

## Ashmere Nottinghamshire Limited

# Sutton Court

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sutton Court is a purpose-built residential care home providing accommodation for persons who require nursing or personal care for up to 63 people. Nursing care is not provided at Sutton Court. At the time of our inspection there were 47 people using the service. The service provides support to older people, people with dementia, people with a sensory impairment or physical disability, and younger adults. Some people lived at the service permanently, and some people are short-term residents who stay there for rehabilitation. These short-term placements are part of an arrangement with the local NHS Trust designed to improve people's mobility and independence so they can return home.

### People's experience of using this service and what we found

The service was exceptionally person-centred and responsive to people's individual needs. People's individual and diverse needs were recognised throughout the assessment and care planning process. The staff team were very focussed on delivering person-centred care and were responsive to people's changing needs. People were strongly encouraged to continue with their favourite activities and hobbies and supported to develop new ones if this was what they wanted. Care plans were personalised and people were involved in developing and reviewing their care with staff.

People were encouraged to do as much as they could themselves and to participate in the daily life of the home as much as they wanted to. People enjoyed the variety of in-house activities and trips out that were regularly available. People and relatives knew how to complain and felt confident any issues would be addressed. People were supported well at the end of life by staff who were trained to meet their needs.

People were safe and protected from the risk of abuse. People's needs were assessed, and any risks associated with their personal care and environment documented. There were enough staff to keep people safe. Medicines were managed safely. The service was clean and risks from acquired health infections were minimised.

People's needs and choices were assessed in line with current legislation and guidance. Staff had training the provider deemed essential to meet people's needs. People were supported to have a varied good quality diet. The environment was suitable for people's needs, and there were adaptations for people with mobility needs. People were supported by staff to access healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke positively about the staff team and said they were cared for with kindness, respect, and dignity. People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. Staff respected people's right to confidentiality.

Sutton Court was well-led and had a positive, caring culture. Staff understood their roles and responsibilities

and felt well supported to provide personal care. The provider did regular checks and audits to ensure the quality of care was consistently good. Regular feedback was sought from people, relatives, and staff about the quality of the service and used to develop the quality of care further. Feedback from health and social care professionals was positive regarding the quality of care and commitment to partnership working to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 5 June 2019).

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident was subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls, infection prevention and control, and pressure care management. This inspection examined those risks. This inspection was also prompted by a review of the information we held about this service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Sutton Court

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a specialist advisor (nurse), 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 care service.

#### Service and service type

Sutton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutton Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 9 people who used the service and observed how care and support was given generally. We got feedback from 6 relatives and 9 staff. We spoke with the registered manager, deputy manager, HR manager, maintenance manager, quality manager, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including all or part of 8 people's care records and how medicines were managed for people. We looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from 3 health and social care professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were generally safely managed. However, we identified some issues with the guidance the service was getting from their pharmacy regarding some specifically timed medicines. The management team took immediate steps to get this addressed. We did not identify any negative impact on people because of this.
- There was a system in place to ensure people were offered their medication in accordance with prescribing instructions. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered, and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this was needed, and how to measure the effectiveness of the medicine.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt safe living at Sutton Court, and relatives felt their family members were safely cared for. People and relatives felt confident to raise concerns. One person said, "I'm definitely safe and I have an independent nature so if I have a problem, I know [registered manager] and I can speak to them." Another person said, "I love it here, and I'm really happy."
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The registered manager reported any allegations of abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

### Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks on all areas of the building and grounds. We looked at a sample of these, and could see where good practice was noted, and where areas for improvement were identified.

- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. The provider also had a business continuity plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

#### Staffing and recruitment

- There were enough staff to keep people safe. People, relatives, and staff felt there were enough staff available to meet people's needs. On the day of our inspection there were enough staff to support people at the service. We also reviewed a sample of the provider's rotas, and established there were enough staff on each shift to meet people's needs.
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that generally, people were supported by enough staff. This included when people needed support or reassurance or wanted to participate in an activity.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

#### Preventing and controlling infection

- The service was kept clean and people were protected from the risk of an acquired health infection. People and relatives commented positively about cleanliness. Staff understood and followed infection control procedures and had regular spot-checks on their practice. The management team and staff carried out regular checks in relation to cleanliness, infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection, and the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely and was responding effectively to risks and signs of infection. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

#### Learning lessons when things go wrong

- The provider had systems and processes to monitor and assess accidents and incidents to look for trends or patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who lived at Sutton Court. Staff recognised and raised concerns and incidents and reported them appropriately. The provider and management team used this information to get a clear picture of the quality of care and carried out investigations to establish what went wrong.
- Where the registered manager or provider, or external professionals' investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination and followed best practice guidance to reduce risks associated with their personal care. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of falls, skin breakdown or dehydration and malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's admission assessments and care plans.
- Assessments had been completed with people and, where appropriate, their relatives, prior to moving to Sutton Court. These helped ensure staff could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences were recorded in their care plans. People had goals and staff worked with people in an agreed plan to achieve this. For example, some people wanted to improve their mobility. Care staff were supported by physiotherapists and occupational therapists to help people work towards their goals. This helped to ensure staff provided care in line with people's assessed needs and wishes.

