

# Ashmere Care Homes Sutton Court

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 9th and 10th August 2016 and was unannounced.

Sutton Court is registered to provide accommodation for up to 59 people who require nursing or personal care. At the time of the inspection there were 46 people living at the service.

Accommodation is located over two floors. Part of the first floor provides accommodation for 'Transfer to Assess' (where people require assessment and support to return to their own home following hospital admission) which is managed Monday to Friday by the local CCG which is part of the NHS.

On the days of our inspection there was a registered manager in place. 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.

People told us that they felt safe. The risk of harm to people was reduced because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported.

Medicines were safely administered and stored.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices. Staff received an induction, training and supervision. They felt supported by the management team.

People received sufficient to eat and drink although they did not always receive the necessary support during meal times.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions. People were asked for their consent before care and support was provided and this was respected.

People's healthcare needs had been assessed and were regularly monitored. Staff worked well with visiting healthcare professionals to ensure they provided effective care and support.

People told us staff were kind and caring but they did not always listen to them. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent.

People had the opportunity to take part in a variety of activities inside the service. Daily records were up to

date and gave a good overview of what had occurred for that person. Complaints were dealt with in a timely manner.

The registered manager was supportive and approachable towards people, relatives, external professionals and staff. People were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

## 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.

People who used the service felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People received sufficient to eat and drink but did not always receive the necessary support during meal times.

Staff received an induction, training and supervision and felt supported by the management team.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

### Is the service caring?

Good ●

The service was caring.

Staff were aware of people's support needs and their personal preferences.

People did not always feel listened to.

People's privacy and dignity were respected by staff and independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People had the opportunity to take part in a variety of activities both inside and outside of the service.

Care plans gave guidance to staff on how to support people.

Complaints were dealt with in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff understood the values and vision of the service.

The registered manager was supportive and approachable towards people, relatives, external professionals and staff.

The registered manager was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# Sutton Court

## **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.

This inspection took place on 9th and 10th August 2016 and was unannounced. The inspection team consisted of 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 service

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with nine people, two relatives, three care staff, a maintenance person, one cook, the activities coordinator, the deputy manager, the registered manager and three health care professionals.

We looked at the care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service such as policies, procedures and audits.

# Is the service safe?

## Our findings

All people we spoke with told us without exception, that they felt staff supported them to remain safe and the staff were visible. One person said, "The staff are very good and it's secure [the building]." Another person told us the members of staff's observations at night make them feel safe. They said, "They [staff] give me two hour checks every night and knock on the door to see I'm all right." People told us that because staff were caring this made them feel safe and reassured. A health care professional told us, "They [people] are safe."

All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. One relative said, "[Relatives name] is safe, home's practice is safe~family are happy [relative] is staying here [service]."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team or local authority. Staff were confident a member of the management team would deal with any concerns they may raise.

People were provided with user friendly information throughout the home about how to keep themselves safe. For example, 'Residents Guide' an in house document was available for people which explained about how to make a complaint and fire evacuation procedures.

The service had safeguarding and whistle blowing policies and procedures available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a flood or fire. We saw how regular checks and routine maintenance of the homes environment and equipment ensured people were protected. There were checks in place for equipment in relation to moving and transferring people, and legionella. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments completed and reviewed for risks associated with people's mobility, skin, nutrition, leaving the building and continence. We saw that a person's airflow mattress was set at the correct level as stated in their care plan. This meant that the risk of them developing a pressure sore/ulcer was reduced..

There were sufficient numbers of staff to keep people safe. People told us there were enough staff. One person said, "The [staff] are excellent as regards to being friendly and helpful." Another person said, "There [staff] very attentive."

Relatives told us they had no concerns about the availability of staff to support their family member. One relative said, "Oh yes, staff support [relative] straightaway~only have to ask and they [staff] are here."

All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. One member of staff said, "More than enough." A health care professional said, "Lots of staff around, always really helpful."

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on people's dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointments. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People who used the service did not raise any concerns about how they were supported with their medicines. One person said, "They [members of staff] are kind when giving you your medications."

We observed one member of staff administering medicines safely to people. The members of staff checked medicines against the medication administration record (MAR), explained to the person about the medicine they were being given. They waited patiently until the person had taken the medicine and then returned to sign the MAR..

Staff told us and records demonstrated that they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. We found gaps in two people's records, which could suggest that people had not received their medicines. However, when we checked the stock levels for these people, we found they were correct. Inconsistent recording of when people have received the medicines could increase the risk of people receiving too much or little of their medicines, which could have serious impact on their health and welfare. A daily audit of medication had not picked up the gaps in the two people's records. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies. We spoke to the registered manager about our concerns and they spoke to a member of staff immediately and said an action plan would be put in place..

