

Sutton Veny House Limited

South Cary House

Inspection report

South Street
Castle Cary
Somerset
BA7 7ES

Tel: 01963350272

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

South Carey provides care and accommodation for up to 23 people. The home specialises in the care of older people in a comfortable village environment. The home puts particular emphasis on listening to people's views and maintaining their interests and mobility.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated Good. At this inspection we found the service remained Good. The domain of caring was rated Outstanding at the last inspection. People continued to tell us how exceptionally kind staff were. We found further developments in the home had been made as a direct result of listening to people's views. Staff did everything they could to ensure people felt cared for in the home.

People told us they felt safe in the home. They said they would be comfortable to discuss any worries or concerns with the registered manager. Staff said they knew how to report any concerns and were confident the manager would take appropriate action. People were supported by sufficient staff. Staff worked as a team to cover any shortfalls in staff numbers.

Staff began work in the home after a robust recruitment process and a thorough induction. Staff were trained to meet people's individual needs. Staff competency was monitored on an annual basis to ensure staff were able to care for people with skill and knowledge.

People received care and support that was personalised and respected their wishes and preferences. People were able to make choices about all aspects of daily living and were encouraged to maintain their independence.

People were offered a choice of food that was wholesome and appetising. People were pleased with the standard of food provided.

People confirmed their health care needs were met in the home. If they were unwell they received prompt attention from their GP and good care from staff. People were supported to attend hospital or clinic appointments. At the end of their lives people received effective and compassionate care from a team of health professionals.

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

The registered manager and deputy were experienced and knowledgeable about the people living in the

home and the care and support they needed. They worked well together and with other health care professionals and maintained good care standards tailored to each person. The registered manager told us "Every person is different. There is always room to improve things for that individual. I want people to be as fulfilled as they can be while they are here."

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

South Cary House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 October 2017 and was unannounced. A second announced visit was made on 21 October 2017 to complete the inspection. It was carried out by one adult social care inspector.

The provider had not been asked by us to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all information available to us in our records and were supplied with additional information following our inspection visits. At our last inspection we did not identify any concerns with the care provided to people.

During this inspection we spoke with nine people in their own rooms and met others in the communal sitting room and dining room. We spoke with six members of staff, the registered manager and two relatives. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and records of quality assurance measures.

Is the service safe?

Our findings

The service continued to be safe. People told us they felt safe at the home and with the staff who supported them. One person told us, "Oh it is very safe here. We have no problems." Another person said, "You can raise any worries and they sort it out. And they will be very nice about it too."

People were protected because the registered manager, deputy manager and staff knew them well. They understood their care needs and physical capabilities. All staff received training in how to recognise and report abuse. Staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff gave examples of when there might be a concern about someone's safety and what action would be taken. They told us the registered manager would always act on their concerns.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files confirmed all new staff supplied two references from previous employers. The provider carried out disclosure and barring service (DBS) checks before staff started work. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Care plans contained risk assessments which outlined measures in place to enable people to take part in daily living or activities with minimum risk to themselves and others. People particularly enjoyed the garden and were able to move about the grounds as much as possible. People were encouraged to go out with their families and friends and to remain as independent as possible.

People were supported by sufficient numbers of staff to meet their needs. Staff worked as a team to cover short term illnesses and holidays. An increase in support staff numbers enabled care staff to spend more time with people. Additional staff in the afternoon enabled people who did not wish to participate in group events to have individual time with staff

People's medicines were safely administered by staff who had annual competency checks following training and supervision. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. There were clear records relating to the receipt of medicines in the home and their administration. The deputy manager carried out a monthly audit of medication to further ensure safe practices. Any medication errors were dealt with promptly and effectively.

The registered manager stated there were measures in place to ensure the safety of the property and enable people to maintain their independence. These included regular safety checks of equipment including the fire detection system and lifting equipment. Records confirmed maintenance of the home and equipment was completed as required.

Is the service effective?

Our findings

The service remained effective.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff received a thorough induction programme which gave them the basic skills to care for people safely. The Care Certificate (a nationally recognised initial care certificate) had been introduced into the home and the registered manager told us about the work they had undertaken to enable staff to complete it successfully. This included considering people's individual training styles and preferences and offering a range of learning materials. We met two new staff undertaking training who told us they had received thorough induction and supervision. They were always able to ask the registered manager or deputy manager if they were unsure about any aspect of care people needed.

The registered manager told us training was "very high on the agenda". In addition to an annual training plan that included regular up-dates for staff in care and health and safety issues, staff skills in dementia care and palliative care were being developed. A combination of training methods were used. The registered manager also displayed "bite-sized" information and reminders in prominent areas to make it as easy as possible for staff to learn. Senior staff did training in-house and external trainers came into the home. An on-line training system had been introduced which staff found useful. Staff were very positive about the training they received.

