

Sutton Veny House Limited

South Cary House

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

South Cary House is a care home for up to 23 people. The home specialises in the care of older people but does not provide nursing care. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 21 and 27 November 2014. This was an unannounced inspection.

On both days of our inspection there was a homely, calm and relaxed atmosphere. Staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. They made choices about their day to day lives which were respected by staff. One person said "I try to do as much as I can for myself. Anything I can do they really let me get on with it and that's good. They are very understanding."

Summary of findings

People spoke very highly of the care they received. One person said “I couldn’t wish for a better place. The staff are absolutely charming and caring.” One visitor described the care as “excellent”. People were involved in planning and reviewing their own care. Staff respected people’s privacy and were aware of issues of confidentiality.

There were regular reviews of people’s health and care needs; staff responded promptly to any changes. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People told us staff took the time to really get to know them; staff asked them about their life history, their interests, hobbies and preferred routines. There was a varied programme of activities and outings each month in line with people’s interests. People continued to be involved in the local community. They had a choice of nutritious, home cooked food. Each person we spoke with said they were happy with the food and drinks served in the home. One person who lived in the home said “The food on the whole is excellent.”

People had developed friendships with others who lived in the home; they kept in touch with their friends and relations. Friends and relatives could visit at any time. One visitor told us “I visit regularly. You can visit at any time. I feel it’s wonderful here. They always make me very welcome.”

People said the home was a safe place for them to live. One person told us “I would certainly say I feel very safe. I would say if I didn’t. I’ve never had a problem like that

here.” They were supported to take risks; people who lived in the home told us they felt risks were part of “normal life”. Each visitor we spoke with said they thought the home was a safe place for their relative to live.

There was a stable staff team at the home. Staff were extremely kind and caring. They had an excellent knowledge of people’s care needs. Staff received a thorough induction and ongoing training and support. One person said “The staff are absolutely marvellous; you can’t fault them. Nothing is too much trouble.”

People were involved in decisions about the running of the home as well as their own care. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said “They always ask you if you are happy with everything. Sally (the registered manager) comes round for an informal chat. You can talk about anything really. I think that’s really good.”

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This helped to ensure people’s legal rights were protected when they needed support to make decisions and they were not unlawfully deprived of their liberty.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager described the service as wishing to “deliver a home life for people; to allow people to live their lives and have their say.” We saw this approach put into practice by staff during our inspection. There were a number of audits and checks in place to monitor people’s safety and the quality of care. There were systems in place to share information and seek people’s views about the running of the home. These views were acted upon where possible and practical.

Summary of findings

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. People told us they felt safe living at the home and with the staff who supported them.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

The provider had systems in place to make sure people were protected from abuse and avoidable harm.

People were supported with their medicines in a safe way by staff who had appropriate training.

Good



Is the service effective?

The service was effective. People were involved planning and reviewing their care. They were cared for in accordance with their preferences and choices.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

Staff had an excellent knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good



Is the service caring?

The service was caring. People who lived in the home and their relatives spoke very highly of the care provided. People were supported to develop friendships within the home and see other friends and relations.

Staff were extremely kind, caring and compassionate. They treated people with dignity and respect. When people were confused or distressed, staff supported people well.

Staff took the time to get to know people. People were consulted and listened to. Their views were acted upon; they were able to influence changes to their own care and the home more generally. They had access to advocacy services if they needed them.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Outstanding



Is the service responsive?

The service was responsive. People made choices about all aspects of their day to day lives. People took part in social activities, trips out of the home and were supported to maintain their independence and follow their personal interests.

People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

Good



Summary of findings

People shared their views on the care they received and on the home more generally. People's experiences were used to improve the service where possible and practical. Staff provided individualised care and support in line with people's preferences.

Is the service well-led?

The service was well-led. There were clear lines of accountability and responsibility within the management team. The registered manager, a deputy manager or a senior carer led each shift to ensure the quality and consistency of care.

There was an honest and open culture within the staff team. They had developed good links with the local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good



South Cary House

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 27 November 2014. This was an unannounced inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out on 16 October 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 20 people living at the home; over the two days we spoke with seven of them. We also spoke with four visiting relatives, three members of staff, the registered manager and one deputy manager. We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, various audits and the last quality review.

Is the service safe?

Our findings

People told us they felt the home was a safe place for them to live. One person said “It is absolutely a safe place to live. There’s no nonsense here. If there were they would know about it.” Another person told us “I would certainly say I feel very safe. I would say if I didn’t. I’ve never had a problem like that here.” Each of the four visitors we spoke with said they thought the home was a safe place for their relative.

