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Sutton Village Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Sutton Village Care Home is situated close to local facilities and bus routes into Hull. The main building provides accommodation and personal care for up to 23 older people, some of whom live with dementia. The extension has 10 single ensuite bedrooms. Both parts of the service have a range of communal rooms and bathrooms.

The service had a registered manager in post. 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.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 17 December 2013 and was found to be compliant with the regulations inspected.

People who used the service told us they felt safe and that there were enough staff on duty to meet people's needs. Comments included, "Yes, I am safe", "I am extremely well looked after", "The manager is excellent" and "Of course I feel safe."

Summary of findings

Staff had received training in safeguarding vulnerable adults from abuse and the registered provider had policies and procedures in place to protect people from harm or abuse.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

The service was kept very clean. The building was well maintained and furnished.

Staff told us they had been recruited into their roles safely. We saw appropriate pre-employment checks were undertaken prior to people commencing their employment with the service.

Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect. People told us, “The staff are good here”, “Yes, I think the staff are trained”. People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide treatment.

The food looked appetising. We saw some people were offered assistance with cutting food up and were given plate guards and adapted cutlery which assisted their independence. People were offered a choice of drink at the table and the choice of a different meal if they did not like the one they had chosen. People told us, “I like the dinners; they are really filling” and “Yes, we get a choice of meals and I like them.”

Care plans were written around the individual needs and wishes of people who used the service. We saw care plans contained detailed information on people’s health needs and their preferences.

People who used the service knew how to make a complaint. They told us they were able to express their views at any time and that they were listened to.

Leadership and management of the service was good. There were systems in place to effectively monitor the quality of the service and staff felt well trained and supported.

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?

Good

The service was safe. People told us they felt safe. Risks to people who used the service and others were managed effectively.

People's medicines were stored securely and administered safely by appropriately trained staff.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

Is the service effective?

Good

As far as possible, people were involved in decisions. Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We saw when restrictions were in place that staff used the least restrictive option and any decisions had been made in accordance with the MCA.

Staff had been well trained and they were supported through regular supervision and appraisal of their work.

People were supported to have a balanced diet.

Is the service caring?

Good

The service was caring. People felt staff treated them with kindness and as an individual.

People's privacy and dignity was respected.

Staff respected people's personal space and always asked permission to enter their rooms.

Is the service responsive?

Good

The service was responsive to people's needs. Care plans contained up-to-date information on people's needs, preferences and risk management.

Care plans recorded details of people's hobbies and interests. Information about activities was displayed on the wall of the main entrance using pictures and words. People who used the service told us there were many organised activities including visiting entertainers, trips out, games, and reminiscence sessions.

People who used the service knew how to make a complaint.

Is the service well-led?

Good

The service was well led. There were systems in place to monitor the quality of the service.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted a fair and open culture where staff felt they were supported.

Sutton Village Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 unannounced inspection took place on 22 December 2014 and 16 January 2015 and was carried out by one adult social care inspector.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. A Short Observational Framework for Inspection (SOFI) was used in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 11 people who used the service, four care workers, the registered manager, the cook, two cleaners and three relatives.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Seven people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and there were enough staff on duty to meet their needs. Comments included, "Yes, I am safe", I am extremely well looked after, the manager is excellent and of course I feel safe" and "This is a really nice place, I feel secure here and I am not afraid of anything", "I think there are plenty of staff around, you never have to wait long" and "You never have to ask for anything twice, they are really quick at helping you."

People's relatives told us, "XXX is safe, I've no doubt about that", "I know they make sure XXX doesn't have any falls and that they get her pills on time", "Lovely place this, they look after XXX ever so well; yes, XXX is safe here."

The registered provider had policies and procedures in place to protect people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. The four members of staff we spoke with all said they felt confident the registered manager would act appropriately to address any issues identified. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

We looked at the service's records of safeguarding incidents and saw the registered manager had made appropriate referrals to the local authority's safeguarding team and the Care Quality Commission (CQC) and had worked with them to investigate any concerns.

We saw medicines were stored safely although the service did not have dedicated medication room with a sink for staff to use for hand hygiene. Medicines for daily use were stored in trollies, which were secured to the walls of the main dining room. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found stock matched the register. The register records were found to be accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service. We saw procedures were in place to dispose of medicines appropriately.

Arrangements were in place that ensured medicines were disposed of appropriately. We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective ordering system was seen to be in place and all medicines were found to be within their expiry dates.

