

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sutton Village Care Home

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

Tel: 01482707085

Date of Inspection: 22 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mark McWilliam |
| Registered Manager | Mrs. Diane Baxter |
| Overview of the service | Sutton Village Care Home is situated close to local facilities and bus routes into Hull. The main building provides accommodation and personal care to up to 23 people. The new extension has 10 single en-suite bedrooms. Both parts of the home have a range of communal rooms and bathrooms. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

| | Page |
|---|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 8 |
| Meeting nutritional needs | 10 |
| Safety and suitability of premises | 11 |
| Supporting workers | 12 |
| Assessing and monitoring the quality of service provision | 13 |
| Complaints | 14 |
| About CQC Inspections | 15 |
| How we define our judgements | 16 |
| Glossary of terms we use in this report | 18 |
| Contact us | 20 |

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

People who used the service told us they were looked after well by staff. They confirmed their privacy and dignity was respected and they could make choices about aspects of their lives. Comments included, "I saw my doctor yesterday and have been given antibiotics. I've had new glasses, I've had my feet done and I'm waiting for new teeth" and "I prefer to stay in my bedroom and staff respect that."

We found the home was well maintained, warm, clean and tidy. Comments included, "I love it here. I couldn't imagine being more settled anywhere else", "I have a lovely room with high ceilings and windows" and "It's always clean and tidy when I visit."

We found that staff received appropriate training, supervision and support for their role.

We found that quality was monitored by audits of the service and questionnaires to people to find out their views.

People who used the service told us they felt able to complain and named specific staff members they would speak to if they had any complaints or concerns. Comments included, "Yes I would feel able to complain if necessary" and "If you are not happy you tell the manager or higher up."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection visit we found that people who used the service understood the care and treatment choices available to them. People signed care plans when they were able to or relatives signed them on their behalf.

We found that people expressed their views and were involved in making decisions about their care and treatment. Questionnaires were completed and people had reviews of their care where they were able to comment on the care provided.

People told us they liked their home and they could make choices about aspects of their lives, such as rising and retiring, meals and where to have them, activities and where to sit during the day. Comments included, "I prefer to stay in my bedroom and staff respect that", "I've spent the day in bed today as I didn't feel too well" and "I prefer to get myself washed and dressed."

We completed a tour of the building and found that bedrooms were personalised with photographs, televisions, pictures, ornaments and small items of furniture. People confirmed they could bring in items from their previous home and some people had installed telephones with which to keep in touch with family and friends.

People told us that staff were caring and respected their privacy and dignity. Comments included, "They make me feel welcome and cared for" and "They are really patient with you when you are not well." In the home's questionnaires completed by relatives one person had written, "A happy and welcoming home with laughter and warmth."

Staff described how they promoted privacy and dignity by knocking on doors, using screens in the shared rooms, ensuring people have choices and by talking to people and asking them what they would like to do.

We found that people were supported in promoting their independence and community

involvement. A range of activities were provided which included in-house games, bingo, one to one chats, reminiscence, visiting entertainers, library book exchange, visits from clergy, foot spas, hand and nail care, craft work and chair exercises. Staff gave an example of one person telling them they would like to get out more so each morning they offer them the chance to go to the local shops to collect the newspapers.

We found the atmosphere in the home to be calm and relaxed. People were able to walk freely about the home and visitors were welcomed at any time.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During the inspection visit we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person who used the service had an assessment of their needs, which included an assessment of any risk posed to their health and wellbeing.

The information from assessments informed the care plans. We found the care plans were personalised and they gave guidance to staff in how to support the person in the way they preferred. We found that care plans were signed as agreed by the person when they were able to sign them or by their relatives. The care plans were kept under review and updated when required.

We found that people had access to a range of health care professionals for advice and treatment. We spoke to one health care professional during the visit. They told us staff were always available when required and they followed instructions. In the questionnaires completed by health professionals one nurse had written, "The residents always look well cared for and staff seem to care."

People who used the service told us they were looked after well by staff. Comments included, "I saw my doctor yesterday and have been given antibiotics. I've had new glasses, I've had my feet done and I'm waiting for new teeth", "I have not needed the doctor yet but the staff are very helpful" and "We are ever so well looked after. They get the doctor out for you if you are not feeling classy." In the home's questionnaires completed by people who used the service, one person had written, "I am never made to feel a nuisance when I ask for help or assistance."

Relatives spoken with told us they were kept informed of important issues. One relative was not sure that a review of care had been completed. This was mentioned to the manager to check out.

Staff described how they would prevent pressure ulcers from occurring and how they liaised with health care professionals for advice when the people they supported became unwell.

We found that staff recorded the care provided each day. The daily recording sheet had

space for staff to comment on the meals people had eaten, visits from health professionals, any changes to medicines, activities undertaken and general care each morning, afternoon and night. The manager told us that more detailed food and fluid monitoring charts were used when people were at specific nutritional risk.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During the inspection visit we found that people were provided with a choice of suitable and nutritious food and drink. We checked the menu's and saw these provided choices and alternatives for people and covered a four-week period. During lunch we observed people were provided with two options for their main meal and dessert.

The cook told us they spoke with people who used the service each morning to obtain their choices for the main meal. They said they could provide alternatives should people not like what was offer on the menu. The cook received information from care staff about who required special diets such as people with diabetes and those who required a softer or pureed diet. The cook confirmed there were no budget issues and they were able to order the food required to provide the menus on display. The cook said, "People get whatever they want to eat. It's all home cooking and baking."

People who used the service told us they liked the meals and had sufficient to eat and drink throughout the day. Comments included, "You get plenty to eat and drink. Well I definitely do", "The majority of the food is alright", "The food is very satisfactory" and "The food is lovely." We saw that drinks and snacks such as fruit, biscuits and cakes were served between meals.

