Tamhealth Limited

Sutton Valence Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 18 and 23 January 2019 and was unannounced.

Sutton Valence Care Home is a 'care home'. People in care homes receive accommodation and 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. Sutton Valence Care Home is registered to provide accommodation and personal care for up to 67 people. There were 67 people living there on the day of the inspection.

Many people living at the service had complex nursing care needs and required help with all aspects of their care. Others who needed nursing care on a daily basis were encouraged to lead as independent a life as possible within the service and around the local community.

The service was arranged into three units; each unit being led by a registered nurse with a team of care staff to support the needs of people. The team was further supported by a domestic worker every day to make sure the unit was kept clean.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us they felt safe living at Sutton Valence Care Home. Registered nurses assessed people's needs and identified risks, putting measures in place to manage these safely. We spoke to staff who told us how they kept people safe. They understood their responsibilities in ensuring people were safe from abuse and their role in reporting any concerns they had.

Accidents and incidents, including safeguarding matters were recorded, investigated and reported in a timely manner to the local authority or CQC as necessary.

There were enough staff employed to be able to provide the nursing and personal care people had been assessed as needing. Staff were recruited safely and recruitment processes were robust. Staff training was up to date, and the team had a mix of skills, knowledge and experience. Staff had opportunities to enhance their skills and knowledge and all were qualified in health and social care.

The management team supported staff through supervision and appraisals which were held regularly and recorded. Competency checks were carried out to ensure staff remained competent in their role.

People's medicines were administered safely and when they needed them. Policies and procedures were in place so that people took their medicines when needed. People were supported to remain as healthy as possible and they had been given access to specialist healthcare professionals who could support them.

People had access to the food and drink that they enjoyed. People were supported to choose what they wanted to eat. Peoples nutrition and hydration needs had been assessed and recorded.

People and their relatives said the staff had a caring approach and looked after them well. There was a calm and relaxed ambience and the staff were friendly and happy to chat. People appeared comfortable and were not calling out for assistance, everyone looked well cared for. There were good examples of people being treated with dignity and respect.

People were central to the support they received. Care and support was planned with people and their relatives and reviewed to make sure people continued to have the support that they needed. People were encouraged to be as independent as possible.

People took part in activities of their choice within the service and in the local community. People could choose what they wanted to do each day. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor the quality and they regularly asked people for feedback about the service.

Complaints were investigated and responded to well as were accidents and incidents. The registered manager and the provider took the opportunity to learn from complaints received and incidents that had happened to be able to improve the service provided.

People, their relatives and the staff thought the service was well run and the management team were approachable and supportive. Many people said the registered manager had an 'open door' policy, inviting people to speak to her at any time. Positive feedback was also received about the registered nurses and the leadership of their teams, making sure people got good proactive care.

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 Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Sutton Valence Care Home

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 was planned to check 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.

The inspection took place on the 18 and 23 January 2019 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We invited feedback from health and social care professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which has been reflected in this report.

We spoke with nine people who lived at the service and three relatives to gain their views and their experience of the service provided. We also spoke to the registered manager, the deputy manager, three registered nurses, four care staff and the chef and kitchen staff.

We spent time observing the care provided and the interaction between staff and people. We looked at five people's care records and six staff records as well as staff training records, the staff rota and team meetings minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Good

Is the service safe?

Our findings

People said they felt safe at Sutton Valence Care Home. One person told us, "Yes I feel safe here, there are always staff around to help."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. The registered manager reported any safeguarding concerns to the local safeguarding authority.

Staff had the information they needed to support people safely. Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. Care plans and risk assessments had been reviewed and contained up to date information about people.

The provider had taken steps to ensure people were kept safe in the event of an emergency. Fire equipment such as extinguishers, fire blankets and smoke detectors were seen throughout the building and these were regularly checked and maintained. Each person had their own individual evacuation plan which included information about what was needed to support a person in an emergency. Staff had received fire safety training and there were regular fire drills involving staff and people living at the service to make sure they knew what to do in an emergency.

Staff recruitment was safe. The provider's recruitment processes made sure that relevant checks had been completed before staff started to work with people. This included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. There were enough staff available to meet people needs.

People received care from an experienced and consistent staff team. There continued to be sufficient numbers of staff employed to make sure people received the right amount of support for their assessed needs. People told us there were enough staff available to support them with all of their needs.

Registered nurses administered medication and had been trained in the safe management of medicines. People received their medicines safely and when they required them. Staff followed procedures to ensure the safe ordering, storage, administration, recording and disposal of medicines. Medicine administration records were well maintained and up to date. Medication audits were carried out to identify possible errors or problems.

