

Amesbury Abbey Limited

Sutton Manor Care Home

Inspection report

Sutton Scotney
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Ratings

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

Summary of findings

Overall summary

Sutton Manor is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sutton Manor provides accommodation with personal and nursing care for up to 38 older people. At the time of our inspection 26 people were living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, in June 2016, the service was rated overall as good, in the key questions: is the service effective, caring, responsive and well-led. The key question: is the service safe, was rated as requires improvement.

We carried out a comprehensive inspection on 9 January 2019. At this inspection, we found improvements had been made following the last inspection. We rated the key questions: is the service effective as outstanding. We rated the key questions: is the service safe, caring, responsive and well-led as good.

The service overall, remains good.

Sufficient numbers of staff were deployed throughout the home. Staff performance was monitored. Staff received supervision, training and support in a variety of ways to ensure they could meet people's needs.

Medicines were safely managed and robust checks were in place to identify and take actions when shortfalls were identified.

Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

Risk assessments and risk management plans were in place. Personal care was delivered in line with assessed needs and accurate monitoring records were maintained. Incidents and accidents were recorded and showed that actions were taken to minimise the risk of recurrence.

The management team worked collaboratively with external professionals to make sure care and treatment, was highly effective. They followed recognised national best practice guidance and initiatives that supported people to live healthier lives.

People received exceptional levels of support to meet their fluid and dietary requirements. Preferences, needs, likes and dislikes were recorded and actions were promptly taken to support those identified at risk of malnutrition or dehydration.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Care was personalised, highly responsive and sensitive to individual needs.

A range of leisure activities were offered and provided people with entertainment and engagement, in and out of the home.

Systems were in place for monitoring quality and safety. Where shortfalls or areas for further improvements were identified these were acted upon.

Everyone we spoke with or had feedback from was positive about the way the service was run and said the registered manager was readily available. Communication was good. Staff were motivated in their work and proud of the service.

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 has improved to good.

Medicines were safely managed and actions promptly taken when shortfalls were identified.

People were protected by staff who had received safeguarding training and understood their responsibilities for safeguarding people from harm and abuse.

Staff were safely recruited and sufficient staff were employed to keep people safe and meet their needs.

Significant improvements had been made to manage the risk of falls. Comprehensive risk assessments were completed, along with detailed management plans to ensure people's safety.

Is the service effective?

Outstanding 

The service has improved to outstanding.

Staff received comprehensive induction, supervision and training and competently met people's needs. There were nominated champions who supported staff to make sure people experienced good healthcare outcomes, leading to an outstanding quality of life.

People's rights were protected and upheld in line with the Mental Capacity Act 2005. Staff sought consent before providing care and support.

There was a strong emphasis on the importance of eating and drinking well. People were protected from the risks associated with malnutrition and dehydration.

The staff team worked collaboratively with a number of external health professionals to make sure care and treatment reflected best practice.

Is the service caring?

Good 

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The service was exceptionally well-led. Staff were highly valued by the management team, with strong recognition of their involvement in developing the service.

Feedback from people who used the service, relatives, external health professionals and staff was used to make continual improvements to the support people received.

A comprehensive quality assurance system identified shortfalls and evidenced where actions were taken to make improvements.

Sutton Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Sutton Manor on 9 January 2019. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by two inspectors.

Before the inspection visit we looked at the information we had received about the home. We looked at the notifications we had received. Notifications are information about important events that the provider is required to tell us about by law. We also used information the provider sent to us in their Provider Information Return (PIR). This is information we require providers to send to us at least once each year, that gives key information about the service, what they do well, and improvements they plan to make.

During our visit we spoke with 10 people who used the service and two relatives. We spent time observing how people were being cared for and supported, and the interactions between staff and people using the service.

We spoke with the registered manager, deputy manager and nine staff that included nursing, care, activity, training, catering, housekeeping, laundry and maintenance staff. We received feedback from three health professionals. We have included their feedback and comments in the main body of this report.