During lunch we observed the meals for people who required more assistance to eat were left uncovered on a side counter until the people were seated and ready for assistance. This meant the food had cooled and had to be re-heated for one person. One person who used the service told us they would prefer the meals served hotter. This was discussed with the manager who will address this with care and catering staff.

We found that people were supported to be able to eat and drink sufficient amounts to meet their needs. Staff supported people appropriately when required and were available to provide refills of drinks and second helpings of food. People's nutritional needs were assessed and their weight was monitored in accordance with any identified risk. Health professionals such as dieticians and speech and language therapists were involved with some people who used the service. Visits from the health professionals, and advice and treatment provided were recorded in the care files.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During the inspection visit we found the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. People told us they liked their home. Comments included, "I love it here. I couldn't imagine being more settled anywhere else", "I have a lovely room with high ceilings and windows" and "It's always clean and tidy when I visit."

Since the last inspection on 11 January 2012 a new extension to the service had been completed. This consisted of ten single en-suite bedrooms, a sitting room and a bathroom. The main part of the home had a large sitting room, a dining room and bathrooms on both floors. There were seventeen single bedrooms, six of which were en-suite and three shared bedrooms. We found the décor and furniture was well maintained throughout the service and all areas were very clean and tidy.

The service was accessible to people with mobility difficulties and for those who used wheelchairs. There was equipment to aid mobility throughout the service. This included, hand rails in corridors, grab rails in toilets, raised toilet seats, bath hoists and other moving and handling equipment. There was a passenger lift in both the main part of the building and the new extension. There was a secure garden accessible from both parts of the service.

Maintenance personnel carried out safety checks of the environment and also of equipment to ensure it remained safe to use. We checked maintenance records and found that equipment was serviced regularly in line with manufacturer's recommendations, for example, the nurse call system, the lifts, bath hoists and lifting hoists and hot water outlets to ensure they did not pose a risk of scalding people. These measures helped to promote the safety of people who used the service and staff who worked there.

We found that the fire alarm call system was maintained, fire fighting equipment was checked, including emergency lights and fire doors, and drills were carried out. The drills, in addition to fire safety training, ensured that staff were aware of emergency procedures.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During this inspection visit we found that staff received appropriate professional development. We checked training records and found that staff had access to a range of training courses. The training courses covered essential training such as first aid, fire safety, infection control, safeguarding adults from abuse, moving and handling and basic food hygiene. Staff who administered medicines had received appropriate training. Some essential training was due for updating and not all staff had completed training in The Mental Capacity Act 2005. This training was important when staff were supporting people with dementia who may not have capacity to make their own decisions. This was mentioned to the manager to address.

Other training completed was dementia care, healthy eating, end of life care and National Vocational Qualifications in care. Staff confirmed they received the training they required for their roles and said this was mixture of distance learning workbooks, DVD's, practical demonstrations and face to face training either in-house or with the local authority.

We checked induction records for one member of staff. This included the staff working through skills for care, common induction standards workbooks and evidencing their competence in each section. The manager told us the supervisor would sign off the member of staff's competence at the end of the process. This method of induction supported the staff and enabled the supervisor to be confident the member of staff was competent for their role.

Staff told us they felt supported by management and the provider. They confirmed they could discuss issues of concern with them and they had formal supervision meetings on a regular basis. They also had staff meetings at which they could express their views and receive information. Comments from staff included, "We can see the manager and they will sort out any problems" and "The provider is brilliant and really good with the residents."

People completed questionnaires to express their views. Comments about the management and staff were positive and included, "Caring and friendly management" and "The girls are always helpful and understanding, kind, polite and pleasant." Health professionals wrote, "Staff are well informed regarding their patients and provide a very homely atmosphere" and "It always seems peaceful and well organised."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

During this inspection visit we found that people who used the service, their representatives and staff were asked for their views about care and treatment and they were acted on.

At the last inspection visit on 11 January 2012 we issued an improvement action because although the service had a quality assurance system it had not been initiated in the previous year. We checked what improvements had been made since then. We found improvements had been made in the quality assurance system as questionnaires were used to obtain views and a system of audits and checks were carried out.

We found that questionnaires had been sent to people who used the service, their relatives, staff and visiting professionals. These gave people the opportunity to express their views about the service. We checked a selection of the questionnaires and found positive comments about the service.

Audits and checks were carried out each month on specific areas in the service to make sure it remained safe for people who lived there and staff who worked there. For example, the environment, documentation, medicines, accidents, complaints, staff training and general cleanliness. When audits identified shortfalls the manager produced an action plan.

We saw evidence that an audit of records highlighted some gaps in the recording of administration of medicines and that this had been addressed with staff. This showed us the manager took action when required to improve the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During the inspection visit we found that people were made aware of how to complain. The complaints procedure was provided in a format that met their needs and was displayed in the main lounge. The complaints procedure detailed how to complain and who to speak to. It also gave timescales for resolution of the complaint and how to escalate it if the complainant was unhappy with the outcome.

We found that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People who used the service told us they felt able to complain and named specific staff they would speak to if they had any complaints or concerns. Comments included, "Yes I would feel able to complain if necessary" and "If you are not happy you tell the manager or higher up." One person who used the service told us they overheard the provider remind a member of staff to speak patiently to people.

We found that people's complaints were fully investigated and resolved, where possible, to their satisfaction. We checked the complaints log and found there had been two complaints in 2012. The manager had recorded the complaints and the action taken to resolve them. There was space on the complaint form for the complainant to comment that they were satisfied with the actions taken.

Staff told us they were aware of the complaints procedure and where to document any concerns. They said the manager or senior in charge of the shift dealt with any formal complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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