

Sutton Village Care Home Limited

Sutton Village Care Home

Inspection report

30 Church Street
Sutton-on-Hull
Hull
Humberside
HU7 4TA

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Tel: 01482707085

Website: www.suttonvillagecare.co.uk

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 Village Care Home is a care home for older people, some of whom may be living with dementia. It is registered to provide support for up to 33 people. At the time of our inspection 29 people were receiving a service.

People's experience of using this service: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe and Well-Led to at least good. At this inspection, we found improvements had been made and the provider was now compliant with the regulation. Action had been taken to ensure medicines were managed safely and systems to assess and monitor the safety and quality of the service were effective.

Systems were in place to maintain people's safety and protect them from abuse. Risks were identified, appropriate control measures were implemented, and the safety and cleanliness of the environment was maintained. Systems were in place to recruit staff safely.

People were supported with good nutrition and could access appropriate healthcare services. Staff were equipped with relevant skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring and were aware of how to promote people's privacy and dignity.

Staff were responsive to people's needs and provided support in line with their preferences. People had care plans in place which provided information to staff about their needs. They were involved in planning and reviewing their care and support. An activities coordinator supported people to engage in their social and leisure interests.

People were able to raise any concerns and felt these would be addressed. They felt listened to and their feedback was sought. People and staff felt the registered manager was accessible and approachable.

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

Rating at last inspection: Requires Improvement (report published 23 May 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 Village Care Home

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: This inspection was carried out by one inspector. A quality and contract monitoring officer from the local authority also attended.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the CQC. This means that they and the 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.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed three people's care records and three medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and one relative. We spoke with two members of staff, the activities coordinator, cook, registered manager, nominated individual and two visiting professionals.

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.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 29 March 2018, we asked the provider to take action to ensure the safe management of medicines. We found improvement had been made and they were no longer in breach of the regulation.

Using medicines safely.

- Safe systems were in place to manage medicines safely. People received their medicines as prescribed from trained staff.
- There were some minor recording errors on medication administration records, as well as records for pain patches. We discussed these with the registered manager and these were addressed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. However, we found one person's care plan missing information about one of their health conditions. This meant information was not available to staff about how to recognise and respond to this need. The registered manager took action to address this.
- Accidents and incidents were recorded and responded to appropriately.
- The environment and equipment had been assessed for safety.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- Staff were aware of how to recognise abuse and protect people from harm.
- People told us they felt safe and supported by members of staff.
- The provider operated a safe recruitment process.
- There were sufficient staff to meet people's needs and people received care in a timely way. One person said, "Staff are very good with coming when I press my call bell. It is very reassuring."

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection. Personal protective equipment was used by staff.
- The home was clean and tidy.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported with eating and drinking. A nutritious diet was provided, nutritional needs accommodated, and choices offered.
- People told us they enjoyed the food. One person said, "The food is very good. There is a lot of variety and always a choice." However, some said the food wasn't always hot enough. We noted this to the registered manager who agreed to address this.
- People's health and wellbeing was monitored. Staff supported them to access healthcare services when required.
- Staff liaised with health and social care professionals and ensured their advice was sought and followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed before receiving a service to ensure these could be met; a care plan was developed detailing how their needs and preferences should be met.
- Care and support was reviewed to reflect people's current needs.
- People's bedrooms were personalised, and the environment had been adapted to accommodate people's needs.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff received regular support and supervision to discuss their role and the care they provided.
- Staff told us the training was relevant to their role and they felt well supported to deliver good standards of care. A member of staff said, "We get regular training. All the staff are supported."

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.

- Applications for DoLS had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interest where required.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making; people confirmed staff did this.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings. Staff had developed good relationships with people and were friendly and caring towards them.
- People and relatives spoke positively about the staff. A relative told us, "Overall the majority of staff are really kind and caring. A few have gone far beyond that. I have recommended this place to someone else."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances.
- People were supported in a homely environment where visitors were welcomed. A person said, "Staff are very kind and make my friends welcome."

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

- People felt supported and listened to by staff. One person told us, "Staff are more than helpful; they always stop and listen to you."
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff were aware of people's communication needs and supported them to communicate effectively so they could express their views.
- People were supported to access advocacy services if required.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with kindness and respect.
- Staff respected people's privacy and dignity and promoted their independence. For example, staff supported people to the bathroom discretely. A person told us, "Staff try to maintain my independence; I do my own personal care."
- People who used the service looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

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

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 plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people, so they could have meaningful conversations.
- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and provided adapted information if this was needed.
- People were supported to access a range of social and leisure activities and engage in their interests. This was facilitated by an activities coordinator and guests such as singers who visited the home.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place; complaints had been responded to appropriately.
- People felt able to give feedback or express any concerns to the management team, about their experiences of care, and they would be addressed.

End of life care and support.

- Staff liaised with relevant professionals to ensure people got the care they needed. We received positive feedback from a relative regarding the care a person had received at the end of their life.
- People were offered the opportunity to discuss their wishes and preferences for end of life care.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 29 March 2018, we asked the provider to take action to ensure systems and processes were established and operated effectively to assess, monitor, mitigate risks and improve the quality and safety of services. We found improvement had been made and they were no longer in breach of the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Effective quality assurance systems were in place to monitor the quality and safety of care provided.
- Some systems and records could have been developed to further drive improvement. For example, although the registered manager had oversight of accidents and incidents the system was not robust enough to identify patterns and trends. We also found one instances where risk had been managed during recruitment, but not recorded.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service involved people in discussions about their care. People and their relatives felt listened to and their views were acted on. People's feedback was sought and used to drive improvement within the service.
- Staff had developed good partnership working with other professionals and services. One professional we spoke to gave positive feedback about how the service had worked with them to support good outcomes for a person.
- There was positive team morale and staff felt supported in their roles. A member of staff said, "I love all the staff and residents. I couldn't imagine working anywhere else."
- The registered manager was based at the service and people and staff found them approachable.

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

- The registered manager and staff shared the values of providing high quality care. There was an open and honest culture within the service.