People were cared for in a safe environment. The service was clean, tidy and maintained to a good standard. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had the appropriate professionals in place to deal with these. There were systems in place to learn from risks, significant incidents or accidents at the service and learning points were discussed at staff meetings and staff handovers.

Good

Is the service effective?

Our findings

People continued to receive effective care from staff who were supported to gain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve national recognised training certificates. People told us that staff supported them to do the things they wanted each day. One relative told us, "I am happy with the support and care my relative receives."

Staff training continued to be ongoing. Staff were supported by having the training and resources available to be able to improve in their role, ultimately benefitting people. The provider had a training schedule in place and this showed that staff had all the relevant training for their role with updates as necessary. The registered manager could easily monitor training needs and chase up those who had not kept up to date. Staff were encouraged to take part in additional training opportunities.

Staff had the opportunity to have one to one supervision meetings with their line manager on a regular basis. The meetings gave the opportunity of a two way discussion about the staff member's performance, providing positive and constructive feedback. Annual appraisals had been undertaken giving staff the opportunity to reflect on the past year's performance and set targets for the following year.

People's health and wellbeing needs had been assessed by the management team and/or the registered nurses using recognised tools. For example, a nutritional assessment tool. Each person had their own care plan which showed how they wanted to be supported. Care plans were available to people in a way they could understand.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. Best interest meetings were held, if appropriate and the service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS and had a good understanding of the MCA. The registered manager had applied for DoLS authorisation when required. The provider told us that people were supported to have access to advocates if required to help them with important decisions about their care. This told us people's rights were being protected.

People were supported to eat and drink enough to maintain a balanced diet. Registered nurses made sure that assessments took into account people's nutritional needs and support was provided where necessary. People were weighed every month, to be sure a healthy weight was maintained. Any concerns were picked up quickly and acted on, such as monitoring more closely using food and fluid charts. Other health care professionals such as the GP, the dietician or speech and language therapists (SALT) were referred to regularly. The registered nurse in charge of the unit monitored all charts to ensure people were taking the

right amount of nutrition and fluid throughout the day. The chefs were aware of the dietary needs of people, they had menus for each person. In addition, they had a list detailing people who required puree, diabetic or soft diets. People told us the food was good and that choices were always available.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs and specialist nurses. Relationships with local GP's were essential and they visited regularly to treat their patients, advising the registered nurses regarding changes in medication or treatment. Regular entries were recorded in people's care plans making sure an accurate record was maintained.

The building was adapted to meet people's needs and maintained to a good standard. The maintenance of the property was well planned and good records were kept. All essential servicing had been carried out to ensure the safety of the building and equipment.

Good

Is the service caring?

Our findings

People were comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the service throughout the inspection. People told us the staff were kind and caring.

There was a person-centred culture at the service. People were respected, valued and treated as individuals. People could choose where they spent their time, for example, in their bedroom or the communal areas. Staff showed interest in what people were doing. For example, by asking questions of people or making encouraging comments. We saw people had personalised their bedrooms according to their individual choice. For example, family photographs, small pieces of their own furniture and their own choice of bed linen.

Staff were motivated to deliver a high quality, caring service. Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

People's privacy was respected. People told us that staff respected their privacy and staff knocked on their doors before entering the room. We observed staff knocking on people's room doors and obtaining consent before entering.

People were actively encouraged and supported to maintain and build relationships with their friends and family. Visitors were always welcome. There were visitors in and out throughout the day. Visitors knew staff well and they chatted together. The provider had made available a large family room and this was being used and enjoyed on the first day of the inspection for one of the people to celebrate a birthday. Family and friends and several people living at the service had been invited.

The provider had made available an electronic communication device for use by people living in the service. With wi fi access available throughout the property, people were able to use the device to make contact with their relatives electronically if they wished.

The management team and staff were sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs was recorded in their care plans. Support was available should people want to attend places of worship.

The provider had a good understanding of the need to maintain confidentiality. People's information was

treated confidentially. Personal records were stored securely in the office and only accessible to those authorised to view them. The provider was aware of the recent changes to Data Protection Law with the new General Data Protection Regulation (GDPR). This new law regulates how organisations protect people's personal information. People's electronic records were kept securely and computer equipment was password protected.

Good

Is the service responsive?

Our findings

People continued to be provided with highly personalised care and supported to live active and fulfilling lives. Staff took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes.

People said they were involved in their care plan and could change how things were done if they needed to. Care was taken to make sure the help people needed with their personal care and how they wanted this to be carried out was recorded to preserve their dignity.