Staff support: induction, training, skills and experience

- Staff told us they had an induction when they started work, and regular supervision, where they could get feedback on their performance and discuss training needs. One staff member said, "There are a lot of opportunities to further your knowledge and career and I feel that [the provider] really invests in their staff."
- Staff also completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also described having regular refresher training and spot checks on skills the provider felt essential for providing personal care. Records we looked at supported this.
- The provider and registered manager had recently audited staff training to see if there were any gaps or staff not up to date with training. They identified there were several areas where some staff were overdue for refresher training and had taken action to address this.
- There was regular communication between staff and management so key information about people's needs and the running of the service was shared. These meetings were recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the quality and variety of the food was generally good. One person told us they were the "mealtime mascot" where they greeted people at each mealtime and spoke with them about the menu options and where they would like to sit. They said, "I enjoy doing this job and meeting new people." We saw

how this worked and it encouraged people to make their own choices and helped create a positive dining experience for everyone.

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink and were regularly consulted about the menu options. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals or snacks, their preferences were met. Staff also used small "show plates" with a sample of the menu and ensured people were able to see other food and snack options to help them make choices about food.
- Staff assessed people's food and fluid needs using nationally recognised best practice guidance and developed appropriate care plans that staff were familiar with. The service followed the advice of GPs, speech and language therapists and dieticians to ensure people received the correct supplements and diet to maintain their health.
- People who needed assistance or encouragement to eat were supported by staff. A relative spoke about how their family member, who had not been eating well at home, was encouraged by staff to have a good diet and as a result, had put weight on and was healthier. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.

Adapting service, design, decoration to meet people's needs

- The provider had taken steps to ensure the environment was suitable for people's needs, and there were adaptations for people with mobility needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- Bathing and shower facilities were designed to be accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- Access to the garden area was designed to be suitable for people using wheelchairs or other mobility aids. This included the use of non-slip decking to reduce the risk of falls. This meant people could safely use all areas of the garden independently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist, or optician whenever they needed to. One person said, "If I'm unwell, [the doctor] normally comes to see me fairly quickly." Another person said, "I get to see the doctor reasonably quickly." Records we looked at confirmed this.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health, including daily oral care.
- Staff shared information with each other during the day about people's daily personal care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. These care notes were regularly reviewed by management to check that people were being seen by appropriate professionals in a timely way.
- Health and social care professionals told us they had a good working relationship with the staff at Sutton Court, and said staff had good knowledge of people's needs and worked well with external professionals to maintain people's health.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and relatives said staff gained permission before offering day to day personal care. Throughout the inspection, we heard staff ask people for their permission when offering care and support and encouraging people to make their own decisions about their daily lives.
- The provider ensured that staff understood the principles of the MCA. Staff spoke with us about how they supported people to make their own decisions about their daily lives as much as possible. Where people lacked capacity to make specific decisions about their care, staff knew how to ensure care was provided in the least restrictive way possible.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA. This included making sure any restrictions in people's care were assessed as being proportionate and lawful.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant 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

- People and relatives spoke positively about the staff team. One person said, "The staff are very tolerant and caring and they've done me good." Another person said, "I love it here, and I'm really happy." A relative said, "The staff are all very kind and caring" and another relative commented, "I can't fault this place and I know the staff well. Overall I'm very happy [with the care provided]".
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff clearly knew people well and understood when to offer support and reassurance. We saw lots of kind and thoughtful interactions between people and staff.
- Relatives were able to join their family members for food, making visits a more sociable occasion. There was a range of places for communal or more private dining, and having relatives join them made this family time more pleasant.

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

- People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- Relatives felt they were kept informed about their family member's care. One relative said, "[My family member] is very safe and any needs for them are discussed with me."
- People felt able to make suggestions to improve the quality of their personal care. For example, the recent refurbishment of bathrooms included facilities suggested by people. One bathroom now features a whirlpool bath and "starlight" ceiling to give people the feeling of a spa. Fixed bathing aids were replaced by removable aids as people felt this gave a more homely feel to the bathrooms.
- People were supported to access independent advocacy services to enable them to play a full part in planning their care. Advocates are trained to support, enable, and empower people to speak up and exercise their rights. There was information around the service encouraging people to request an advocate if they wished.

