

Sutton Veny House Limited

Sutton Veny House

Inspection report

Sutton Veny
Warminster
Wiltshire
BA12 7BJ

Tel: 01985840224

Date of inspection visit:
13 October 2023

Date of publication:
06 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sutton Veny House is a care home providing accommodation with personal and nursing care to up to 28 people. The service provides support to adults over and under 65 years. At the time of our inspection there were 24 people using the service.

Accommodation was provided in 1 adapted building. People had their own rooms and access to communal rooms such as a large lounge and dining room on the ground floor. People could also access the large gardens from the ground floor.

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

People and relatives told us people were safe. People were happy living at the service and could have visits from friends and family at any time. Relatives felt able to speak with the registered manager about any issue and told us they felt listened to. Staff had received training on safeguarding, and they understood how to report any concerns about abuse.

People were being supported by enough staff to meet their needs. At times people told us staff were busy and there may be a delay in answering call bells. However, they had not experienced any impact from any delay experienced. The registered manager monitored call bells to check they had been timely answered. Staff had been recruited safely.

Medicines were managed safely. Staff had training on medicines management and medicines records we reviewed had no gaps in recording. People had their medicines as prescribed. Risks to people's safety had been assessed and management plans were in place. This gave staff guidance on how to support people safely. Nursing staff reviewed all care records to make sure they reflected people's up to date needs. Staff liaised with local healthcare professionals to make sure health needs were met.

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.

Health and safety checks were being completed and the provider made sure equipment was serviced regularly. The home was clean and smelt fresh. People told us they were happy with the cleanliness standards of their rooms. Staff had access to personal protective equipment and had received training on infection prevention and control.

People and relatives told us the staff were caring and the care received was good. We observed interactions between staff and people that were kind and caring. People and relatives thought the service was well-managed and they felt able to share any concerns with the registered manager. The provider visited regularly to carry out quality monitoring and also spoke with people, relatives and staff.

Some staff were less positive about the approach of the registered manager and shared concerns with us. We have made 1 recommendation about listening to staff feedback. We observed the registered manager interacting with people, relatives and staff and did not observe any behaviour or attitude of concern.

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

Rating at last inspection

The last rating for this service was good (published 11 July 2022).

Why we inspected

This inspection was prompted by a safeguarding concern raised which the local authority was investigating. A decision was made to undertake a focused inspection to review the key questions of safe and well-led to assess wider risks for people. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutton Veny House on our website at www.cqc.org.uk.

Recommendations

We have made 1 recommendation about listening and responding to staff feedback.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors.

Service and service type

Sutton Veny House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutton Veny House is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 8 people and 3 relatives about their experiences of care received. We also spoke with 9 staff, the registered manager and the regional manager. We reviewed 4 people's care plans and risk assessments, risk monitoring records, multiple medicines records, health and safety information and monitoring records, 4 staff files for recruitment, training records, safeguarding records, meeting minutes and quality assurance documents.

Is the service safe?

Our findings

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

The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted by a safeguarding concern which the local authority was investigating during this inspection. We visited the service to seek assurances about wider risks and concerns. We did not find any concerns with regards to people's safety.
- People and relatives told us people were safe at the service. Comments included, "I feel at home here, I feel safe here, the building is solid" and "I feel very safe here, very happy and contented."
- Staff had received training on safeguarding and told us they would report any concerns to the registered manager.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and risk management plans were in place. Nursing staff reviewed the plans regularly and updated them when needs changed.
- There were risk management plans for a range of needs such as moving and handling and skin integrity. Where people were identified at risk, further monitoring was carried out. For example, people at risk of developing pressure ulcers were being re-positioned by staff regularly.
- If people experienced distress there was guidance in place to help staff know how to support people safely. However, for 1 person there was very little guidance available to staff. The registered manager told us this person was new to the service and staff were getting to know their needs. A more detailed plan was shared with us following our site visit.
- The provider carried out regular health and safety checks of the premises and the building. For example, fire checks were regularly carried out and staff had received fire training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff had been recruited safely as the necessary pre-employment checks had been carried out. This included obtaining references from previous employers and a check with the Disclosure and Barring Service (DBS).
- We observed there were enough staff available to meet people's needs in a timely way.
- Feedback from people, relatives and staff was that there was enough staff overall. However, there were times staff were busy, but this did not impact on the care they received. Comments from people included, "Staff work too hard, it takes time to answer my call bell. I would prefer it to be answered earlier" and "There always seems to be a shortage of staff, [registered manager] helps with the care if there are shortages."
- The registered manager carried out audits of call bells to make sure they were answered responsively. Records demonstrated call bells had been answered in a timely way. The registered manager told us they reviewed people's dependencies and made sure there were enough staff available to meet people's needs.
- Staff told us there was enough staff but at times with short notice sickness it could be busy. At these times staff told us the registered manager always helped them provide care. The registered manager told us, if there were gaps on the rota they would try to use agency staff.