Medicines were stored safely and in line with requirements. We found cupboards and refrigerators used to store medicines were locked. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. Audits were carried out by the registered manager to assess if medicines were being managed safely.



## Is the service effective?

### Our findings

We received positive comments about the food and drink. People said comments such as, "Its [food] excellent and there's an alternative to the main meal" and "We have a nice Christmas meal, the foods really good and we have a menu on the table, then there's a snack and drink." A relative told us, "Staff will always ask the residents what they would like if they do not want the set menu".

Observations carried out over lunchtime demonstrated that the experience was poor for some people. Tables were covered with clean tablecloths, condiments and a menu was available. People were brought into the dining area early. This resulted in some people waiting as long as half an hour for their drinks and meals with limited interaction from staff to explain how long their food would be. For a brief period there was no member of staff in the dining area for the 38 people who were sat down waiting for their meal. One person was unsettled and got up from their table four times, each time a member of staff offered them reassurance.

We observed staff support the people who required the most assistance however, they did not always do this effectively and respectfully. A member of staff who was supporting a person to eat their meal walked away without explaining where they were going. Even though the person had not yet finished their meal. Another member of staff was kneeling on the floor whilst supporting a person to eat. Members of staff did not always explain to people what meal or desert they were being given. Whilst more food was offered , some people's plates had been taken away so they were not given the opportunity to have more food. A member of staff supported a person discretely to maintain their dignity by wiping their mouth appropriately.

We raised these concerns with the registered manager. They told us the lunchtime meal was normally well organised and people received their meals much quicker, with support provided where needed. However they acknowledged on the day of the inspection the lunchtime experience for people was not effectively managed. We observed another meal time and improvements had been made however, we are unable to guarantee such improvements continue.

The cook told us how they provided meals that were appropriate for people's individual needs. For example some people required a soft diet due to concerns about their swallowing. A system was in place so the cook was able to identify which people had a particular diet. The cook then directly gave people their food so they knew people were receiving the correct meal. Kitchen staff had written records of people's needs, likes and dislikes including allergies. The cook gave people a choice of meals during the morning. They told us that snacks such as cakes, biscuits and fruit was available and we saw these foods were present. The registered manager showed us snack boxes given to some people so they could help themselves during the day. A snack bar was available for people to help themselves.

People had their needs met by staff that was knowledgeable and skilled to carry out their roles and responsibilities. People we spoke with were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their

individual needs. A visiting relative told us, "Yes I would say they [members of staff] know my [relative], yes they [members of staff] seem pretty competent, what they are very good at is they understand what each person can do and so are good at treating them as individuals." Another relative said, "They [members of staff] know my [relative]."

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which This included but was not limited to, moving and handling, mental health and safeguarding adults. Staff said they also had the opportunity to shadow other members of staff. One member of staff told us their induction was, "Quite good and interesting."

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I always feel supported." Another member of staff said, "If I need help with anything I can go to the management team." A third member of staff said, "[Name of registered manager] is always there if you have any issues." We saw records of staff supervision which clearly indicated that people were receiving advice to support people's needs from a member of the management team.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with were clear about their roles and responsibilities under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made ten applications for DoLS where appropriate. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. This application had been authorised. Others were still waiting authorisation. The registered manager also told us some people had key fobs so they were able to leave the service whenever they wanted.

People told us, that staff asked for consent before providing care. We observed staff asking people's consent before personal care and medication was given. One person said, "They [staff] let you know what's going on, they [staff] explain things before things happen. They [staff] ask for consent before I am taken to hospital."

People's care records confirmed that people had their health care needs met by a variety of professionals such as an optician, GP, speech and language therapist, district nurse and dietician. One relative told us their relation has been supported by the falls team due to their poor mobility and an continence specialist nurse for an infection.

Records showed that each person had a comprehensive assessment of their health needs and had detailed

instructions for staff about how to meet those needs. Staff were proactive and sought their advice appropriately about people's health needs and followed that advice. For example one person was referred to a GP, speech and language therapist team and dietician due to a reduced appetite. Recommendations made by the dietician were followed. One health care professional told us members of staff ask appropriate questions when they visit. Another health care professional told us they attend weekly multi-disciplinary meetings at the service with other health and social care professionals to support people living at the service. We observed a staff handover and information concerning health care professionals was shared amongst staff. This demonstrated that people had been supported appropriately with their healthcare needs.

