

Ashmere Care Homes

Sutton Manor

Inspection report

Priestsic Road
Sutton In Ashfield
Nottinghamshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 and 26 February 2016 and was unannounced.

Sutton Manor is registered to provide accommodation and personal care for 45 people. At the time of the inspection there were 39 people including some people living with dementia using the service.

On the day of our inspection there was a registered manager in place. 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.

All of the people that we spoke with told us they felt safe. Staff demonstrated a good awareness of their role and responsibilities regarding protecting people from harm.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices. Medicines were safely administered and stored.

Staff received an induction, training and supervision and felt supported by the registered manager. People received sufficient to eat and drink. People had access to healthcare services.

People and their relatives told us that the staff were very caring and people felt listened to. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People told us that they were encouraged to be independent and staff respected people's privacy and dignity.

Daily records were up to date and gave a comprehensive overview of what had occurred for that person. People told us and we saw that they had the opportunity to take part in a variety of activities. Complaints were dealt with in a timely manner.

People, relatives and staff said the registered manager was supportive, approachable and listened to them. People and their relatives were involved or had opportunities to be involved in the development of the service. The registered manager felt well supported by their manager. There were systems in place to monitor and improve the quality of the service provided.

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 who used the service felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received an induction to prepare them for their role and they received regular supervision and training.

People's health and nutritional needs were met.

People's day to day health needs were met by the staff and advice was sought by healthcare professionals where required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave guidance to staff on how to support people.

A wide range of activities were available.

Complaints were dealt with in a timely manner.

Is the service well-led?

The service was well led.

The culture of the service was positive and inclusive.

The management were described as approachable by staff and families.

Feedback was regularly sought from families and comments and suggestions acted on.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Good ●

Sutton Manor

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 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 25 and 26 February 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and Health watch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported. We spoke with nine people who used the service, six relatives, three care staff, the activities coordinator, one member of the kitchen staff, the registered manager and an external social care professional.

We looked at the care records of three people and the recruitment records of two members of staff. We also looked at other records relating to the management of the home such as policies, procedures and audits.

Is the service safe?

Our findings

All the people and their relatives we spoke with told had no concerns about their or their relative's safety. One person said, "I feel very comfortable." One relative said, "Yes [family member] is safe." Another said, "Yes certainly." People and relatives told us they would be confident to raise any concerns about safety to the management team

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different categories of harm and told us they would report any concerns to a member of the management team or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns should they report any.

The service had safeguarding and whistle blowing policies and procedures available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a fire. Appropriate checks of the equipment and premises, for example legionnaires, had taken place and action had been taken promptly when issues were identified. People told us their equipment worked well such as wheelchairs. Monthly safety checks were in place for maintenance and environment to ensure peoples equipment was being well maintained. Records showed that the electrics and fire safety equipment servicing had been conducted.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person nutritional risks and pressure care. All risk assessments were reviewed regularly to ensure they met people's current needs. We observed staff provide people with the support they required in line with the guidance as recorded within their care records.

We received mixed feedback about the levels of staffing. Six people, three relatives and two staff told us there were enough staff. One person said, "Yes there are enough staff." A social care professional agreed. However, two people, two staff and two relatives told us there were not enough staff, especially in the morning and at weekends. One member of staff told us they did not have time to sit with people and talk. Another member of staff told us people receiving rehabilitation often had high needs which meant other people's needs were not being met in a timely manner. One relative said, "Sometimes there are not enough staff."

Although we received mixed views about the numbers of staff available, we found that there were sufficient numbers of staff on duty. We saw that staff were busy but that there were sufficient staff to give people support in a timely way. We saw staff respond quickly to support a person who required personal care. One person said, "Staff are very obliging." One relative said, "Staff are busy but always approachable."

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on people's dependency levels. Dependency levels took into account if a person requires more than one member of staff to support them.

Incident and accident forms were completed and showed people receiving rehabilitation were experiencing a high level of falls. A member of staff and the registered manager told us people receiving rehabilitation fell more than people living permanently at the service. The registered manager told us this was their biggest challenge and had stopped the admission of some people due to their high needs. They also told us they will be speaking to the CQC about their concerns.

Safe recruitment and selection processes were in place. We looked at two staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm.