Staff had received training in safeguarding adults; the staff training records confirmed that all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information for staff about safeguarding and whistleblowing displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I do think it’s a safe place for people. I’ve never had any concerns. If I did I would follow the safeguarding policy and report them.”

Risks to people were well managed. There were risk assessments in place which identified risks and the control measures in place to minimise risk. The balance between people’s safety and their freedom was well managed. Individual risks to people had been discussed with them wherever possible. People’s risk assessments were reviewed with them at regular intervals or when their care needs changed. People had signed their assessments, to confirm they agreed with them, if they were able to.

People felt risks were part of “normal life”. One person said “They are very good with things like that. For instance, I can have the door in my room which leads to the garden open during the day. But when it gets dark they check I have locked it and I understand why. It’s about making sure I’m safe.”

People were supported by staffing numbers which would support their needs. Staffing numbers were determined as part of the assessment for each person who moved into the home. Staffing levels remained flexible. Staffing could be changed if required, for example if a person was nearing the end of their life and they required extra support at this time. People received care and support promptly. Staff checked on people who were in their own rooms as well as supporting people in communal areas. One person said “There are always staff around, day and night.”

Three people were enabled to administer some of their own medicines. There were risk assessments in place and regular checks to make sure these people were taking the correct medicines at the right time. Staff gave medicines to other people. They were trained and had their competency assessed before they were able to do so. Medication administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We saw medicines being given to people on the first day of our inspection. The staff member giving these medicines was competent and confident. They were not involved in any other task whilst giving medicines. This ensured they were not distracted. They gave each person their medicines in their own room. They reminded people it was time to take their medicines and made sure people were happy to take them. The staff member ensured each person had taken their medicines before signing the records. One person told us “Staff look after your tablets for you. They always make sure you have them on time.”

Some medicines which required additional secure storage and recording systems were used in the home. These are known as ‘controlled drugs’. These were stored and records kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members each time they were used. We checked two people’s stock levels during our inspection and found these to be correct.

Is the service effective?

Our findings

There was a stable staff team at the home. Staff had an excellent knowledge of each person's care needs. This knowledge was gained from reading people's care plans, spending time with people and from the training staff received. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke very highly of the staff who worked in the home. One person said "The staff are absolutely marvellous; you can't fault them. Nothing is too much trouble."

Staff told us their induction was thorough when they started working at the home. They felt the induction had prepared them to care for people in the home. One staff member said "I had a 12 week induction. This included working alongside experienced staff before I was able to care for people myself. I thought it was really good." The staff induction records showed that induction training was detailed. It included reading care plans and the home's policies, getting to know the daily routines, completing training and working alongside experienced staff. Induction could be tailored to individual staff members depending on their experience and their preferred methods of learning.

There were opportunities for on-going training and for obtaining additional qualifications. Staff received regular formal supervision and had an annual appraisal to support them in their professional development. There were regular staff meetings and a handover of important information when they started each shift. The records showed that staff training was up to date. Staff had been provided with specific training to meet people's care needs, such as caring for people who had a dementia, sensory loss or diabetes.

Most people were able to choose what care or treatment they received. People had signed their care plans, to say they agreed to receive care in line with them. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA). They knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When

people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

A 'pressure mat' was in use for one person following an incident where they had placed themselves at risk. The mat alerted staff when stood upon so that staff knew this person was leaving their room. The person had been assessed as lacking capacity to agree to its use. Other people involved in this person's care, such as relatives and health care professionals, had therefore agreed to its use in this person's best interests.

The Deprivation of Liberty Safeguards (DoLS) applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. While no applications had been made, policies and procedures were in place. Relevant staff had been trained to understand when an application should be made and how to submit one. People were not restricted. For example, people were able to leave the home independently when they wished to.

People saw health care professionals to meet their specific needs. Care records showed people saw professionals such as GPs, opticians, dentists and district nurses. Staff received good support from district nurses for one person who had diabetes. There were regular reviews of people's health and staff responded to changes in need. People said staff made sure they saw the relevant professional if they were unwell; staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One person told us "Oh they are very good if you are unwell. They got my doctor to see me yesterday when I told them about a problem I had even though I didn't want to make a fuss."

People's nutritional needs were identified and monitored as part of the care planning process. People had a choice of meals from the weekly menu. Each person we spoke with said they were happy with the food and drinks served in the home. One person who lived in the home said "The food on the whole is excellent." A visiting relative told us "The food is delicious here and we often have a meal with mum while we are here."