We looked at five people's care records in detail and checked other care and monitoring records for specific information. We looked at medicine records, staff recruitment files, staff training records, quality assurance audits and action plans, records of meetings with staff and people who used the service, survey results, complaints records and other records relating to the monitoring and management of the care home.

Is the service safe?

Our findings

The service was safe. One person told us, "It is so nice here and we are very well looked after. I do feel safe, yes, and just call if I need anything at all." We read the report from the most recent 'resident satisfaction questionnaire.' All 14 people who participated answered 'Yes' to the question, 'Do you feel safe and secure within the home?'

Staff understood their role and responsibilities for keeping people safe from harm and abuse. Policies and procedures were in place and staff had received safeguarding training. Staff were knowledgeable about different types of abuse, what to look out for, and how they would put their knowledge into practice. The registered manager had a system in place for recording and reporting safeguarding concerns, to the local authority, and to CQC.

People received their medicines safely and when they needed them. People's medicines were obtained, stored, recorded, administered and disposed of safely. This included medicines that required cool storage and medicines that required additional security. Staff showed a good awareness of people's needs and preferences. Medicine Administration Record sheets (MARs) provided details about each person and their medicines preferences and requirements. The registered nurses who administered medicines, checked that people were ready to take their medicines, provided the support needed and signed the records to confirm they had been given. The medicines records we checked were all fully and accurately completed.

For people prescribed creams and lotions for their skin, these were applied by care staff who had received topical medicines training. There were clear directions for staff about when and where the creams and lotions were to be applied.

Where people were prescribed medicines to be taken 'when they were needed,' referred to as PRN, there was clear guidance about the circumstances in which these medicines may be required, such as for pain relief. At our last inspection we found improvements were needed to make sure the use of PRN medicines was reviewed by the GP. At this inspection, improvements had been made. There was clear guidance about when to refer the person back to their GP. For example, the GP was contacted if the medicine had not had the desired effect after it had been given over a 48 hour period.

Accidents and incidents were recorded and actions taken to reduce future risks of injury. At our last inspection in 2016, we identified improvements were needed to ensure strategies were in place to reduce peoples on-going risks of falls. The management team promptly implemented improvement actions. These included the introduction of 'intentional rounds' for people at high risk of falls. People were regularly checked to make sure they were safe. Staff recorded their checks and focussed on supporting people with specific falls reduction measures. These included checking footwear, 'clutter' in the environment, accessible walking aids, call bells or pendants in reach, spectacles and hearing aids in place, fluids to hand, toilet needs addressed and other comfort needs addressed. Since the introduction of this structured and now embedded initiative, the number of falls in the home had reduced.

Detailed risk assessments were reviewed monthly. They included risks associated with skin condition, falls, moving and handling and eating and drinking. Where risks had been identified actions were planned, along with provision of equipment such as bed rails, mobility aids, sensor mats, hoists and pressure relieving mattresses. One person told us about the sensor mat that was positioned next to them. They told us if they did start to move around unaided, the sensor mat triggered an alarm. They said, "I agreed to have this because I was falling. It is helpful. Staff come very quickly and help me if the alarm goes off." Where people were supported with hoists, pictorial details of the specific types of slings used, were included in the care records, along with written descriptions.

Everyone told us there were sufficient staff to meet people's needs. One person said, "Staff are always around if I need them." During our inspection, staff were not rushed, and people's needs were being met promptly. Staff also told us they were "well staffed." The registered manager told us how they completed an assessment tool each week, to review and assess the staffing levels required.

Staff were safely recruited. Staff files included application forms, proof of identity, references and checks for gaps in employment history. Checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensured that people barred from working with certain groups such as people in a care setting were identified.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella control, electrical and gas safety, lift maintenance and hoist checks had been completed. Fire safety measures and checks were in place. Personal emergency evacuation plans (PEEPS) were recorded for each person. These provided guidance about how people could be moved in an emergency if evacuation of the building was required. In addition, colour coded discs were discreetly displayed on bedroom doors to help staff and emergency services identify the level of support a person would need in the event of an emergency. Staff told us if they noticed minor faults or equipment that needed fixing or replacing, they reported it in the maintenance book. They told us actions were taken, "really quickly" to address the issue they reported.

