported in their roles.
- Training had been provided for various topics such as first aid and manual handling. The registered manager had reviewed all the induction and training provision and identified areas for improvement. There was an ongoing programme for training and supervision which the registered manager kept under review.
- Comments from staff about training and supervision included, "We have done fire training where we did a scenario that was useful. I have had supervision; it was really good. We spoke about how I am doing and if I needed any support. [Supervisor] recorded it all then relayed it back to me, it felt like it meant something" and "I have done a lot of training and have done training with the manager which has been really helpful. We have been having supervisions and meetings, having the support we need."
- At the last inspection staff did not receive adequate induction. At this inspection we found this had improved. New staff had an induction which included the Care Certificate where appropriate. One member of staff told us, "I was apprehensive about the new job, but I was supported by the whole team, I was shown about by all the staff. I think it was a lovely induction." Another member of staff said, "Inductions have been

easier, I am comfortable to show new staff what to do. They [provider] have given me more time to manage inductions. They shadow staff with carers properly."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We saw two incidents of alleged abuse which had been investigated by the registered manager. Whilst investigations had been completed and required learning had taken place, they had not been shared with the local authority. The registered manager immediately reported the incidents to the local authority. All other incidents of alleged abuse had been investigated and reported to the local authority.
- People and relatives told us they felt safe and cared for at the home. Comments included, "[Relative] is absolutely safe, no fears about that at all", "[Person] says she likes it, she says she is being looked after well" and "I trust them [staff] implicitly."
- The registered manager reviewed all incidents and accidents to analyse for trends and identify action that could be taken to prevent reoccurrence.
- People were being supported by staff who had been trained in safeguarding and were aware of their responsibility to report any concern. All the staff we spoke with told us they were confident the registered manager would take appropriate action in response to any concerns raised. One member of staff said, "I am confident [registered manager] would deal with any concern. I had concerns about staff once, I told her straight away and she took action, she was polite, but she did what she needed to do."

Preventing and controlling infection

- The providers policies and risk assessments had been reviewed and updated to reflect guidance shared by government on infection prevention and control. Staff had been given additional training and guidance on how to work safely in care homes during the pandemic.
- People were living in a home that was clean and smelt fresh. We saw domestic staff were cleaning areas of the service throughout the inspection.
- The registered manager had put into place additional cleaning regimes to ensure all areas of the home were regularly cleaned.
- Personal protective equipment (PPE) was available, and we saw staff using it safely. Staff followed the government guidelines in safe use of PPE, this included wearing masks. One member of staff told us, "We have always had enough PPE, we never run out. We stock check and make sure we get what we need."

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant whilst improvements had been made, time was needed to ensure the improvements were embedded in the culture at the service and there was further improvement needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and mitigate risks and failed to assess, monitor and improve the quality and safety of the service which placed people at risk of harm. They had also failed to ensure care records were fit for purpose and completed contemporaneously. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found there was conflicting information in people's care plans and risks were not being monitored. At this inspection we found this had improved. People's care plans and risk assessments had been reviewed and updated to reflect their current needs. Any monitoring records in place were being completed contemporaneously by staff and reviewed by the nursing team.
- At the last inspection there was no permanent management in post which had impacted on oversight of the service. Quality monitoring was not effective, and risks had not been identified or measures in place to routinely keep people safe. At this inspection we found quality monitoring had been reviewed with checks being completed for all areas of the service. Checks had produced action plans which were being reviewed regularly by the registered manager and provider. These actions were driving improvement at the service.
- At the last inspection we found people, relatives and staff had not had opportunities to share their views. At this inspection we found the registered manager was open to listening to any feedback and took action as a result. For example, people had raised concerns about potholes on the driveway. The registered manager organised for these to be filled which enabled people to drive their motorised wheelchairs safely along the driveway.
- At the last inspection people and staff had not been informed of changes at the service and were unclear on reasons why action had been taken. The registered manager told us they met with staff daily and ensured they were kept up to date with all changes. They also went to see people daily to make sure they were happy and informed.
- People, relatives and staff told us there had been improvement at the service since the new registered manager had started. Comments included, "I am full of admiration for what [registered manager] has done

since she has been there. I can't think of another team I would rather have looking after my [relative]", "[Registered manager] listens to my ideas and she will try them, or she tells me why she is not going to do it. She knows the staff and she knows the residents. She is amazing" and "It has changed a lot here, big improvements, every area has improved. We are working better and as a team, this is important, we are much happier now which is good for the residents. I think the residents are getting good care."

- There were good community links with local services such as local clergy and chiropody. People were supported to maintain links with friends and the local community. Due to the pandemic visiting had been restricted so staff had created other opportunities for people such as letter writing to local schoolchildren.
- Staff were using technology to help people keep in touch with families and friends. The registered manager recognised the importance of this and had sought funding from the provider to improve the wi-fi connections around the home. This had been granted.
- Staff were encouraged to use reflective practice to learn from any incidents. The registered manager told us they supported staff to learn from any mistakes and discuss changes to their practice.
- At our last inspection staff told us they were fearful of speaking out for fear of recrimination. At this inspection, staff told us they were able to approach the registered manager with any concern, issue or idea for improvements. They told us they felt listened to and included. Comments included, "I have found her [registered manager] very approachable, she knows what she wants and wants to bring out the best of the staff. She has turned the place around", "Things have improved, it is much better. Everyone has been involved in the recovery and I feel like I am not just a number. We will improve more, each day we get better" and "[Registered manager] is lovely and welcoming, can't praise her enough. Nice to feel there is an open-door policy with her."

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

- There was a new registered manager in post who had started after the last inspection. Whilst they had made significant improvement, we have found further improvement is needed. We have found two incidents of potential safeguarding have not been shared with the local authority. In addition, there have been some medicines incidents which also have not been shared with the local authority. Following our site visit, the registered manager took immediate action to address these shortfalls.
- The improvements made was appreciated by people, relatives and staff. Comments about improvements included, "[Registered manager] is very organised and full of good ideas. She is having a go and a breath of fresh air. I feel lucky she is there, I would not have felt happy without her" and "[Registered manager] is really good. She works hard and always trying to help us. We are happy to come into work now, everything is better, the place is happy now. She is very fair, always able to help us if we need it. I was thinking to leave here, I could not cope anymore, she came and she asked for the opportunity to change things. I am glad I stayed now, she has a passion to help people, this includes everyone. During lockdown she has been wonderful, she lived here for two weeks."
- The registered manager was supported by the provider. A regional manager had supported the registered manager during their induction and continued to provide support.
- The provider carried out regular operational visits, so they had an oversight of the service. The registered manager told us they felt well supported by the provider.
- Quality monitoring had been delegated in some areas with key members of staff being encouraged to be involved in carrying out audits. For example, the head housekeeper had been identified as infection prevention and control champion. They carried out audits on infection control to monitor quality and safety.

Working in partnership with others

- Relationships were established with local medical professionals. One professional told us, "[Registered

manager] has taken care to take advice and use expertise from a variety of sources including other nursing homes, pharmacist and IT specialists. She has introduced and updated care plans, upgraded IT and communication and is planning to overhaul the ageing Wi-Fi to allow improved virtual [consultations] and also allow residents better communication with their families and friends. Her innovation has extended to initiating social events (with social distancing) to allow friends and families to spend time with their loved ones'.