We saw the lunchtime meal being served in the dining room on the first day of our inspection. Staff reminded people it was lunchtime. Staff did not rush anyone,

Is the service effective?

encouraged them to be as independent as possible, but were on hand to assist people when required. People sat at tables which were nicely laid and each had condiments for people to use. There were menus on each table which some people read to remind them what the choices were. Everyone appeared to enjoy their meal. There was chatter and laughter during lunch; we saw that it was a pleasant, sociable event.

The cook told us they met with people when they first moved into the home to find out what meals they liked or

disliked. They had a good knowledge of the preferences of people who lived at the home. For example, they knew two or three people did not like large portions of food. The cook wanted to improve the mealtime experience for people. They showed us a pictorial menu planner they were developing. They hoped this would help some people make more informed meal choices as some people were unable to read the menu or remember what a particular meal looked like.



Is the service caring?

Our findings

People were supported by extremely kind and caring staff. Staff had an excellent knowledge of each person and spoke about people in a compassionate, caring way. Comments from people included: “All the staff are delightful; happy go lucky. They make the place what it is”, “I couldn’t wish for a better place. The staff are absolutely charming and caring” and “I can assure you we are cared for very well here. We really are.” Throughout the day we saw staff interacted with people in a very caring and professional way.

Staff encouraged people to be as independent as possible. Staff saw their role as supportive and caring but were keen not to disempower people. People told us they liked to do things for themselves if they could. One person said “I try to do as much as I can for myself. Anything I can do they really let me get on with it and that’s good. They are very understanding.” Another person told us “They are so very good a helping me with the little things, doing up buttons and putting socks on.”

People told us staff took the time to “really get to know them.” Staff asked them about their life history, their interests, hobbies and preferred routines. People were encouraged and supported to maintain their interests. One person said “I’ve always been a very keen gardener; all my life. They really helped me to keep doing it.” Another person told us “I used to work in publishing so I love books. They always make sure I have a good supply of books.”

People made choices about their care and their day to day lives. People reviewed their care needs with staff and their relatives if they chose to. People chose their meals, what time they got up, when they went to bed and how they spent their day. Some people used communal areas of the home and others chose to spend time in their own rooms.

People had developed friendships with others which staff had helped to facilitate. There was a good rapport between people; they chatted happily amongst themselves and with staff. One person said “I sit with the same people at lunchtime every day as we all get on so well you see. It’s nice just to have a chat.”

People told us they kept in touch with their friends and relations. They were able to visit at any time and were

always made welcome. People could see their visitors in communal areas or in their own room. One visitor told us “I visit regularly. You can visit at any time. I feel it’s wonderful here. They always make me very welcome.”

Staff supported people who were upset or distressed in a sensitive way. We saw a member of staff reassure one person who was worried as they had been unwell. The staff member said “I think you are looking really well today. That’s the best I’ve seen you look for a few days.” Another staff member reassured one person who was worried about one of their medicines. They said “Do you remember when your eyes were really sore. We don’t want them to get like that again do we?”

One visitor told us about the “excellent” care in the home. They said this had been provided to their relative and described the positive effect it had on them. “She is a different person since she moved in here; she’s had a new lease of life. I think she was a bit depressed living at home but she’s so much better since she moved here. It’s wonderful really.”

Staff respected people’s privacy. All rooms at the home were used for single occupancy. This meant people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. People’s records were kept securely.

People were involved in decisions about the running of the home as well as their own care. Staff spoke with people informally each day. The registered manager met with people individually so they were able to discuss and influence life in the home. People told us they preferred this to having a large ‘resident’s meeting’. One person said “They always ask you if you are happy with everything. Sally (the registered manager) comes round for an informal chat. You can talk about anything really. I think that’s really good.”

Where people had suggested changes or improvements, these had been made, such as in the activities and trips provided. One person said “I kicked up a bit of a fuss about



Is the service caring?

activities. They do lots more now.” One visitor told us their relative asked to move from the first floor to a ground floor room and this was done as soon as one became available. An advocacy service was available if people needed help or support to make decisions.

Whilst not a nursing home, staff were able to provide end of life care with the support of health care professionals.

Where people had made decisions in advance about this

type of care, a record was kept as part of their care plan. Staff spoken with were keen to provide care for people nearing the end of their lives if this was possible. One staff member said “We care for people here until the end of their life if at all possible. People and their families really want them to stay here. We get good support from other staff who come in to help us.”