The home was very clean throughout and staff followed up to date national infection control guidelines. A systematic cleaning schedule was followed. Care was also taken with the laundering of people's clothing. People had individual laundry bags, collected from their rooms, and clean laundry was returned within 24 hours.

Is the service effective?

Our findings

People were provided with exceptional levels of support to eat and drink enough to meet their needs. They spoke positively about the choices they were given and the quality of food. As one person commented, "The food here is excellent." Staff could tell us about people's individual needs and preferences, likes and dislikes. These included people with specific diets due to medical conditions, food allergies and intolerances and textured foods. People had been assessed and clear guidance and instructions were available to make sure people were provided with the support needed. Staff told us they were kept up to date with any changes that may affect people's dietary requirements.

People were assessed using the Malnutrition Universal Screening Tool (MUST). A 'food first' approach was taken for people identified 'at risk.' Food first ensured all staff were aware and made sure people were offered and received food fortification, nutritious drinks and snacks and were encouraged to eat little and often. This was communicated to staff in care records and staff shift handover record sheets. People's weight was monitored closely and people were referred to other health professionals if weight loss continued. A 'nutrition champion' for the home, a member of the care staff team, was allocated time every week to make sure everyone at risk of malnutrition had their care plans reviewed. When people required modified diets, their needs were communicated effectively to the catering team and care staff.

Mealtimes were a sociable experience for people who chose to eat in the dining room. By arrangement, people from the nearby 'Mews' independent living accommodation within the grounds, were able to have their meals at Sutton Manor. Sherry was served before lunch and wine was offered with lunch. One person told us, "Lovely, one of the day's highlights, enjoying a glass of sherry before lunch." There were choices at lunchtime and great care had been taken to make sure all dishes were attractively presented and served. Particular care was taken to make sure individual preferences were met. For example, one person liked to have extra gravy but also liked to add it themselves, so they were served a small jug of gravy with their meal. The dining room had the feel and ambience of a restaurant, with people receiving discreet and sensitive support according to their individual needs. In addition, where people required adapted cutlery and crockery, this was provided. Some people chose to eat in the privacy of their own rooms. This was respected, and we saw the same high level of attention to detail for meals served to people in their rooms.

The team at Sutton Manor worked with the West Hampshire CCG and had introduced the 'Hydrate' project.' The aims of the project were to improve staff awareness of the importance of hydration, to improve peoples' overall health and well-being. As part of the project, additional ways of ensuring hydration, such as smoothie making, promoting hydrating foods, improved fluid monitoring and the use of red glasses (easily identifiable) were introduced. They had demonstrated in the monthly hydrate audits that there was a reduction in the numbers of urinary tract infections, reduced need for antibiotics and in some cases, a reduction in falls. The nominated 'hydration champion' at Sutton Manor, was very motivated and enthusiastic about their role. They had noted, "It is so satisfying to review residents care records each month... I really feel that promotion of hydration makes a real difference to their well-being."

The service was highly effective in making sure people's individual health and care needs were met. People

who used the service and relatives told us that staff were well trained and able to meet individual needs. A relative told us about their loved one's complex medical condition. They said, "The staff have been marvellous. They do seem well trained. As well trained as they can be as it's been quite difficult for Mum."

People's needs were assessed and comprehensive care plans were in place. The care plans we read were detailed and considered physical, social, emotional, cultural and mental health needs. Staff worked closely with external health and social care professionals to make sure people received effective care in line with their individual needs. Records showed where consultant psychiatrists, speech and language therapists (SALT), opticians, dentists, chiropodists, physiotherapists, dieticians and GP's had been consulted. Advice, instructions and guidance were incorporated into the care records.