We reviewed the medicines administration records (MARs) for six people who used the service and found they were completed accurately. A medication audit system had recently been introduced by the registered manager, which was undertaken every three days by a senior member of staff. We saw records of annual observations of staff competency when administering medicines; we noted any issues had been addressed through supervision or re-training. The registered manager's attention was raised to bottles of liquid medicines which had been opened, without the date of opening having been clearly recorded. We explained to them many medicines cease to be effective 28 days from opening, they told us they would rectify this immediately. We confirmed this had been done.

We reviewed the risk assessments within five care plans and found staff were provided with clear guidance on the hazards people may face and how to reduce the risk of harm. Care plans contained risk assessments for mobility, medication, pressure care, falls, physical care, nutrition, and behaviours which may challenge the service or others. We noted each risk assessment had been given a risk rating based on the severity and likelihood of the risk occurring. This meant staff and the registered manager could focus on aspects of people's care where there was a greater risk. We saw the registered manager had introduced a monthly summary of events for each person which provided information on significant changes to their wellbeing, medication and behaviours. This summary allowed the registered manager ensure risk assessments were updated as soon as significant events occurred and reduce the risk of further incidents.

Although at the time of our inspection no one who used the service had any pressure sores, we reviewed the assessments for people identified as being at risk of skin damage. We saw they provided staff with detailed information on preventative measures, monitoring, and escalation procedures. For example, clear guidance was provided as to when intervention by external healthcare professionals should be sought.

Good

Is the service safe?

Each person's care plan contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

Information was available which accompanied people to hospital in an emergency to make the clinical staff aware of the person's needs and their level of independence and understanding.

During the day the 32 people who used the service were cared for by two care workers, one apprentice care worker and two senior care workers. The registered manager was supernumerary. In addition, there were two domestics, one cook, one administrator and a maintenance person on duty each day. At night, people were cared for by two care workers and one senior care worker. The registered manager told us they and the registered provider were on call throughout the week if an emergency occurred out of hours. One member of staff provided activities. The registered manager told us the staffing levels were based on people's dependency and this was monitored monthly through the use of a recognised dependency tool.

Throughout our inspection visit we noted the environment was clean. We were shown the daily cleaning records and we noted every bedroom, bathroom and communal area was cleaned daily. The registered manager had appointed a member of the domestic staff as the lead for infection prevention and control (IPC). They told us it was their role to observe staff practices and offer advice. We saw all bathrooms contained paper towels and appropriate hand gels. On entering the kitchen we were asked to wear disposable personal protective equipment (PPE). This meant the service followed good practice in order to effectively manage the risk of infection.

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

Good

Is the service effective?

Our findings

People who used the service told us, "The staff are good here", "Yes, I think the staff are trained", "I like the dinners; they are really filling", "Yes, we get a choice of meals and I like them", "There's plenty to drink and if you can't find any then you can just ask, it's no problem" and "They take me to see the Doctor when I need to."

People's relatives commented, "I think the staff are quite well supported from what I can see", "They (the staff) seem to know what they're doing" and "The fact that the manager has a desk and works in the lounge means that residents are always being seen to because she's there."

We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included safe moving and handling, health and safety, fire training, safeguarding vulnerable adults from abuse, infection prevention and control, medicines management, dementia care, behaviours which may challenge the service and others, and basic food hygiene. We were told the registered manager was a qualified trainer in moving and handling and infection prevention and control.

Staff they told us they received regular training and felt well supported by the registered manager and provider at the service. They told us their training was updated regularly and they found it interesting and relevant to their role. The registered manager had a training schedule displayed on the wall of the general office which alerted them when staff's training needed updating. Records showed 20 of the 32 staff had achieved varying levels of a nationally recognised qualification in care.

Staff told us they received supervision sessions with their line manager every two months. In addition, staff received an annual appraisal. We saw, when required, the registered provider had taken disciplinary action against staff in order to protect people who used the service from unsafe care. New members of staff received weekly supervisions with the registered manager so that issues and any shortfalls in competency could be addressed.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed not all staff had received recent training in the principles of MCA. We discussed this with the registered manager who promptly arranged refresher courses for the members of staff who had not received training in the previous two years.

When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Records also showed advocates had been involved in supporting people where necessary.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for a number of people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming this.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately.

We observed the lunchtime experience on both days of our inspection. Menus were displayed on the wall of the dining room in an easy to read format using pictures. We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. The food looked appetising and was delivered to the tables swiftly to ensure it remained hot. We saw some people were offered assistance with cutting food up and were given plate guards and adapted cutlery which assisted their

Good

Is the service effective?

independence. People were offered a choice of drinks at the table and a choice of a different meal if they did not like the one they had chosen. Other people were given gentle encouragement when they initially refused a meal.