Is the service responsive?

Our findings

People who wished to move to the home had their needs assessed to ensure the home was able to meet them. Staff considered other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. One staff member said "We treat everyone as an individual. People's care plans contain everything you need to know. They are in place when a new person moves in but they are added to as we get to know them better or if their needs change."

Staff made sure that people with physical or sensory needs received the care they needed to remain independent. One person had a visual impairment. Staff made sure they received a 'talking newspaper' and 'talking books'. This person enjoyed walking around the garden independently and told us "I love walking around the garden. I used a yellow bag as a marker for my room so I can see it. The manager saw I did that and planted bright yellow flowers in the planter outside my door so I know where my room is."

Care records were personal to the individual and staff had details about each person's specific needs and how they liked to be supported. People told us they were involved in planning and reviewing their care. People's care plans were discussed with them and changes were made if necessary. People had signed their care records and reviews. Some people's family members were also involved in writing and reviewing plans of care.

Staff at the home responded to people's changing needs. Staffing levels were changed if required, such as when people became unwell or were nearing the end of their lives. One staff member said "I never feel rushed. We can always ask for help or for more staff. The deputies or the manager will always help and care for people if people are not well if we are running behind."

People were supported to maintain contact with friends and family. People continued to be involved in the local community. Staff encouraged people to use local facilities such as shops and cafes. People had regular pastoral visits from local church ministers; communion was held in the home each month.

There was a varied programme of activities and outings each month. People could choose to join in or not. The plan was displayed in the home and we saw that people had also been given their own copy. Staff had spent time with people and asked them to complete questionnaires so that the activities and trips were what people wanted. One person told us "I have this list now for activities. They work jolly hard. They do lots. We are going out on Sunday to see The Nutcracker. I'm looking forward to that."

There were a variety of activities and trips during our visits. There was a bridge club who played cards one afternoon. One person spoke with us about an exercise class they attended and said "We do exercises, helps to keep one moving." Some people went out into town or out with relatives for the day.

Each person we spoke with told us they were very happy living at the home. They told us they were well cared for. They said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally.

We read the concerns and complaints people had raised since the last inspection. These had been taken seriously and investigated by the registered manager. Where these had been upheld appropriate action had been taken and staff had used them as an opportunity to learn and improve, such as in medicine administration. One person said "I'm very happy but if I thought anything was wrong I would say."

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager had overall responsibility for the home. They were supported by two deputy managers and a small team of senior care staff.

The registered manager, one deputy manager and senior care staff worked in the home during our inspection. Each took an active role in the running of the home and had a good knowledge of people and staff. People appeared very comfortable and relaxed with the management team. Members of the management team spoke with and checked on people who lived at the home.

There was always senior care staff on each shift. The registered manager or one of the deputy managers was on call out of hours. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

The registered manager attended training and seminars to ensure they kept up to date with best practice. They described the aim of the service as wishing to “deliver a home life for people. To allow people to live their lives and have their say.” This was reinforced to staff through their induction, training and at meetings. This approach was put into practice by staff during our inspection.

People spoken with described the management of the home as “honest, open and approachable”. One person told us “They are always around. You can talk to them about anything really.” One staff member said “Communication here is very good. All of the managers and seniors are very good. They are very supportive.”

Staff had built good links with the local community; people were invited into the home so that it remained part of the community. For example a bible studies group came in, as

did a dance group. A small group of volunteers came in to spend time with people. Social events were held so that people outside of the home could be invited in, such as a cheese and wine evening.

There were a number of audits and checks in place to monitor people’s safety and the quality of care. A senior member of the provider’s staff visited the home to carry out quality audits each month. They spoke with people and with staff and reviewed records during their visits. They wrote a detailed report of their findings. Where shortfalls in the service had been identified action had been taken to improve practice, such as in medicines administration.

Care plan audits had been carried out and shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed. Action had been taken to prevent recurrences where this had been possible. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

There were systems in place to share information and seek people’s views about the running of the home. These views were acted upon where possible and practical. In addition to people having discussions with the registered manager, the service used annual satisfaction surveys for people, their relatives and health care professionals. They also reviewed concerns, complaints and compliments to continually develop the service. This enabled the home to monitor people’s satisfaction with the service provided and ensure any changes made were in line with people’s wishes and needs.

We read that the last annual surveys showed high levels of satisfaction with the service. Where people had suggested improvements, such as more varied activities and trips and making the dining room a little quieter at mealtimes, these had been acted upon.