Feedback from health professionals was highly complementary about how well the management and staff team supported people at Sutton Manor to live healthier lives and receive on going healthcare support. Their comments included, "I have to say that Sutton Manor is one of the best places to work in and I wouldn't hesitate to recommend to friends and family," "I find the staff very supportive and willing to undertake my recommendations regarding resident's needs," and, "I found the staff helpful and knowledgeable about both residents." Another health professional explained how they visited the home on a regular basis. They gave examples of the nature of their visits. They noted, "I find the staff very willing to undertake my recommendations regarding resident's needs... The staff speak up if they are unsure about anything... and I am always happy to show them. In return they are always very happy to learn and carry out this learning to ensure residents needs are met."

People were provided with support and treatment to prevent the development of pressure ulcers. Standardised recording and monitoring tools were used. In addition, a 'react to red' initiative had been introduced, with the support of an NHS tissue viability specialist nurse. Since the implementation of these measures, there had been a reported improvement in people's skin condition. A video of the 'best practice' approach had been made that was being shown nationally at Pressure Ulcer Prevention forums and conferences.

Staff told us they received "lots of training" to enable them to carry out their roles. When new staff started in post they completed an induction programme and shadowed allocated mentors, senior care staff, to gain practical experience before they worked unsupervised. In addition, competency assessments were completed to make sure staff fully understood what was required of them. Care staff completed the Care Certificate, a nationally recognised programme that provides staff with the basic skills needed to be able to provide care.

Regular update and refresher training was completed for topics such as fire safety, moving and handling, safeguarding, Mental Capacity Act, infection control and food safety. The provider's training manager was responsible for making sure staff completed their training programmes. They also provided any additional support staff needed to make sure all training was fully understood and embedded into practices in the home. They told us how they supported staff who struggled with paperwork, supported them by observing their practices, and provided training in ways that were meaningful for them. This included providing one-to-one support and helping staff complete the required documentation. They also said, "Whilst I'm training staff I always make sure staff understand the importance of our values such as promoting independence, in all aspects of their work."

On the day of our inspection, the trainer, who was also the designated moving and handling trainer, worked with staff to rearrange the dining room tables and seating. This was to enable easier access and movement, and effectively accommodate the increasing numbers of people who chose to stay in their wheelchairs at

mealtimes. After this had been completed, we were told, "That was really good. We just worked as a team and sorted what could have become a problem."

In addition, where training was needed to meet the specific needs of people living in the home, this was provided. This included wound care management, mental health awareness and modified diets. Registered nurses were supported to develop skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC). Topics such as catheterisation, venepuncture and specific end of life care training had been completed.

The registered manager and deputy manager had completed a five month training programme and achieved 'Six Steps End of Life Accreditation' from a hospice training programme in 2018. This included making sure advanced care plans were in place. The 'red bag' scheme was adopted. The red bag contained the person's care records to make sure all health and social care information was available to support hospital staff in providing the right care. The bag also held medicines and personal belongings that stayed with the person until they were discharged back to Sutton Manor. The use of the bags had helped to improve the effectiveness of hospital admissions and discharges. In addition, all registered nurses were trained in the use of syringe drivers and in providing 'Namaste' a calming hand massage that was often used with music when people received end of life care.

Supervisions are meetings where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. We spoke with staff about supervisions and appraisals and they told us they felt well supported. We checked the supervision records, and saw the planned supervision programme that had been completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 had been assessed, where this was appropriate, for their capacity to consent to specific aspects of their care. This was incorporated into their care plans. When they lacked capacity to consent, best interest decisions were made. Relatives told us they were involved in discussions and records showed how decisions had been reached and who had been involved. Throughout the day of our inspection, we saw people were supported to consent and agree to the care and support they needed. Staff always asked and waited for people's responses. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. DoLS authorisations were in place for seven people. A health professional had commented, "The DoLS referrals were appropriate and the care plans were informative and appeared up to date. I was able to extract relevant information."

Sutton Manor was spacious and very tastefully furnished and decorated in-keeping with the style and history of the old manor house. Fresh flowers were delivered and arranged in the home by a retired florist each week. They told us that sometimes people who used the service liked to sit and watch as they spent a morning each week arranging the displays. People and their relatives commented positively about the décor with comments including, "The environment is just lovely, very tastefully decorated, homely and comfortable too," and, "This would be recognisable to her as it is a little like her own home." The grounds were beautifully maintained and easily accessible for people. A health professional had noted when they visited, "I found the atmosphere with Sutton Manor to be calm and pleasant and had no concerns about anything I witnessed during my visit."