People's medicines were managed safely. All the people we spoke to told us that they always received their medication when required.

We observed a member of staff administering medicines safely to people. Staff received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the medicine administration records (MAR) for four people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies were recorded. The fridge temperature had been checked daily and was within the required limits. This ensured medicines were stored in a safe way and their effectiveness was not compromised. Audits were carried out by the registered manager to assess if medicines were being managed safely. Action plans were in place where required to address any identified issues.

Is the service effective?

Our findings

Staff told us and records confirmed that new staff received an induction which provided them with the skills needed to support people in an effective way. A variety of training had taken place. This included but was not limited to, safeguarding adults, mental health and infection control. The majority of training was up to date and further and refresher training had been planned for the coming year.

Staff were positive about the support they received from the registered manager. They said that they had opportunities to meet with their line manager to review their work, training and development needs.

The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's care records showed that mental capacity assessments were in place for a variety of decisions such as medication and personal hygiene. The registered manager had an understanding of the MCA and DoLS and the staff has an understanding of MCA but their knowledge of DoLS was limited. One DoLS application had been completed appropriately. When discussing DoLS with the registered manager they identified several people who they felt may need a DoLS application submitted to a 'Supervisory Body'. This is because they were not free to leave and were under constant supervision and control. The registered manager said they would submit DoLS applications immediately. People told us that staff asked for consent before providing care. We observed staff several times asking people's consent before personal care was given.

People told us they received enough to eat and drink. One person said, "More than enough." Another person said, "The food is good and we have a good choice." A third person said, "There are two choices for lunch and tea. You can have cake and biscuits in between."

We observed the tea time meal. The meal time was both relaxed and sociable with people chatting to each other. The dining room was pleasant and tables were covered with clean tablecloths and condiments were available. A menu was available on each table. People received their meals promptly. A staff member who was giving people a choice of drinks before their meals arrived interacted positively with people smiling and laughing. One person said, "Cups of tea are always hot." More drinks were offered during the meal.

Staff explained to people what they were given. People who needed assistance to eat, for example with cutting up their food, were supported discretely to maintain their dignity. When people needed assistance

staff sat with them and helped without hurrying them. Staff were asking people if they enjoyed their meal and people replied "Yes". We saw lots of empty plates. People were offered more food. One person said, "It was nice today." Another person said, "Most of the time it is very nice."

There was a four weekly menu in place with a variety of food available. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.

All of the people we spoke with and their relatives told us they had their health care needs met and saw external professionals such as chiropody and GP's. Records showed and staff told us that health professionals visit weekly. Care records contained information about the involvement of a range of external professionals such as, nurse practitioner, speech and language therapist social worker. Recommendations made by a speech and language therapist were followed. A social care professional told us a person had several visits from a GP about their health.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us staff were kind and caring. One person said staff were, "Fantastic." Another person said, "Oh yes, staff smile at you." A third person said, "They [staff] look after us well." A relative said, "All the staff are fantastic." A social care professional told us the staff were caring and kind.

During our visit we read several compliment cards given to the service. One person wrote, "Staff are kind, helpful and understanding." Another person wrote, "Staff are always laughing and joking, if you were feeling low like I was, they are very good, caring and willing to listen."

We observed staff spoke to people kindly and were patient and understanding and people responded positively to the members of staff. We saw a staff member offer comfort and reassurance to a person who was clearly anxious. People were seen to be at ease with staff and they spoke openly and warmly to each other.

Staff were aware of people's support needs and their personal preferences. When we asked two staff members to tell us about a person, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. A social care professional told us when they speak to staff about people's care and support needs, the staff know them well.

All the people we spoke with told us staff listen to them and they were happy with the care they received. Throughout the inspection we observed members of staff speaking to people in a kind tone of voice and were patient and understanding.

All the relatives we spoke to had seen their relatives care plans. Relatives told us that they had been involved in discussions about their family member's care. There was evidence in care records of the involvement of people and/or their relatives in the development and review of their care plans.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff respected people's privacy and dignity. One person told us that staff cover them up when they are having a bath. Their relative confirmed this. Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains and doors were closed. We saw staff knock on people's door before entering. Staff took people away discreetly from lounges to support them with their personal care. A social care professional told us a person they visit is always well presented, hair combed has a shave everyday which they requested. The service had a number of areas where people could have privacy if they wanted it and we saw people using them. This meant that people's privacy, dignity and preferences were respected throughout the day.

