

Ashmere Nottinghamshire Limited

Sutton Lodge

Inspection report

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Date of inspection visit:
21 September 2023
22 September 2023

Date of publication:
13 October 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sutton Lodge is a residential care home providing Accommodation for persons who require personal care up to a maximum of 42 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 34 people using the service.

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

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.

People were protected from the risk abuse. Risks to people's health and safety were assessed, monitored and changes acted on. There were enough skilled, trained, and experienced staff to provide safe care. Medicines were well managed, although there were some issues with the administration and management of 'as needed' medicines. This was rectified during the inspection and will be checked at our next inspection. The home was clean and tidy, and procedures to reduce the risk of the spread of COVID-19 and other infections were in place. Learning from accidents and incidents took place, appropriate notifications were forwarded to the relevant authorities. The environment was suitable and adapted for people living with physical disabilities and dementia.

There was a clear structure in place for monitoring risk, assessing staff performance, and driving improvement and development. The registered manager was supported by senior management to carry out their role. The registered manager understood and adhered to the regulatory requirements of their role. The provider acted on feedback from people, staff, and relatives.

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

Rating at last inspection and update

The last rating for this service was good (published 29 July 2019)

Why we inspected

We received concerns in relation to management of people's skin care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating .

The overall rating for the service has remained as good based on the findings of this inspection.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risk have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors 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

Sutton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the Home Office to gain information about the issues regarding the staff.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 1 person who used the service and 10 relatives about their experience of the care provided. We spoke with 3 care staff, HR manager, quality assurance manager, members of the domestic team, maintenance person, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or parts of 8 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We carried out this inspection in part due to concerns raised about how care was provided for people who had or were at risk of developing pressure sores. We carried out checks in relation to this part of people's care and found people were not at risk.
- The registered manager ensured people's pressure care and skin integrity care plans included guidance for staff on how to provide effective care. Staff understood how to care for people. Relatives spoken with felt their family members were safe and well looked after.
- Other risks to people's health and safety were regularly assessed, monitored, and acted on. Care records contained guidance for staff to follow. Staff spoken with told us they felt they had sufficient guidance, via the electronic recording process, to provide safe care for people.
- Regular checks on the maintenance of the home, equipment and fixtures and fittings were carried out. Gas and fire safety checks were regularly completed. However, we did note some of the bedroom fire doors on the first floor closed quickly which could impact the safety of people and staff. After the inspection we were told by the nominated individual that all doors had been checked by the maintenance person and in their opinion shut safely. We will check this at our next inspection.
- Each person had individualised plans on how to evacuate the building in an emergency. This included how to support people to exit the home who had problems with their mobility or were living with dementia. This helped to keep people safe in an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.

- People and relatives told us staff provided safe care and they or their relatives were safe at Sutton Lodge. A person said, 'I've never thought about it tell you the truth, I feel alright here, staff are nice and gentle.' A relative said, "[Family member] is safe here. Much safer than at home."
- All staff spoken with had a good understanding of how to identify and act on the signs of potential abuse and neglect. They knew how to report concerns if needed. One staff member said, "I would report to my senior or the manager. If I had to I would whistleblow to other agencies outside of the home."
- The registered manager had ensured the relevant authorities were notified when a safeguarding incident had occurred. Records showed these incidents were recorded, reviewed, and used to reduce the risk of recurrence, reducing the risk to people's safety.
- At the time of the inspection the provider was working with the local authority safeguarding team regarding an incident that had occurred at the home. The provider has carried out an investigation and has stated they were satisfied they had acted appropriately. We have reviewed this incident and have asked the provider to notify us of the outcome. Once the outcome is known, if needed, we will liaise with the provider on any agreed actions and/or recommendations made by the local authority safeguarding team.

Staffing and recruitment

- There were enough suitably skilled, trained, and experienced staff to keep people safe.
- Our observations confirmed, and relatives told us that there were enough staff in place to support people and to provide safe care. We observed staff respond quickly when needed. There was a calm, organised and efficient atmosphere between staff and people. Staff were there when needed, but also did not impose on people when they wished to be alone.
- Staff were recruited safely. This included checks on criminal records, employment history and identification. This reduced the risk of people receiving care from unsuitable staff.
- Agency staff were occasionally used. The agency provider ensured all checks on their suitability to work were completed prior to them commencing work. This included their qualifications and criminal record checks.

Using medicines safely

- Medicine practices were in place to ensure people's medicines were managed safely.
- Relatives told us their family members received their medicines safely and their medicines were well managed. A relative described how their family member had a specific routine to ensure that their medicines were administered safely.
- Medicines were stored safely. They were disposed of appropriately. People's care records contained guidance for staff on how they liked (or needed) their medicines to be administered.
- We did highlight a concern regarding 'as needed' medicines (sometimes referred to as 'pro re nata' (PRN)). These medicines are to be given when needed such as in times of unexpected pain or other symptoms such as distress, discomfort, or anxiety. Each of these medicines required detailed protocols to inform staff when they should be administered.
- We found some of these protocols lacked detail and could lead to the risk of inconsistent administration. The registered manager agreed some of the protocols required more detail. We viewed some of the re-written protocols during the inspection. We were informed after the inspection that all other protocols that needed to be amended had been. We will check this at our next inspection.