Is the service caring?

Our findings

People were treated with genuine and sincere kindness, respect and compassion. They clearly had good relationships with staff and were extremely well looked after. Comments from people who used the service, relatives and visitors included, "I've been coming here for years and see nothing but kindness shown to the residents," "They are all so kind, during the day and at night. Couldn't ask for more," and, "The manager and staff are just marvellous."

Throughout our inspection, we observed people being treated in kind, thoughtful and respectful ways. As staff walked by people in communal areas, or in their rooms, they stopped for a quick chat or smiled and waved as they went by. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed. For example, where people were supported with walking aids, staff provided encouragement, telling people how well they had done, whilst gently assisting them to where they wanted to go.

People's equality and diversity was recognised and respected. People were referred to by their preferred names. These were also recorded in people's care plans and on the handover sheets staff used to provide updates to oncoming shifts. People chose when they wanted to get up, how they spent the day and when they wanted to go to bed. One person commented, "I am staying in my bed this morning until lunch time." At lunchtime we saw the person had been helped to get up and go to the dining room, in accordance with their wishes.

Staff clearly knew people well and could describe in detail people's personal histories, interests, personality traits and preferences. Where people agreed, 'All about me' records had been completed. These included details about people's family histories, careers, hobbies and interests.

Staff told us how they made sure people's dignity and privacy was promoted and maintained. They made sure people were warm enough before they were supported with personal care, that others didn't enter rooms and that curtains were closed. They knocked on bedroom doors before entering and waited for people's acknowledgement before they entered. Staff explained how they encouraged people to do as much for themselves as possible. A member of staff said, "Even if a person isn't able to brush their hair at the back, we encourage them to at least brush the front, to help them keep as much independence as possible."

We read recent compliment cards and feedback received by the home. They included the following, "She was so happy here, surrounded by smiling faces and kindly concern for her well-being. You all treated her with such kindness and respect and really did become her second family" and, "From gardeners and hairdressers, to chefs, carers, nurses and managers, you have all gone the extra mile, and it has not gone unnoticed or un-appreciated."

Visitors were made welcome at any time. We saw relatives chatting to members of staff and the management team. They were offered refreshments during their visit. One relative told us they enjoyed pre-lunch sherry with their loved one. The visitors from the 'Mews' enjoyed their regular visits too. They told us

they were made very welcome, they appreciated the set up that gave them a chance to meet others and eat, "really good food, and have a drink with others and enjoy it." Visiting health professionals told us they were warmly welcomed and that, "staff were cheerful, welcoming and polite to myself and residents."

Is the service responsive?

Our findings

The service at Sutton Manor was responsive to people's needs. Everyone we spoke with was complimentary and feedback included, "It really is quite amazing here, first rate!" "All our worries are taken away from us", "Could not be happier", and, "The staff have a real giggle with the residents. It's so nice to hear and feels like home".

People's care needs were assessed, initially before the person moved into the home. In addition, people were encouraged to visit. On the day of our inspection, a person was viewing the home with their relatives. They were shown the prospective room available and spent time in discussion with the registered manager. We were later told by the registered manager the person's care needs had been assessed and could be met, and the person had decided they wanted to move into the home.

Care plans were detailed and comprehensive. In addition to recording in care plans, staff had handover sheets that provided a brief 'snapshot' summary of important information needed for each person. Care plans were reviewed and updated each month and in response to changes. Each day a nominated 'Resident of the Day' had their care plan reviewed completely by a registered nurse and a member of care staff. We spoke with a member of care staff who was involved in completing a review for one person. They checked each record and monitoring chart in detail to make sure they were all still relevant and up to date. Any changes and updates were agreed with the person, and their relative if appropriate, and then 'signed off' by the registered manager or the deputy manager.