Respecting and promoting people's privacy, dignity and independence

- People said staff always treated them with respect, and relatives confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.

- People were supported to spend private time by themselves or with family and friends. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. Staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff understood when it was appropriate to share information about people's care. Records relating to people's care were stored securely.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The nurturing, supportive and warm culture created within the home meant people received an compassionate and individualised level of care that improved and enhanced their quality of life. People were very well supported to be part of their local community and to continue to enjoy their social life as much as possible. People told us they enjoyed the variety of in-house activities and trips out that were regularly available. Although COVID-19 had interrupted people's day trips, there was now a schedule of regular trips and activities, including local places people said they wanted to visit, canal boat trips and a visit to the seaside. Staff encouraged people to make suggestions for different activities, and we saw that these were acted on as much as possible. This gave people control over where they wanted to go and what they wanted to do.
- Sutton Court's activities staff coordinated a variety of things people could take part in throughout the week. People who needed additional support to take part, or who preferred one to one activity were given support to do this. One person said they enjoyed the musical activities, particularly the Friday night disco and, "Boogie breakfasts" where they were encouraged to dance to music they liked. Staff said they noticed people benefitted with increased physical confidence and improved well-being.
- People told us they enjoyed the variety of pets at Sutton Court (including chickens, cats, and rabbits). One person said they and other people living at Sutton Court helped staff care for the animals and loved doing this, as they had previously had pets when they lived at home. This person also told us they had asked the home to adopt a cat, and staff supported them to make this happen. We saw caring for the animals gave people a sense of purpose, responsibility, and enjoyment.
- A relative said, "The staff at Sutton Court go above and beyond in everything they do." An example of this was the support staff gave to 1 person to enable them to attend a family wedding. People also said they were encouraged to do daily things they enjoyed. For example, going across to local shops to get newspapers and flowers for the dining tables. This helped people to maintain their usual daily routines and benefitted everyone.
- During the COVID-19 pandemic, the provider created a separate pub building on-site. This enabled people to have face to face visits with relatives and friends. The pub was featured in a video by the Equality and Human Rights Commission in February 2021 as an example of how people's right to private and family life was still being respected during the pandemic. Staff said the pub was used by lots of visitors, and the benefit to people's mood and wellbeing was enormous.
- At the suggestion of people and relatives, the provider has now added other buildings to the on-site pub in a courtyard arrangement so that everyone has a variety of different places to spend time together. This includes a tearoom and a nail and prosecco bar, which relatives told us were very popular. We met people

and relatives using these buildings, and they told us how they appreciated having these different places to meet so close by to socialise in.

- Staff used photography and stories to record people doing things that were important to them. They used these to help people reminisce about happy experiences, and to plan future activities that people would enjoy. With consent, photographs were shared with relatives and friends, so they could also chat with people about what they had been doing. This made people feel valued and that their quality of life mattered.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was exceptionally person-centred and responsive to people's individual needs. People's individual and diverse needs were recognised throughout the assessment and care planning process. The staff team were very focussed on ensuring people experience of living at Sutton Court was tailored to their individual needs and wishes. Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, hobbies and interests and their community networks. This helped staff understand people better as individuals and supported the provision of personalised care. For example, one person was encouraged to continue to play a musical instrument. Staff noticed that this helped them to settle into the home and to hear how other people appreciated their musical skill.
- For people who were there short-term, the care plans and activities were tailored to improve their mobility and independence. This included the support of physiotherapists and occupational therapists to promote recovery with the end goal of people returning home. One person said, "They've [staff] done me good. I've started using a frame [mobility aid] but it's hard work." A staff member said advice from physiotherapy enabled them to understand how to support people safely. They said, "People come in needing hoisting and I see them leave mobile with a walking frame. This is really rewarding and lovely to see."
- People were encouraged to do as much as they could for themselves and to participate in the daily life of the home as much as they wanted to. For example, 1 person had volunteered to be a buddy for new residents. They told us their role was to help any new people with meeting more established residents, encouraging them to take part in any activities and generally helping new people settle in. Other people had different buddy roles which they identified as being important to them and other residents. Opportunities like this gave people a sense of purpose and made them feel valued for their contributions to the daily life of the home.
- Staff were exceptionally responsive and had an excellent knowledge of people's diversity, values and beliefs. The provider ensured that all staff had training in equality and diversity, including what this meant for people in practice. There was a cultural, 'Champion' in the staff team, whose role was to ensure training turned into good practice and to promote a home where people's diverse needs were recognised and celebrated. This meant people were able to be confident that their different needs, including protected characteristics, would be supported well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which the service looked at how to support people to have access to information, in a format they could understand. For example, documentation could be created in large

print with pictures for people with sight problems or using a communication book designed individually.

- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and felt confident any issues would be addressed. There was a variety of ways to give feedback and the provider then used all feedback (whether positive or critical) to improve people's care. Information about "You said, We did" was displayed in the home so everyone could see what changes were made as a result of feedback.
- The provider had a policy and process for managing complaints, which was displayed clearly in the home.
- Records showed the provider dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. One relative we spoke with gave examples of an issue they raised with the registered manager, which were addressed promptly.
- People and relatives told us about regular meetings to discuss care and improvements in the home. Any feedback from people, relatives or staff was acted on.
- The registered manager sent relatives and staff regular updates about service improvements and what had been done in response to feedback.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end-of-life care, and staff knew how to support people and their relatives in the way they wanted.
- The provider had policies and procedures in place to meet people's wishes for end-of-life care and staff had completed training to ensure they could meet people's needs at the end of their life.
- We saw a number of cards and letters from relatives thanking the staff team for the care they had given to people at the end of life. One relative wrote, "Thanks you for all the care given and for allowing [our family member] to die with dignity." Another relative wrote, "The care was exemplary and [staff] always treated them with love and affection."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive, caring culture. People and relatives knew who the registered manager was and spoke positively about the staff team and the support they received.
- The registered manager, provider and management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and gave good quality individualised care.
- Staff felt respected and supported by the registered manager and management team which supported a positive culture. Staff spoke about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. One staff said, "All the staff are very supportive. It's a very rewarding job." A second staff member said, "I feel incredibly proud to be part of the team; the care for our residents is second to none and I couldn't imagine somewhere else I'd rather be working."
- A visiting professional commented that they felt staff considered people's health and well-being very important. They said staff did consistently ensure people got quick access to specialist professionals and reduced unnecessary hospital admissions, leading to better outcomes for people's health.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. For example, a mealtime audit identified a number of issues that detracted from people's enjoyment of their food. The follow-up audit showed that the issues had been addressed, and this resulted in people having a better dining experience.
- There was an action plan arising from checks and audits to show what action was required to improve the quality of care and who was going to do it.
- Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- Staff also spoke about the opportunities they had to develop their skills through training. This included working towards formal qualifications and being encouraged to apply for more senior roles.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set

of specific legal requirements providers of services must follow when things go wrong with care and treatment.

- The provider had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities. They were also displaying the current rating of the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved. There was information around the service to show 'You said; We did.' This meant there was clear information for people and all visitors on how feedback had been used to improve the service.

- The provider had recently employed a welfare officer to support staff wellbeing. This role was to be an additional point of contact to support staff with anything relating to work or their personal lives. Staff told us they appreciated having someone else to talk with who could act in a mentoring role and signpost them to resources they may need.

- For example, in relation to mental health or financial support. The staff welfare officer had recently put in place discreet baskets of free sanitary products for staff and visitors, recognising that these were essential products for dignity and well-being. The ethos behind having the role of a welfare officer was to ensure that, as far as possible, staff felt happy and well supported to carry out their roles to provide good quality personal care for people.

- The provider also had a range of ongoing rewards to promote staff wellbeing and celebrate achievements. This included recognition of length of service and an employee of the month award. There was also an ongoing staff competition running between Sutton Court and the provider's other two care homes. Staff told us this was fun to take part in and really helped with team building. 1 staff said the knock-on effect of the competition was that it brought all the staff together doing something fun, which had a positive impact on how happy they felt at work providing care.

- The provider worked with a local college to offer opportunities for students to carry out practical projects that would benefit people. For example, students had been involved in the design and redevelopment of part of the garden area to make this a pleasant and accessible outdoor space for people to enjoy.

Continuous learning and improving care; Working in partnership with others

- Staff and the management team recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.

- Feedback from health and social care professionals was positive regarding the quality of care and commitment to partnership working to achieve good outcomes for people. One commented on how responsive the service was to people's needs, and felt Sutton Court was well-led, with a provider who invested in the service to help people feel at home and promoted rehabilitation and people maintaining their independent skills. Another external professional commented on the commitment of staff in providing activities that supported people's health and well-being.

- Staff told us they felt able to ask for additional training to help them improve the quality of care for people. One staff said, "There are a lot of opportunities to further your knowledge and career and I feel that [the provider] really invests in their staff." One example given of this was recent work done with local tissue viability professionals to access additional training for staff and identify areas for improvement to maintain people's skin health.

- As part of reviewing any lessons learnt from the COVID-19 pandemic, the provider had invested in a new air-conditioning and filtration system throughout the building. This was designed to ensure good ventilation, reducing the risk of airborne infections and to help maintain a comfortable temperature

throughout the year for everyone.

- The provider had also been recognised nationally for their work during the COVID-19 pandemic. For example, by the Equality and Human Rights Commission and by the Chartered Institute of Management Accountants.