Using medicines safely

- Medicines were managed safely as people had their medicines as prescribed.
- Staff had training on safe administration of medicines and kept complete records of medicines given. Records we reviewed had no gaps in recording.
- Where people had 'as required' medicines, there was guidance in place for staff to know how to safely administer that type of medicine.
- Handwritten medicines administration records had been checked and signed by 2 members of staff. This practice helps to reduce the risk of any transcribing errors.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were able to have visitors with no restrictions. We observed relatives visiting during our inspection. They told us staff made them feel welcome.

Learning lessons when things go wrong

- Incident forms were completed and reviewed by the registered manager. Any actions identified to prevent reoccurrence were recorded and shared with staff in daily handover meetings.

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.

The rating for this key question has remained 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

- There was a registered manager in post. Comments from the staff about the registered manager were mixed. Some felt they could approach the registered manager and share any concerns. Comments included, "I like my manager, she is open, we can tell her anything, we can be honest, and she will take actions" and "If we have a problem we go to the manager, she is good and does a lot. I can approach her at any time, she does listen and will try to solve the problem."
- However, some staff told us the registered manager was not very approachable and favoured some staff. Comments included, "[Registered manager] is disrespectful of other staff, I find that hard as it is not my way" and "If [registered manager] did not like you, she was horrible to you."
- We observed during our inspection, the registered manager interacting positively with people, relatives and staff. However, we shared feedback received about the registered manager with the provider.

We recommend the registered manager provide opportunity for staff to share their feedback and question practice in order to support an open culture at the service.

- People and relatives told us people received good care at the service from staff who were caring. Comments included, "All the staff are amazing, they do a fantastic job, we are very happy with everything", "Staff are very friendly, and they knock before they come in my room" and "I can't find fault with it, the carers are very good."
- Staff told us they enjoyed working at the home and there was good teamwork and communication. Comments from staff included, "We have a good team. Everywhere is a good team in my opinion and we have good communication with each other" and "We all help each other, it is nice here, I really like it and the carers are lovely."
- People and relatives told us they knew who the registered manager was and could talk with them at any time. Comments included, "[Registered manager] is a fantastic manager" and "We are very happy here, the registered manager has been very accommodating."

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 provider had a duty of candour policy which the registered manager understood.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear line management structure in the service and all the staff were aware of their roles and responsibilities.
- Systems were in place to monitor and check quality of the service. Regular audits were completed and shared with the provider. A regional manager visited the service regularly and also carried out further quality and safety checks. Any improvement identified was added to the service improvement plan and monitored by the provider for timely completion.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to CQC as required.

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

- People and relatives were asked for feedback on various aspects of the service. This included a moving in survey which was completed a few days following arrival at the service. Feedback received was used to develop the service.
- Staff meetings were organised so staff could share their ideas or concerns about the service. There were also handover meetings daily which enabled staff to keep updated with people's needs. One member of staff said, "We have a briefing every morning and go through any appointments and who needs to have dressings changed. We also have senior team meetings. We have a friendly environment, communication is good."
- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

Working in partnership with others

- Staff worked in partnership with many different healthcare professionals to make sure people's health needs were met. People could see a local GP when they wished, the registered manager told us local GPs visited the home weekly.