We saw a monthly nutritional risk assessment was carried out for each person using a recognised assessment tool. We saw when people had suffered sustained weight loss over a period of time, appropriate referrals had been made to the dietetics service and the speech and language therapy team (SALT). When we spoke with the cook they were able to describe each person's food and drink preferences. In addition, information was clearly recorded and displayed in the kitchen about each person's food texture requirements if needed. We saw one person could not drink tea or coffee due to their religious beliefs and that the staff respected this and offered alternatives throughout the day.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. Information seen in records showed people were supported to attend GP and outpatient appointments.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff treated them well and were caring. Comments included, "The staff are very nice to me, yes", "They are very caring", I like the staff, they talk to me respectfully", "Yes, I think they are caring", "The staff are caring, they are very good at talking to the residents; very patient."

The registered manager showed us the reports from a dementia care mapping (DCM) observational exercise carried out in September 2014 by the Hull Dementia Academy. DCMs are used to provide detailed information about the lived experience of people with dementia and to provide suggestions to assist staff in their interactions with people. This DCM showed the service provided a good level of stimulation and interaction and people who used the service were largely engaged with some form of activity throughout the day. Where shortfalls had been identified we saw the registered manager had addressed them, the provision of rummage boxes for example.

We observed staff helping people to stand with the use of standing aids or transferring people from wheelchairs to chairs with a hoist. Staff encouraged people patiently whilst assisting them with clear explanations of what was happening.

We observed positive communication and interaction from staff. The majority of people in the lounges had a good level of staff interaction for the duration of our observations. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. Staff were seen to address people by their first name and collectively as 'ladies and gentlemen'; the registered manager told us they felt the use of the words 'residents' and 'clients' were derogatory. We observed staff made time to talk and interact with people as they moved between different areas of the service.

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people's doors before entering rooms. People's rooms were personalised with pictures of their families and other personal items. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms.

We observed staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms. This meant that staff ensured people's privacy and dignity was maintained.

People's care files showed their preferences for daily living had been clearly recorded. People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We were also told that other than lunch, there were no fixed routines.

We noted care plans provided staff with clear information about how to communicate with people who used the service effectively and through gestures, touch, and eye contact. The members of staff we spoke with were all able to explain in detail what the needs of people who used the service were and behaviours including their facial expressions if they were in pain.

People who used the service told us they felt listened to and that the views were taken seriously. However, we saw only two meetings for people who used the service and their relatives were organised in 2014. The registered manager told us, "I'm a hands on manager and I base myself in the lounge. In my own house I don't expect people to come in and hold a formal meeting, especially if there are people there who can't understand. I prefer to have one-to-one discussions with people almost daily." The registered manager showed us examples of changes made to people's food preferences, activities and choice of where to sit as a result of these informal discussions.

Good

Is the service responsive?

Our findings

People who used the service told us, "I have meetings with the staff to talk about my care", "Yes, I've signed my plan", "I agree with everything they (the staff) do for me, I know it's all written down", "I love the things we get to do, especially in the garden", "We get to do quite a few things every day" and "There's never a long day here, I can choose to do anything I want to do."

We reviewed seven care plans, each written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people's health needs and about their preferences. We saw care plans were reviewed and updated each month. People who used the service or their representative had signed their care plan to indicate they agreed its content and had been involved in its planning.

Each person's care was detailed in six broad categories within the care files: physical health; personal care; behaviour; catheter care; decision making; and mobility/ falls. The key points in each category were summarised in a document at the front of the care file. The registered manager told us this was to give the care workers the headlines of what was needed to provide a basic level of care for each person. Following the summary, a full and detailed care plan was provided together with the associated risk assessments. We saw that whenever a change to the care plan was made at the monthly review, or sooner if necessary, changes were also made to the summary and risk assessment. This ensured staff were given guidance as to how to provide each person with the most up-to-date care.

We saw people's care plans contained a 'This is me' record. This was designed to ensure that should a person be admitted into a hospital environment, the hospital staff would have important information, including their personal; preferences, to effectively care for the person. Records showed that following discharge from the hospital, the registered manager re-assessed each person to ensure the care plan included any new information from the hospital.

We reviewed the daily notes for seven people who used the service. We found these were written clearly and concisely. They provided information on people's moods, appetite, preferences, health issues, and participation in activities.