## Is the service caring?

### Our findings

All the people and their relatives we spoke with told us staff were kind and caring. People said comments such as, "The staff are extremely careful and caring I feel quite spoilt", "Oh yes definitely, very attentive and caring", and "All those [staff] I've met are nice." A relative said, "Very kind and caring, make [relative] laugh, know [relatives] sense of humour." All the three health care professionals agreed. One health care professional said, "Very kind~not an argument there."

During our visit we read several compliment cards given to the service. One person wrote, "Thank you for all the wonderful care you gave [relative] who was cared for with great kindness, dignity and respect." Another person wrote, "Thank you for the kindness and patience you showed towards [relative]." During our inspection the registered manager had received a donation from a person's relation towards the resident's fund.

Staff spoke without exception positively about working at the service. Member of staff said comments such as, "I love all the residents, I love helping people", "People are cared for very well" and "It's a happy home."

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. One person had no close relatives and as such an independent mental health advocate (IMCA) was chosen to represent them.

Staff were aware of people's support needs and their personal preferences. When we asked three staff members to tell us about a person, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. A health care professional told us, "Staff know the people really well."

We received mixed responses from people when asked if they felt listened to. One person said, "I find the members of staff very good, if I want to approach them to communicate anything." Another person said, "When they [members of staff] talk to my family, they always have time to answer my family's questions." A relative said, "They [members of staff] listen to me." Other people disagreed. One person said, "I've only had young carers and they don't always listen to you when you are talking to them and they are not taking any interest in what you have to say." Some people told us that staff did not always listen to them when they were short staffed.

Throughout the inspection we observed staff engaging with people and asking them how they were. We saw a member of staff being responsive towards a person who was clearly upset and tearful. The person responded positively to the members of staffs reassurance and became settled. We saw members of staff listen to people and respond appropriately to people's questions.

Each person had a support plan which had been developed with the person, a relative or others who knew them well. People's care records identified family and friends important to the person's emotional and psychological well-being. Relative's views and opinions were sought in developing the person's support plan

and they participated in people's reviews.

People told us they were supported to make independent choices. One person said, "Oh yes they [members of staff] like you to do as much as you can but know your limitations but would assist you if necessary and help you feel safe." Another person said, "Staff not doing things for me however, they would do things if I wished for some help and would be put in in the care plan for example showering, I have help with showering now." The registered manager told us people have a choice how they would like their room decorated and has supported people to buy furniture on the internet. We saw a communication aid was used by a person to promote their independence. The communication aid was used to show how they felt and what they wanted to do. The registered manager told us, and we saw, 'Transfer to Assess' area where some people had access to rehabilitation kitchen where they could improve their independence skills before returning home.

People told us that felt they were treated with dignity and respect and we heard staff speak to people in a calm and caring way. One person said, "Well I think if I discuss anything with the staff, they don't broadcast my affairs, quite confidential." A relative said, "[Staff] talk to [relative] with respect." They also told us there are many areas in the service where, "I can have privacy with my [relative] and staff make sure their relatives hands are washed after personal care.

Staff told us they took steps to protect people's privacy during personal care by ensuring they knock and close doors and cover people up. We saw staff knock on people's door before entering. Staff took people away discreetly from lounges to support them with their personal care. We saw that staff treated information confidentially and care records were stored securely. We also saw a relative was prevented from going into the registered managers office as they were reading confidential information. The service had a number of areas where people could have privacy if they wanted it and we saw people using them. This meant that people's privacy, dignity and preferences were respected throughout the day.

The Registered manager told us there were no restrictions on people being able to see their family or friends. One relative told us they could visit, "Anytime". They also told us they had a key fob so could access the service without knocking on the front door between 8am and 8pm.

## Is the service responsive?

### Our findings

People told us they had the opportunity to take part in a variety of activities. One person said, "We have bingo and we have someone who comes in that does exercises to music~occasionally we have a trip into town to do some shopping." A relative told us, "There are interactive ball games and skittles my [relative] is encouraged to join in."

Staff we spoke with told us there were activities such as skittles, dominoes, manicures, shopping trips and coffee mornings. A health care professional told us they had observed numerous activities during visits such as bingo, reminiscence groups and seated exercise.

Throughout our inspection staff were observed to encourage people to partake in a variety of activities. We saw people having manicures on a one to one. People were playing a ball game with the activities coordinator and were smiling and laughing and clearly enjoyed the session. Staff kept people's attention and ensured they involved and encouraged people to take part. We also saw people drawing, completing crosswords, accessing the garden and going out on trips. An external entertainer playing the saxophone engaged people. Members of staff and people were dancing together and were smiling and enjoying each other company.

