

Ashmere Nottinghamshire Limited

# Sutton Lodge

## 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

### About the service

Sutton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people including people living with dementia. The home can accommodate up to 42 people. At the time of our inspection there were 34 people living in the home.

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

The service was exceptional in placing people at the heart of the service and its values. It had a strong person-centred ethos. Staff and the service's management told us how they were passionate about providing outstanding person-centred care to people when they needed it.

We saw evidence of caring relationships in place, and a commitment to support people at difficult times with compassion, respect and affection.

Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a system in place to carry out quality checks. These were carried out on a regular basis to ensure the quality of care was maintained.

Arrangements were in place to monitor and manage medicines. However, medicine records were completed inconsistently.

There was an extensive range of activities on offer.

Care records were personalised and had been regularly reviewed to reflect people's needs. Care plans contained information about people and their care needs. People were supported to make choices and have their support provided according to their wishes.

People said they felt safe. There was sufficient staff to support people and appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

The environment was adapted to support people living with dementia. The home was clean, and arrangements were in place to manage infections.

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

Arrangements were in place to involve people and their relatives in the running and development of the home. The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

#### Rating at last inspection

The last rating for this service was good (published 27 July 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At this inspection the rating remained Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

# Sutton Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by a single 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.

#### Service and service type

The service had a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We inspected the service on 19 June 2019.

#### What we did

Prior to the inspection we examined 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.

The provider had completed a 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with three people who lived at the service four relatives, three members of care staff, the hairdresser, two activity coordinators and the registered manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training,

medicines and quality assurance.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 'good'.

### Using medicines safely

- At this inspection we found medicine records were not completed consistently. Some medicine front sheets were not fully completed and codes on medicine administration records were not consistently used or explained. Written guidance was not in place to enable staff to safely administer medicines which were prescribed to be given 'as and when' people required them (PRN). Following our inspection, the provider confirmed they had started to address these issues.
- People received their medicines when required. Instructions for medicines which should be given at specific times were written on the medicine administration records (MAR). This reduces the risk of people experiencing adverse effects from medicines, or the medicine not working as intended.
- Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.

### Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse. People told us they felt safe living at the home. A relative told us, "Yes, [family member] is completely safe here. The carers are on the ball and watching all the time and if anything happens they sort it all out." Another told us, "I am so relieved that [relative] is here. [Relative] used to wander out of the house and they can't get out here, so it is such a comfort to me that [relative] is ok."
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. Records showed that care staff had completed training.
- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
- We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

### Staffing and recruitment

- There were enough staff available to meet the needs of people. Staff told us they thought there were enough staff to keep people safe.
- The registered manager and provider had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered manager and provider had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

### Preventing and controlling infection

- We observed suitable measures were in place for managing infections. Good infection control practice was in place. Staff had access to protective clothing and used it according to the provider's policy.
- The home was clean, and arrangements were in place to maintain this.

### Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangement to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Regular monthly reports were produced and learning from any incidents or events was shared with staff, so they could work together to minimise risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained 'Good'. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervision and appraisals had taken place. These are important because they provide staff with the opportunity to review their performance and training needs.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Adapting service, design, decoration to meet people's needs

- Arrangements were in place to assist people with orientation around the home. For example, there were brightly coloured doors and signs in words and pictures. Memory boxes were in place outside each person's room with details of items which were pertinent to people's past experiences.
- People's rooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was fit for purpose.
- Specific equipment and resources available to assist staff to meet people's needs. For example, a bathroom had been equipped with sensory equipment, so people could relax, enjoy a bubble bath and listen to music in a safe environment.
- We saw the outside areas were safe and secure and people were able to access these if they wished. A decking area had recently been laid and the registered manager told us it had been fitted twice because when it had first been laid staff tested it by using mobility equipment on it and found they got stuck. Consequently, the decking was changed to facilitate better mobility for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were regularly reviewed and reflected people's changing needs and wishes. People and relatives said they had been involved in discussions about their care plans.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed lunchtime. People were given a choice at the meal time. Staff showed people what food was

available, so people could make an informed choice. A relative told us, "If you don't like what is being served you are offered something different". At lunchtime we observed a person was reluctant to eat the sandwiches they had chosen. This was noticed by a member of staff who offered them crisps to accompany them and the person then ate their lunch.