An activities and events calendar was produced each week and a copy given to people who used the service. The weekly programme for the week we visited included skittles, visits from a therapy dog, film shows and board games and a visit from the local nursery schoolchildren. The activity coordinator told us people had enjoyed the initial nursery schoolchildren's visit so much, it was becoming a regular monthly event. People were asked for their views and suggestions for what to include in the programme. In response to the most recent feedback the activity coordinator noted, "We agreed to have a break from arts and crafts." People who chose not to join in activities in communal areas were offered 'one to one' time. One person who chose not to join in liked to see animals that visited the home. Staff made sure visiting animals, such as the therapy dog was taken to the person's room. We were told, "Their face lights up when they see any animals."

The activity programme was being expanded and an additional member of staff was in the process of being recruited. The action plan completed following the most recent 'resident survey' included, "All residents are encouraged to take part and engage in any social activity taking place." People were also invited to events and activities outside of the home. For example, some people attended a recent local musical event with a cello and pianist at The Mews. Others went along to a 'pop-up' café that opened each week at the local village hall. Participation and people's feedback and responses to activities were recorded in 'daily activity records.'

People and their relatives were very involved in decisions about end of life care. For some people, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been agreed. This is a way of recording a decision

not to resuscitate a person in the event of a sudden cardiac collapse. We read one end of life care plan. It was incredibly detailed and provided preferences for where people would like to be cared for, and other relevant information for before and after they had passed away. One person commented, "I am very happy with the arrangements that have been made." They told us they had signed to agree their plan and felt safe and secure knowing their wishes would be carried out. They also commented they could not have wished to be anywhere else. We read a letter received from a recently bereaved relative that included, "I really wish to thank you all for being very special at whatever your role and making Sutton Manor an exceptionally beautiful, calm and happy place for your residents."

A complaints policy and procedure was in place that was readily available to people and relatives. The details were included in the providers service user guide that was provided in every room. In response to the most recent survey 14 out of 15 people said they knew how to make a complaint. People told us they would feel comfortable raising issues and confident appropriate actions would be taken. Three written complaints and nine verbal concerns had been received in the last 12 months. They were all managed in accordance with the provider's policy. The registered manager kept detailed records of their investigated, actions, responses and any 'lessons learned.'

Is the service well-led?

Our findings

There was a registered manager in post. Without exception, everyone spoke positively and told us the home was incredibly well managed. We received feedback and comments that included, "I see the manager if I need to. She's very nice and often pops in just to say hello, or waves as she goes by," "[Name of registered manager] is a terrific manager. It really is a fantastic home and it all stems from the management," and, "Really couldn't ask for any more." A relative of a person who had passed away had written to the registered manager. Their letter included, "I want to thank you personally for all your love and kindness...you were so kind and helped me when I was coming to terms with the situation...you held my hand and were always there for me."

People who used the service had the opportunity to provide feedback about the service, at resident meetings, annual surveys, and a suggestions box was in the reception area. The feedback from the most recent survey was very positive, with comments such as, 'The overall feeling that you are being cared for with respect and the necessary attention at all times' and, 'Food is lovely, decoration and quality of room and common room is excellent, number of qualified staff is very good.' Where people had also commented about 'slower staff turnover would improve the service' actions had been taken. Additional staff had already been appointed and the home was significantly less reliant on agency staff.

The commitment and dedication of the registered manager and their team was evident throughout our inspection. The deputy manager had a planned day off on the day. However, they had previously discussed with the registered manager that, should we undertake an unannounced inspection when they were not on duty, they wanted to know. They arrived mid-morning and spent the day in the home. They told us they wanted to support the registered manager and staff to share the good practice initiatives and improvements made since our last inspection. They were proud to tell us how embedded these initiatives were and showed us evidence of the improved service people received.

Recent improvements included a reduction in the number of falls, as we have reported in the safe section of the report, following the introduction of 'intentional rounding.' A further reduction in falls, urinary tract infections and need for antibiotics were noted following the introduction of the 'Hydrate' project. The deputy manager had also approached the inventor of a further 'hydrating initiative.' They had asked to be involved in a trial of 'jelly drops,' described as an innovative way of improving people's hydration status. This was thought to be particularly beneficial to people with cognitive impairment and people who were reluctant to drink sufficient amounts of fluids. This had been discussed with the West Hampshire CCG who had invited the team to present their findings if the trial went ahead. This showed how the service worked with others to share and promote best practice.