The Registered manager told us there were no restrictions on people being able to see their family or friends. One person told us that their relative visited every day.

Is the service responsive?

Our findings

People's care records were written in a person-centred way and were developed with the person and their relatives where possible. Discussions had taken place with relatives to gain an insight into people's life histories which enabled staff to have conversations and reminisce with people. Information available to staff included likes, dislikes, wishes, feelings and personal preferences.. People had made plans for when they die, such as which funeral service and where they would like to be buried. Actions and guidance were in place for staff to support people in a consistent and in a way they preferred. Daily records were up to date and gave a comprehensive overview of what had occurred for that person. Regular reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs.

All the people we spoke with and their relatives confirmed that they were encouraged to be independent. One person said, "I do everything myself. They [staff] help me with walking. I dress myself." One relative told us their relation is encouraged to be independent with personal care and walking.

People told us and we saw they had the opportunity to take part in a variety of activities such as crafts, knitting, dominoes, cards and bingo. Relatives told us their people also played basketball, skittles and baking. A newsletter listed forthcoming activities which included mother's day cream tea, Easter bonnet parade and a mobile zoo. There were also photographs of previous activities. Magazines and books were available for people to read. A social care professional told us they had observed numerous activities during visits.

An activities coordinator and staff were supporting people with their chosen activity. Activities included, hand massages, playing card bingo and one person was looking at old photographs which they clearly enjoyed. Some other people were playing musical instruments along with the music. Staff kept people's attention and ensured they involved each person that wished to take part. They were some people who were reading local and national newspapers and books.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. We looked at the complaints records which showed that complaints had been dealt with in a timely manner. One person and a relative told us that both their complaints had been dealt with to their satisfaction..

Staff were clear about how they would manage concerns or complaints. A social care professional told us people had not raised any concerns during their visits.

Is the service well-led?

Our findings

The registered manager enabled and encouraged open communication with people who use the service, friends, family and staff. All the people we spoke with were aware of residents meetings. We looked at the minutes of resident meetings and issues such as meals and activities were discussed and new people were welcomed.

All the members of staff we spoke with and the records confirmed regular staff meetings had taken place where they could discuss important issues. Staff told us they felt they were able to raise concerns and would be listened to by the registered manager. Three members of staff were able to tell us about incidents that had been dealt with immediately by the manager in relation to poor practice.

All the people and their relatives we spoke with told us the atmosphere in the service was good. Four people said, "Very good." Two people told us they were, "Very happy." One person said, "I'm enjoying my stay and being well looked after." One relative said, "Very good indeed."

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "To encourage people to be independent and to keep them safe." Another member of staff said, "To provide the best service we can."

There were links with the local community and people accessed local services. One person told us how the service supports them to visit their local bank when needed. A social care professional told us people attend local churches.

People who used the service and relatives spoke warmly of the registered manager. One person said, "I can talk to them." Another person said, "I get on well with her." A relative said, "She is very good." Another relative said, "She banters with my mum."

Staff told us they felt the leadership of the service was good and made positive comments about the registered manager. One member of staff described them as "Calm, approachable and friendly." Another member of staff said, "Wonderful and supportive." A social care professional said, "Very approachable, I can talk to her about anything."

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager and meetings with other registered managers within the group take place. They had the skills to provide effective leadership within the home.

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The management team also knew the process for submitting statutory notifications to the CQC.

We observed the registered manager was visible throughout the inspection. People who used the service,

relatives and staff were seen to freely and confidently approach them to talk and ask questions.

A survey in 2016 had been completed by people who used the service. People were satisfied with the quality of care but over 50% were not satisfied with the number of activities and trips. The registered manager had discussed this in a management meeting and requested the activities coordinator to look into trips and activities two weeks before the inspection. The activities coordinator confirmed this. A survey in 2015 had been completed by people who used the service about meals and the results were positive.

The service had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager which included medication and care plans. Action plans were in place where required to address any identified issues.

We saw awards the service had received for the last 3 years for being in the top 20 Care Homes for the East Midlands. The Awards are run by carehome.co.uk and are based on reviews and recommendations received from people and family/or friends of people. A relative told us, "Best home around here."