- During lunch staff also ate their meals with people which presented a very sociable and companionable atmosphere. Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available and we observed them in use during meal times.
- Where people had specific dietary requirements, we saw arrangements were in place to ensure people received this. People who required specialist diets received their meals on blue rimmed plates. This alerted staff to the fact they required a special diet and they were able to check this against a list in the kitchen which detailed people's needs and who should use the blue rimmed plates.
- To ensure people received adequate fluids as well as regular access to a range of drinks, kitchen staff made batches of jelly sweets to help people who struggle to drink enough fluids maintain healthy levels of hydration

Staff working with other agencies to provide consistent, effective, timely care

- We saw from looking at people's care records that there was evidence all the people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. For example, a person had started to struggle to manage their continence and we saw prompt action had been taken to refer them to the specialist continence team so they could be appropriately supported.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- We found the service was acting within the principles of the MCA. Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support when making some more complex decisions.
- We found that arrangements had been made to obtain consent to care and treatment in line with

legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had been put in place.

- We found where DoLS were in place conditions were being met.

- Where people were unable to consent, the provider had not consistently ensured records detailed where relatives had legal responsibility to make decisions on people's behalf. However, we saw on the new electronic record system arrangements were in place to include this information.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained rated as 'Good'. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were involved in their care planning and expressing their wishes about their care. People told us staff were kind to them. We observed staff interacting positively with people who used the service throughout our inspection. For example, staff recognised a person was 'a bit upset today' and tried to cheer them up by offering them their favourite things for example, a chocolate bar. A visitor told us, "[Person] came in for respite and has never come home. At home they were very isolated, but they love it here, it has been brilliant."
- Staff gave each person appropriate care and respect while considering what they wanted. For example, when administering medicines, we observed a staff member explained to people what they were taking and checked they were ok to take their medicines. They also asked what they would like to drink and what support they would like. For example, asking a person if they would like medicines on a spoon or in their hand.
- We observed staff supporting people who needed support to prevent any distress. For example, a person became distressed when sitting at the table for lunch, so staff supported them with their meal whilst they chose to walk around the building. The registered manager told us another person had struggled to settle at the home, so they let them bring their dog in to stay with them and helped the person to care for the dog which assisted them to feel more at home whilst staying at the home.
- We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. We observed families were encouraged to visit and participate. One relative told us, "I don't know who the therapeutic effect of visiting is for, my relative or me!" Another said, "I come most mornings and a member of staff brings me a cuppa as soon as I get here without me even asking. That's what caring is to me."
- The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. Where people had expressed a preference in the gender of carers this was detailed in care records. In addition the home provided information which explained their open culture with regard to equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a person disliked sitting at a table for their meals and staff supported them to have their meal whilst wandering. A member of staff said, "We try and give people their life choices back."
- Where people were unable to communicate verbally arrangements had been put in place to support them.

We observed a member of staff using a form of sign language when communicating with a person.

- People were asked if they required support before staff provided it. Records reflected the need to ensure people were happy with being supported.
- Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records. When supporting a person to move we saw staff ensured people were appropriately covered to preserve their dignity.
- We saw staff enabled people to be as independent as possible while providing support and assistance where required. For example, explaining to people how they could assist when being supported.
- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained 'good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs had been holistically assessed and regularly reviewed. If people required support, then staff had clear guidance on how to support them. People's files gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways people expressed their feelings and opinions.

- People's lives continued to be enhanced because of a responsive approach to ensuring their skills and hobbies continued. A relative told us "They are always busy always something going on. Not just left to watch the television." Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people. For example, a person had previously worked as a cleaner and liked to assist with various tasks. Staff provided the person with their own equipment, so they could participate in this and feel they had a meaningful role at the home. Each bedroom also had an "all about me" poster which is adopted from the Alzheimer's society. "All about me" is a resource for people with dementia to tell health-care providers about themselves, their needs, likes, dislikes and interests. Knowing more about the person with dementia helps visiting community support workers and staff build relationships and support personalized care.

- The responsive nature of the staff meant despite people having a range of complex needs the culture of the home was stimulating and inclusive. The home had recently purchased a table sized computer tablet which people could use for activities and games. Staff told us they were planning to add a web-cam so that people could talk to their relatives who were unable to visit regularly. In a lounge area there was an extremely large whiteboard with a pre-printed pattern for colouring and pens available, so people could help themselves to the activity. We observed staff supporting people with activities for example, photographs were being used to stimulate interaction and assist people to reminisce.

- A music speaker in the shape of a jukebox was available and we observed people choosing music to play. A relative told us their family member particularly liked the jukebox because they were a fan of the Beatles and it brought back memories.