People's preferences were clearly recorded in care plans. For example, what type of programmes they liked to watch on TV, what their links were with the local community, whether they liked to listen to music and what type. Care plans and associated risk assessments were reviewed regularly as a matter of routine to check if people's circumstances and wishes had changed or stayed the same. People were involved in reviewing their care plan and this was clear by the way they were written. Most people signed to say they were involved, although some people chose not to sign. People's relatives were also involved in planning their loved one's care.

End of life care was provided sensitively and in line with people's needs and preferences. People's care plans contained plans for the end of their lives and these took into account people's wishes named 'last days of life'. We saw evidence of regular involvement of the GP, hospices and relatives for people at the service that were receiving end of life care. People and relatives were provided with information packs and the service had links with therapists and religious ministers to provide appropriate support at these times. Where people had specific end of life needs relating to their religion, these were documented and met by staff. Staff were being trained on end of life care.

The provider employed three activities organisers to support and encourage people to take part in organised activities. People were given the information they required about activities and were able to make a decision whether they wanted to get involved or not. People told us of the activities they followed independently outside of the home, using public transport to get around. This had been fully supported by staff to enable it to happen. People were encouraged to follow hobbies and pastimes. The activities coordinators made sure they visited people in their rooms two to three times a week when poor health meant they were nursed in bed or in their room, not able to get to the lounge areas. These were social visits, to chat and make contact, but people could choose to have other interaction such as painting their nails or reading if they wished. The coordinators recorded the time spent individually with people on activity sheets kept in their bedrooms. This meant the registered nurses and managers could monitor any concerns around social isolation.

External entertainers visited regularly, for instance music artist impersonators were popular, as were the friendly dogs who visited with their owners twice a week. The dogs also visited people in their rooms if they requested a visit. The service had a minibus that was used to take people out, particularly in the summer months, for example, to the beach or a garden centre.

The service had a hairdressing salon that was bright and fully equipped with hairdressing basins, mirrors and hairdryers. A hairdresser visited every week and people could book appointments. However, family members could also use the salon to do peoples hair too when they visited.

People were given information about how to complain and who to in the service use guide. People said they had no complaints. Any complaints received were logged on to the organisation's electronic 'datix' system. The investigation into the complaint, the outcome and when the response was sent to the complainant were all recorded. Complaints were monitored by the registered manager and the organisation. Learning from complaints and themes that arose were discussed at the organisations six monthly care quality meetings. Compliments received were also logged on to the same system and used to share good practice within the home and across the organisation.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives.

Good

Is the service well-led?

Our findings

People and their relatives thought the service continued to be well run and that they were listened to. Comments posted on the carehome.co.uk website included, 'The staff and team are very caring and good company. I enjoy the variety of people, the activities and the food. There is always a cheery atmosphere with lots of things going on. If I want company it is there, but if I want quiet, I can choose. Having the choice and still maintaining independence is important to me, I can do this with support and safety'.

There was a registered manager employed. 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. A deputy manager was also employed to support the registered manager in their role.

The organisation's values were known by all staff and were displayed where appropriate in the home to remind staff of the values when going about their daily work. A 'flash' meeting was held each day which consisted of a quick meeting of all the senior staff on duty that morning, including registered nurses, chefs and senior housekeeping.

The provider had a 'datix' computer system in place to support the recording and monitoring of data such as accidents and incidents and complaints. All staff had access via laptops and computers around the home. Staff would log the information on to the system and the registered manager monitored the records on a daily basis. All reports were visible to the head office and senior management staff to monitor incidents and complaints at the home as well as analysing trends across the organisation.

The provider had a quality assurance programme to measure the quality and safety of the home. A planned timetable was in place for the year to undertake a range of audits. The registered manager and the registered nurses between them carried out a monthly audit, looking at five individual areas over the course of the year. A regional manager visited once a month to carry out a separate, planned audit, recording their findings and setting an action plan for improvements to be made. A senior management team from the organisation visited once a year to undertake a fully comprehensive audit of all areas of the service. An action plan identified following the visit ensured the registered manager and her team made the improvements required.

The provider sought people's and others views by using questionnaires to people, staff, health and social care professionals and relatives to gain feedback on the quality of the service. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home.

The registered manager completed a daily 'walkabout', speaking to people and staff and making sure everything was as it should be in the service. People were listened to and had their views taken into account. As well as this informal opportunity, the walkabout was used as a formal quality and safety checking audit.

The walkabout was recorded and any concerns were followed up.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with legislation.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had clearly displayed their rating at the service and on their website.