We saw copies of resident meetings that had taken place on a regular basis. Discussions had taken place in regards to trips out in the community, celebrations within the home and entertainment. Residents meetings were well attended.

A newsletter listed forthcoming activities which included a summer fair. There were also photographs of previous activities which included a boat trip, gardening, a pub lunch and the celebrations for the queens 90th birthday. Relatives had the opportunity to receive the services quarterly newsletter by email if they so wished. Newspapers and magazines were available for people to read.

The registered manager had developed positive links with the community. The service had a luncheon club and coffee morning which was attended by people living in the community. A relative told us there relation attends the luncheon club at the service. We saw people who used the service attend the luncheon club and interact with people from the local community. Throughout the inspection we saw people going out with members of staff and relatives shopping and one person attended a local day centre.

People's care records were written in a person-centred way and developed with the person and their relatives. A document entitled 'Journey of my life' was discussed with people and relatives to gain an insight into people's life histories and plans for the future. Information included peoples likes, dislikes, wishes and personal preferences which had been considered when support had been planned with them.

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service.

Care records showed that a detailed pre-assessment was completed before people moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, routines and preferences. This enabled staff to be aware of what was important to people and to understand their individual needs.

People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person. Regular reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. One relative said, "Never had to make a complaint, never felt I had to make a point about anything." They told us if they had to make a complaint, "I'm sure they'd [registered manager] act on it."

The complaints record showed that complaints had been dealt with in a timely manner and in line with the company's policy. The complaints log showed that one complaint had been received in the last 12 months. This had been responded to in a timely manner and resolved to the complainant's satisfaction.

Staff were clear and understood how they would manage concerns or complaints. Two health care professionals told us people had not raised any concerns during their visits.

## Is the service well-led?

### Our findings

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "To make sure people are happy and well looked after and get the care they deserve." Another member of staff said, "Ensure people living here have person centred care and are treated as an individual." Another member of staff said, "To make sure people are happy and well looked after and get the care they deserve."

People who used the service, relatives and professionals we spoke with made positive comments about the registered manager. People told us the registered manager was approachable. A relative said, "Definitely approachable~all staff are."

Relatives we spoke with made positive comments about the service. One person said, "I think it's [service] very homely~like a proper home~it's a home from home." The registered manager told us the service had supplied relatives with a drinks machine. A relative confirmed this and told us it gave them the opportunity to have a drink with their relation in private.

A health care professional told us the registered manager listens to them when equipment needs to be put in place to support people. Another health care professional said the registered manager was "Open and on the other end of a phone for us."

Staff told us they felt the leadership of the service was good and made positive comments about the management team. One member of staff said, "You always see [registered manager] ~hands on~aware of what's happening." Another member of staff said, "They [registered manager and deputy manager] work well together as a team~they are hands on and approachable." Another member of staff said, "There [registered manager and deputy manager] amazing~supported me an awful lot."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions.

All the members of staff we spoke with and the records confirmed regular senior care and care staff meetings had taken place where they could discuss important issues. Staff told us they felt they were able to raise concerns, express opinions and would be listened to by the registered manager.

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager. Meetings with other registered managers within the group take place. These meetings provide an opportunity for the sharing of good practice. They told us the provider was "Very supportive" and said "I love my job."

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager knew the process for submitting statutory notifications to the CQC.



A survey in 2016 had been completed by people who used the service. People were satisfied with the quality of care, activities and choices offered. One person said, "I like spending time with [activities coordinator] doing activities. She always makes time for me." People were satisfied with the food but requested they would like more trips out.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including medication, environment, kitchen, staff files and care records. We saw that night time audits took place four times a year to make sure people were safe. We also saw records that audits took place to make sure the environment was clean, lights and equipment worked and the garden was safe for people to use. The maintenance manager also told us they undertook a monthly audit of the building. The registered manager showed us a refurbishment plan so that the garden could be improved. This told us the provider had continuous and robust quality assurance processes in place.

We saw an award the service had received being in the top 20 Care Homes for the East Midlands 2015. The Awards are run by carehome.co.uk and are based on reviews and recommendations received from people and family/or friends of people. One person said, "I'd recommend this place [the service] it's nice and there [staff] are all friendly with you~it's the first time I've been to a place like this but I would recommend it [the service]. A relative told us, "I can't fault the home~it's a home from home."