- People's lives were enhanced because of the responsive approach. A number of trips had taken place, for example, people had visited Skegness and a local garden centre. The activities coordinator told us group activities were not always appropriate for meeting people's leisure needs and explained they tried to also facilitate individual experiences. For example, they had started a system called 'Make a Wish Week' where each person was asked what their wish would be. Therefore, one person who used to own a livery stable had said they would like to see horses again and was taken to a local stable to interact with them. The home had

also taken part in the Alzheimer's Society Cupcake Day and people had attended a service held in another home located on the same site.

- On the day of inspection, the hairdresser was visiting. External entertainment is arranged monthly and during our inspection a singer was entertaining people. We observed both people, staff and relatives joined in, providing a very inclusive atmosphere.
- The importance of pets was recognised as part of people's sense of identity and to provide company. The registered manager described the home as 'pet friendly'. We observed pets were a part of the home life. The home had several caged birds for people to care for and a cat. In addition, relatives were encouraged to bring family pets in. During the inspection a relative had brought their dog and told us they were encouraged to do so by the staff because their family member so enjoyed seeing the dog.
- Arrangements were in place to ensure staff were kept updated on people's changing needs. So, they could provide appropriate care to meet their needs. For example, regular handovers were carried out when shifts changed and records kept ensuring staff were updated.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner

#### Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints. Complaints had been responded to appropriately and resolved.
- A policy for dealing with complaints was in place. Relatives told us they knew how to complain but had never had need to. One relative said, 'I feel I can talk to the staff, and that they will take notice of what I say and if they can they will address my concerns.'

#### End of life care and support

- The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection 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.

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

- Relatives told us the registered manager had an open-door policy. They told us, the registered manager, 'has put my mind at rest on more than one occasion'.
- The registered manager had appointed a number of staff as champions to ensure there was leadership in key areas. For example, infection control, dignity and medicines. The champions were responsible for bringing new ideas into the home around the topics and sourcing training and support for staff to ensure continuous development of the service.
- The registered provider ensured resources were available and worked effectively to support high quality care and staff in their role. For example, the home employed three members of staff to lead on activities and leisure to ensure people experienced a fulfilled and meaningful day.
- The provider had notified CQC of accidents and incidents as required.
- The service had a manager registered with the Care Quality Commission in post.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were systems in place to monitor the quality of care people received and to drive improvements. Regular checks were in place for a variety of issues including environment, health and safety, fire, moving and handling, accidents and training. A central system was in place to analyse results so that trends could be identified to avoid incidents occurring again. For example, the registered manager met the managing director monthly to review the results of the checks and agree any actions going forward.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how 'passionate' they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. Staff told us the registered manager had a passion for providing quality care to people and this was evident the way they supported staff to care for people. We observed where issues and suggestions had been raised by people these had been followed up and actioned. Relatives told us they thought the atmosphere in the home was 'wonderful'. A visitor said, "It is a happy atmosphere here." A member of staff told us they felt like they were making a difference to people.
- The previous inspection ratings poster was displayed on the provider's website.

Continuous learning and improving care

- Staff told us about the electronic care record system and the use of hand-held devices to provide real time

data was a good improvement. Staff said they had 'more time to spend with people, since the new system came into being.

- An effective system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service. The registered manager had engaged with external organisations to provide advice and training to staff on issues which affected people who received support. For example, Alzheimer's society.

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

- We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, relative and resident meetings were held. We saw the meetings often focussed around a theme, for example meetings had been held to discuss our favourite foods to support people to choose meals for the menu and activities.

- We looked at minutes from a staff meeting and saw that staff were engaged in discussions about the introduction of the electronic recording system and infection control and staffing.

- The provider had also developed a 'Make a Wish Week', where people were encouraged to say what they would wish for at the home. Arrangements had been made with local furnishing supplies to have fabric swatches and paint charts so that people could be involved in making a choice about their environment.

Working in partnership with others

- The provider was awarded a contract by the local NHS trust to provide rehabilitation services for people leaving hospital called, 'Short Term Rehabilitation Scheme'. This allowed hospitals to free up beds for acute care and enabled people to receive rehabilitation and preparation for returning home in a less clinical, homelier environment. The project was very successful. and the contract had been extended beyond the projected end. The project was nominated for a national NHS innovation award.

- The registered manager worked collaboratively with other organisations, charities, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used information they gathered to make positive and life affirming changes to people's daily living. For example, Sutton Lodge is a member of the National Activity Providers Association (NAPA) which means they use the information they gain from this partnership, to ensure people have access to a wide range of meaningful and interesting activities throughout their day.

- Working relationships had been developed with other professionals to access advice and support. For example, the GP and local pharmacist.