We sat in on a handover meeting between the care staff's shifts and observed this information was used so staff on the new shift had a clear understanding of how people were feeling that day.

People's hobbies and interests were recorded in their care plans. The registered provider employed one member of staff as an entertainment/activities co-ordinator. Information about activities was displayed on the wall of the main entrance using pictures and words. People who used the service told us there were many organised activities including visiting entertainers, trips out, games and reminiscence sessions. When speaking with staff they were able to describe the possible effects of under stimulation including boredom and changes in behaviours. We saw one person who was at risk of displaying behaviours that may challenge the service or others was occupied in meaningful activity throughout the day in order to prevent them from becoming bored and frustrated.

One person's care plan showed they had been a singer in their younger years and loved listening to music. We saw the registered manager had become aware of this through talking to them and had provided them an area in the home to listen to music of their choosing throughout the day. This person told us this had a made a significant difference to their life and meant the service understood and responded to people's individual needs.

The registered manager showed us people's rummage boxes which had been developed as result of the dementia care mapping exercise described earlier in this report. We saw each person who used the service had a rummage box which contained possessions and photographs that were important to them. Staff were seen talking with people about the contents of their boxes.

The registered manager showed us the 'dementia friendly' clock they had purchased for the entrance. This clock not only showed the time but changed face to suit the time of day. It also displayed the date and weather for the day. The registered manager told us this enabled people who used the service to get involved in updating the weather status and distinguish between day time and night time hours. People told us they liked the clock because it, "Makes the days clearer and more interesting."

Good

Is the service responsive?

People who used the service told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were responsive and understanding of any concerns they may have.

Information about how to make a complaint was displayed throughout the service and always available in an easy to read format. The complaints file showed people's comments and complaints were investigated and responded to appropriately. We saw the service received four complaints within the last year, most of which concerned the laundry. There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt the registered manager and registered provider were approachable. Comments included, "The manager is always around helping the staff", "The communication between the manager and carers seems really good" and "The fact the owner is around most days and knows us all is great."

Members of staff told us, "XXX (the registered manager) and XXX (the registered provider) are here all the time. We know they work well together and that helps us all feel like a team, there's none of that stuff where one says one thing and another says something different" and "Yes, I think we are a good team here, we don't have a lot of turnover in staff so that says something, surely."

We saw there were monthly records of accidents, incidents, injuries, and safeguarding referrals, where appropriate, investigations had taken place and trends had been identified. We saw any issues identified were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

Records showed staff meetings were held regularly. Meeting notes showed issues such as staff medicines management, care, and engagement with people were discussed.

We found there were effective systems in place to monitor the quality of the service. We reviewed monthly audits for care plans, medicines management, falls, pressure care, the environment, the laundry, and training. Action plans had been created to address any shortfalls identified from the audits. The registered provider told us they monitored the completion of actions as part of their own quality assurance processes.

Records showed the registered manager carried out regular checks on staff competency. The most recent check on the competency of staff when administering medicines had been carried out in December 2014. We saw shortfalls had been identified in procedural knowledge and staff knowledge of what certain medicines were used for. The registered manager had arranged for refresher training following this for identified staff where appropriate.

Staff told us the registered manager carried out a weekly audit on their adherence to the uniform policy in order to promote health and safety, and infection control. This included whether staff had any uncovered skin injuries, if they were wearing inappropriate jewellery, and if their nails were short and clean. We saw where staff were not compliant with this check, further action such as increased observation had been put in place.

We saw the registered manager undertook a daily walk around the home to check for any problems with health and safety and cleanliness. Staff told us any issues would be addressed on the same day and this helped keep the home clean, tidy and safe.

Staff told us they felt the management promoted an open and fair culture in which they felt able to speak their mind and question practice. We saw as the registered manager worked at a desk in the lounge area they were very much involved in observing how people's care was delivered and any problems the care staff may be encountering. Staff told us this was a great help since they felt they could ask the registered manager for advice and opinion at any time. One member of staff said, "It's good that she's not stuck in an office all day and that she actually sees some of the problems we have and helps us to solve them."

The registered manager told us they attended regular local meetings for registered providers organised by the local authority to ensure they kept up-to-date with changes in legislation and guidance. The registered manager also told us how they made use of resources from reputable sources in order to improve their own understanding and that of their staff.

We reviewed the results and evaluations from surveys sent to relatives, staff, and people who used the service in 2014. The survey showed most people agreed they were treated with dignity and respect and received high quality care.