The deputy manager attended quarterly strategic falls meetings with the West Hampshire CCG to share the experiences from a care home perspective. They discussed the most effective and innovative best practices for falls prevention and management.

Another improvement initiative was the introduction of the National Early Warning Score (NEWS) in 2015,

currently referred to as NEWS2. This is a nationally recognised scoring system to identify, monitor and respond to acute illness and deterioration. When used successfully, this has been shown to 'improve people's safety and outcomes.' The tool had been fully embedded in practice at Sutton Manor. For example, one person in the home had recently become very unwell. The staff team used the NEWS2 tool and showed us how it been used successfully. A hospital admission had been avoided, the person had been successfully cared for in the home and treated by their GP, their condition had improved significantly, and they were reported to be 'doing well.' The local CCG were creating a video that featured the Deputy Manager presenting case studies of how the tool had helped to improve other people's safety and prevent unnecessary hospital admissions. They were planning for the video to be shared locally and nationally, including a presentation to the Royal College of GP's annual conference.

Staff told us they were proud to work at Sutton Manor. They all spoke positively about the support from the registered manager and their individual line managers and 'heads of department.' One member of staff said, "We are always listened to and asked for our opinions.' Staff meetings were held regularly and staff were also asked for feedback in annual surveys. It was noted an increased number of staff had participated in the 2018 survey, when compared to previous years. The survey results confirmed that most staff felt valued and supported in the workplace, were aware of bonus and incentive initiatives and had confidence that their line managers acted with integrity. Staff also noted they sometimes found their work stressful. The results were discussed at a staff meeting and actions were in place to address areas for improvement.

Throughout the inspection, it was clear there was excellent teamwork amongst staff. Staff were warm and welcoming, and they told us how much they enjoyed their work. They said they felt valued and appreciated the meaningful supervision and support systems in place. They also attended meetings on a regular basis, and could openly express their views and opinions.

The registered manager and their team were delighted to have been finalists in the care home manager of the year 2018 and the care home of the year 2018 at the Hampshire Care Awards. One health professional we contacted had recognised how Sutton Manor had made improvements 'over the years.' They noted, 'I have seen a lot of changes in the way Sutton Manor is run and they have all been beneficial. The appointment of [name of registered manager] and the senior staff has made a huge difference. I appreciate I am only there for a small snapshot of time, but the Manor appears well-led with staff confident in their roles. Resident needs are consistently met when I have been on the premises and there are some really nice touches that make the Manor seem more like a home environment.'

A robust programme of audits and checks were completed on a regular basis. They identified shortfalls or areas for improvement and action plans were agreed. They included, health and safety, infection control, care planning, accidents and incidents, staff files, medicines and falls. These were followed up to make sure actions were fully completed on, or before, the next programmed audit date. External health professionals were also involved. For example, an NHS infection control lead nurse completed an infection control audit. Actions had been recommended and we saw these had been promptly completed. Findings from audits were discussed at the monthly meetings the registered manager had with the provider's director who then provided written feedback and guidance. For example, from the most recent audit, the director's comments included, 'Nice to see no staff have left this month and supervisions remain consistently high. Well done!' 'Staff should be praised for their proactive response to the resident coughing at mealtime and the resulting actions taken to mitigate risk and avoid a potential choking incident in future' and, 'Responses to fire drills really positive. Great to see the home on top of this' and, 'Good to see the comprehensive response to the near miss...Reflective session and clear guidance for all as a follow up.'

Policies and procedures were regularly reviewed and updated in line with legislation and nationally

recognised best practice guidelines. It was clear the management team consistently looked for ways to make improvements, to make sure they provided the best possible care.

The registered manager was aware of their obligations in relation to the notifications they needed to send to CQC by law. Notifications had been sent when required.