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. People were supported to attend hospital or clinic appointments. People with particular problems such as sight loss received support with treatment and monitoring appointments. The care and support they received in the home was tailored to their needs. People's care plans contained assessments of their risk of skin damage and malnutrition. When a risk was identified prompt action had been taken. One person told us about the help they had received from a physiotherapist had resulted in a reduction in falls. They said "I used to be frightened of falling but not now." Another person said "I have been in and out of hospital. Now I am very happy with how things are going. I could not be in a better place." Records confirmed a chiropodist and optician attended the home regularly.

People told us how much they enjoyed their meals in the home. They said "We get good food. It is perfectly adequate. We do pretty well." "The food is always fine." When one person was unhappy that a change of meal had not been communicated to kitchen staff this was promptly addressed and also mentioned in the staff handover. People were offered a choice of freshly cooked main meals at lunch time with a choice of vegetables and sauces. People were also able to request a salad or snack if they did not want the main meals.

Most people came to the dining room at lunch time but were able to eat in their room if they preferred. People sat at small tables with people they had chosen to share their meals with. Staff paid particular attention to maintaining people's dignity during their meals. For example one person needed to have their

food cut up for them but found it embarrassing if this was carried out by staff at their table in front of others. Their food therefore arrived in bite sized pieces at the table without any comment. At supper time people chose from the main choice or a very wide range of sandwiches and snacks. One person said "You can always get something nice for supper."

People were monitored to ensure people were not at risk of malnutrition. Prompt action had been taken when people had lost weight. They had seen the GP, their weights had been monitored and close attention had been paid to their diets. Records showed some people had re-gained some weight whilst other's had stabilised.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Care plans contained information outlining when a decision had been made in a person's best interests. Information included an assessment of the person's capacity to make a certain decision and the people who had been involved in making a decision in the person's best interests. This demonstrated the staff was working in accordance with the legislation.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had a good knowledge of this law and had made applications for a number of people to be assessed to determine if they required this level of support

Is the service caring?

Our findings

The service remained caring. People told us they were supported by extremely kind and caring staff. Staff had an excellent knowledge of each person and spoke about people in a compassionate, caring way. People said "Staff are extremely kind. They are very, very good to us. Most of them are local and we have got to know them and they know us very well." Another person said "Staff are always kind. We are not refused anything." "I can't find any faults at all. Staff are excellent. (The registered manager) and staff take care of everything. They notice everything and take care of everything." Throughout the day we saw staff interacted with people in a very caring and professional way. One person had recently had a birthday and showed us the cards and presents they had received from staff. They said "They are very kind and good. It is the little extras that make such a difference."

Staff encouraged people to be as independent as possible and to continue to develop interests and to enjoy their lives in their own individual ways. They asked people their views about their life in the home and acted upon the answers. For example the garden was a source of enjoyment and through listening to people it had been developed in particular ways. Since the last inspection a greenhouse and raised beds enabled keen gardeners to continue with their enthusiasm and produce flowers and some edible contributions to the home menu. A woodland walk had been developed because people wanted to take daily walks without going onto the streets around the home. The route had been changed when two people had wanted to sit at the far side of the garden to look back at the home.

Another person loved roses and had wanted to buy some particular varieties. They had been able to tend the flowers in the new rose garden themselves. A handrail and box hedging had been installed to enable a person with deteriorating sight to continue their daily walk more safely. A single pottery session had been so enjoyed by people that at their request the potter had become a regular visitor to the home. Another activity had not been repeated because people's feedback had not been sufficiently positive. Staff gave their time willingly and flexibly to support people's interests. One member of staff came in as a volunteer to play scrabble, others worked longer hours to enable trips to take place. Staff were also willing to collect shopping and carry out errands for people. One person said "They will always try to help you. Always."

The most recent development had been the building of a small gym/treatment room in the garden. This idea had come from someone who wanted to take more exercise especially when the weather was poor. People were supported to use technology to contact their relatives and a volunteer had been found to support them on an individual basis.

The registered manager and deputy manager were very positive and creative when people wanted to do things. A relative asked if it was possible to take their relative out to lunch when the access to the venue was cramped and difficult. The registered manager promptly reassured the relative and explained ways in which the barriers could be overcome.

People's choices about their care and their day to day lives were fully respected. People reviewed their care needs with staff and their relatives if they chose to. People chose their meals, what time they got up, when

they went to bed and how they spent their day. Some people used communal areas of the home and others chose to spend time in their own rooms.