Preventing and controlling infection

- The home, including people's bedrooms, communal areas and shared bathroom and toilets were all clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people receiving visitors at Sutton Lodge. Visitors were encouraged to respect mealtimes and not visit during this time. However, if visitors did arrive during mealtimes, they were not restricted entrance to the home.

Learning lessons when things go wrong

- The provider ensured lessons were learned when mistakes occurred.
- Accidents and incidents were recorded, investigated, and reviewed. A quality manager was in place to support the registered manager when incidents occurred. They worked together to identify causes, make plans to reduce recurrence and to ensure people remained safe.
- The appropriate authorities were notified when an accident or relevant incident occurred.
- Where staff performance fell below the required standard, support was offered to staff to improve and develop their roles. How to learn from mistakes was discussed during team meetings.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People received care that was person-centred and helped people to achieve positive outcomes.
- The atmosphere and relationship between staff and the people they cared for was positive. People and relatives liked the staff. A relative told us they were always introduced to new staff. Many commented on the positive impact staff had on their family members' lives.
- Staff told us they enjoyed providing care for people. One staff member told us they particularly liked helping people living with dementia and helping them to lead positive and meaningful lives.
- We observed staff interacting with people in a positive way. People responded well to this. For example, a singer had been booked to sing songs from 1950's and 1960's. A staff member asked a person if they would like to dance, they did, and there were smiles and laughter all round.
- We did observe a couple of occasions where a staff member did not respect a person's privacy and dignity when referring to an element of support they needed. We raised this with the registered manager who told us they would remind staff of the need for a dignified and appropriate approach at all times. All other observations throughout the inspection indicated a positive and respectful approach.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- The registered manager was supported by senior management to carry out their role.
- The registered manager had been in post for approximately three months at the time of the inspection. Our observations of them during the inspection found they were approachable, kind and had a caring approach. They felt supported and confident they had the skills and experience needed.
- Quality assurance processes were in place. These processes covered a wide range of areas such as care plans, medicines, infection control and staffing. Any issues were highlighted by the registered manager and action plans put in place. Actions were reviewed with senior management, and the registered manager was held to account on their progress.
- Following our feedback about some elements of the management of people's medicines, the registered

manager took immediate action to rectify the issues. They also amended their quality assurance processes and spoke with the relevant staff to ensure they were aware of the changes and what was expected of them. This will help to reduce any risk to people's health and safety.

- The registered manager and provider ensured the appropriate bodies, such as the CQC, were notified of any reportable incidents. This meant there was an open and transparent relationship with other regulatory bodies.

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

- People were given opportunities to discuss their care and support needs with staff and management with relatives present where appropriate.
- The provider's PIR explained changes they had made that enabled people to see their relatives in relaxing and welcoming surroundings making use of space within the home's grounds. This has included a pub, ice cream parlour and tearoom being built, (converting summer houses that had previously been used to support people with seeing relatives during the COVID-19 pandemic).
- The provider's PIR also stated, 'We have recently completed our outdoor kitchen and barbecue area so residents and their families can enjoy get togethers outside in the summer months and we are planning to extend this area to include a mini golf course. Allowing children and grandchildren back into normal visiting spaces has had a huge impact on the happiness of our residents'.
- The registered manager told us these areas have been very popular and well used and offered safe spaces for people living with dementia to meet with relatives in a safe and enjoyable environment.
- A suggestion box was in place to enable people, relatives, and staff to suggest how the home could be improved. This had seen improved facilities for staff at break times. A 'Wish Tree' was also in place for people to 'hang' their wishes on. Management then supported people to achieve those wishes such as a preferred day out.
- People were provided with free access to WIFI. This helped people stay in contact with family and friends outside of the home.

Continuous learning and improving care

- There was a culture of continuous learning and improving care. All staff were committed to improving the lives of those they cared for.
- Staff felt able to report things to the registered manager and/or their senior staff. Regular team meetings were held, and staff were encouraged to contribute to the meetings, confident their views were valued and acted on.
- The registered manager delegated some responsibilities to their senior staff, enabling those staff to develop their roles. This was also important for the continued effective running of the home when the registered manager was away.
- Action plans were in place that recorded things that needed to be completed to improve the home or people's care. These actions were reviewed regularly and where needed, senior management gave their views and recommendations. This ensured actions were completed and staff held accountable for completing them.

Working in partnership with others

- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists, and GPs.
- The home offered reablement service for people who had been discharged from hospital but were not fully able to support themselves at home. Staff worked with physiotherapists and other professionals to support people with gaining the ability and confidence to return home to care for themselves.