People told us they kept in touch with their friends and relations. They were able to visit at any time and were always made welcome. People could see their visitors in communal areas or in their own room. On the day of the inspection one person was having a birthday lunch with their sister. This had been arranged as a surprise and the registered manager had assisted with transport for the visitor. For one person's 100th birthday one of the communal rooms had been converted into a large and comfortable dining room where friends and family were able to celebrate in style.

One visitor told us how the kindness of staff and "excellent" care in the home had impacted on their family member "My (relative's name) is 92. I am indebted to them all here for their health and happiness. They are all so lovely. It is the best home ever."

Staff respected people's privacy. They understood some people wanted to be "lone birds" and wanted to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on doors and waited for a response before entering.

People were involved in decisions about the running of the home as well as their own care. Staff spoke with people informally each day. The registered manager met with people individually so they were able to discuss and influence life in the home.

Whenever possible people were cared for at the home until the end of their life. The registered manager put significant emphasis on the skilled and caring ways in which people were cared for at the end of their life. People's wishes were respected. Recently this had included moving a person to a downstairs room where they had a better view of the garden. Staff worked well with other health care professionals to ensure people were supported fully with appropriate medicines. Additional staff were made available if people had no family so they were not alone. One person said "I hope I am here for the rest of my life. This is my home. I am surrounded by people who really care for me."

Is the service responsive?

Our findings

The service remained responsive. People were able to make choices about all aspects of their day to day lives. People lived in different ways in the home according to their wishes and preferences. Some people told us they liked to spend time alone. One person said "I am quite happy with my own company. Staff do encourage me to join in but they never push me. I know I can talk to people when I want to."

The night before the inspection some people had been on a trip to the theatre. One person told us "I am missing the flower arranging this morning because I wanted a lie-in. I have had breakfast in my room and will get up when I am ready."

Other people spent a lot of time sitting in the conservatory area sometimes chatting with staff, knitting or reading the paper. They told us they enjoyed being free to come and go as they chose. There was a friendly dog whose company was clearly enjoyed.

An activities co-ordinator had been appointed since the last inspection and the record of activities available in the home showed they were varied. The activities co-ordinator had written "when the residents change the activities change." The autumn activities programme included music, baking, art, pottery, dancing and quizzes. People also followed their own interests and were supported by staff to go for walks, shopping and visits.

People's care plans were prepared in detail with them and up-dated regularly as their needs changed. People's physical and mental needs were understood and supported so they could live their lives as they chose. Care plans contained guidance on how people wanted their care needs to be met and also information about underlying medical conditions. It was clear how much assistance people needed with mobilising or whether they had been having falls or were at risk of pressure damage to their skin. The care plans are prepared using a computerised system. We discussed with the registered manager the importance of being able to gain a clear picture of what had been happening to people in the event, for example of a series of falls. The computer system meant that to gain a clear picture several screens had to be accessed. This was time consuming and not very clear. The manager agreed to discuss with this with the care plan provider to see what improvements could be made.

The registered manager was closely involved with the running of the home on a daily basis and was able to listen to any concerns people had and deal with any issues before they became formal complaints. There was a complaints procedure in place and an emphasis on listening to people and families so that any concerns were addressed promptly. Both the people living in the home and staff said they would find it easy to raise issues with the registered manager which would then be addressed. The service received thanks and compliments for the care provided to people often from their relatives.

Is the service well-led?

Our findings

The service remained well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager led a management team of deputy manager and senior carers. The registered manager and deputy manager had been in post for many years. This provided the constant management team that was much appreciated by people and staff.

The registered manager told us they believed in having an "open door" for both staff people living in the home and their relatives. They sought feedback from people all the time. They listened to people's views and took time to understand their view point. They told us they wanted to create a service that was open, honest and caring. The positive comments from people who lived in the home, the staff and relatives indicated this was being achieved. People said they could easily talk to the registered manager. Staff said they felt supported by the manager and deputy.

The registered manager knew people who lived in the home really well. They were flexible and creative in the support they offered people. They demonstrated the ways in which they had engaged with families and other agencies to obtain for people the support they required. They made links with the local community inviting in children from the local school and participating with their neighbours in an open garden scheme.

The registered manager monitored the quality of care in the home and made regular improvements when they could. They spoke with people living in the home on a daily basis and listened to their views. The registered manager and deputy manager carried out audits of care plans, medicines, infection control and risk assessments. The registered manager and senior staff reviewed the way in which care was provided in the home and made changes and improvements when they could. For example the hairdressers had been visiting people in one of the bathrooms. Comments were made about how lovely it would be to have a more salon style environment. As a result the bathroom had been converted with space for two people to have their hair done at the same time making it more of a social experience.

The registered manager told us "Every person is different. There is always room to improve things for that individual. I want people to be as fulfilled as they can be while they are here."