

## Sutton Court Associates Limited

# Baytree House

### Inspection report

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Date of inspection visit:  
13 September 2019

Date of publication:  
27 September 2019

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Baytree House provides personal care for up to nine people living with a learning disability and/or autism. At the time of the inspection, the home was full. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were involved in all aspects of the service and made suggestions on how it was run. They were encouraged to make decisions relating to their care and support; their independence was supported and promoted. 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.

Before people came to live at the home, careful thought was given in the planning process. People who already lived at the home were involved and asked for their feedback about any potential, new admission. Care plans were person-centred in design and provided staff with detailed information and guidance about people's care needs and how they wished to be supported. Staff completed a range of training to enable them to deliver personalised care to people.

People were involved in all aspects of the home, from choosing and planning menus to deciding how they wanted to spend their days. Most people attended day services during the week. People were encouraged to participate in the community and were supported by staff in activities such as bowling and swimming. Holidays were planned with people and staff accompanied them. People had access to a range of healthcare professionals and services. Positive, caring and compassionate relationships had been developed between people and staff.

People were protected from harm by staff who understood what actions to take if they suspected any form of abuse. Risks to people were identified and assessed as needed, with guidance for staff which was followed. There were enough staff to support people and help them engage with activities. Medicines were managed safely.

A range of audits measured and monitored all aspects of the home and service delivery. Staff felt supported by the management team and involved in developing the service.

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 28 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Baytree House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Baytree House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met everyone who lived at the service and spoke with three people. We spent time observing the care and support people received. We spoke with the registered manager, home manager, a senior support worker and the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included two care plans and multiple medication records. We looked at two staff files in relation to recruitment and supervision records. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People were protected from the risk of abuse.
- Most people at Baytree House had their finances managed by the Financial Adult Safeguarding (FAS) Team in West Sussex. This team manages finances of adults who cannot manage their own arrangements and who have no-one else to do it for them. This protects people from the risk of financial abuse.
- Staff completed safeguarding in adults at risk and understood their responsibilities. One staff member told us, "I would find out about it from the client who reported it and tell the manager. If nothing is done, I would then take it higher. I would report any concerns in the client's words, not mine". The staff member named types of abuse such as sexual, physical and financial.
- The home manager understood the actions that were needed in relation to allegations of abuse and how to report any issues to the local safeguarding authority as well as CQC.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- Each person's risks had been identified and assessed. Care plans included guidelines for staff to follow when supporting people and any associated risk assessments. Risks, and how to mitigate these, included the management of people's finances, personal care, accessing the community, accessing the kitchen at the home and eating.
- Staff were knowledgeable about risks and followed the care plans when supporting people.
- Risks in relation to evacuating people from the home in the event of an emergency were documented in Personal Emergency Evacuation Plans. The home manager had summarised the support people needed from staff and this information was provided in a clear and accessible format.
- Records confirmed that gas, electrics and fire safety were checked and audited.
- When people sustained an accident or were involved in an incident, details relating to these were documented and actions were taken. For example, one person was at an increased risk of falls, so a sensor mat by their bed enabled staff to monitor the person's movements at night and respond to their needs. Another person's mobility had deteriorated and their room was located on the first floor. A stair lift was due to be installed, to make it easier for the person to access their room safely.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- Staff were deployed flexibly and in a way that meant people could go out when they wished.
- Staff felt there were enough staff which enabled them to support people in a personalised way. For example, if people wanted to go for a walk or out to the shops, staff were available at times people wanted.

- Four people had chosen to go on holiday to Dorset in October and staff would accompany them.
- Our observations showed that staff had time to spend with people and that people were not rushed.
- Any gaps in staffing rotas were covered by staff working overtime. Sometimes staff came in from other homes of the provider. Staffing levels were consistent and people were supported by staff who knew them well.
- New staff were recruited safely. We looked at two staff files. These showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

#### Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- Staff completed training before they were allowed to administer medicines to people.
- The home manager had completed a medicines competency course which enabled them to observe staff administering medicines and ensure they did so safely.
- Medication administration records (MAR) accurately recorded when people had taken their prescribed medicines. Medicines to be taken as required (PRN), were administered in line with the provider's policy.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had completed training in infection control.
- One staff member explained the cleaning regime at the home, for example, the use of different coloured mops and their purpose.
- We saw people were encouraged to assist with household tasks around the home and access the kitchen, with staff support.
- The home was very clean and smelled fresh.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- After one person had a fall in the bathroom, the risks for this person and associated guidelines for staff had been reviewed, to ensure the person was always supported by staff when accessing the bathroom.
- The home manager explained that when a person had recently passed away at the home, they reviewed their policy on end of life care. This made it clearer for staff on the actions to take when people became very poorly and healthcare professionals needed to be contacted for advice and guidance.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to live at Baytree House, their care and support needs were assessed to ensure these could be met appropriately. Referrals for placement came from local authorities and were considered by the registered manager and the home manager.
- One person had recently come to live at Baytree House after the home they were living in had closed down. The transition from one home to the next had been managed carefully and sensitively, putting the person at the centre of the process. Managers had liaised with social care professionals before the move had taken place to ensure a successful outcome for the person.
- Before a new person was admitted to the home, people who were living there met with them too. Their views were listened to as it was important for everyone that someone new would not upset the status-quo or disrupt people's routines and lives.
- People's care needs were assessed at admission and continually reviewed and monitored to ensure the support provided by staff remained appropriate.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. This included training the provider considered to be mandatory on safeguarding, moving and handling, infection control, food hygiene, medicines, autism/learning disability, epilepsy and data protection. The home manager explained that some training was delivered face to face and some through E-learning. In addition, staff had access to training provided by the local authority.
- New staff who had no previous experience of working in care studied for the Care Certificate. This comprises a set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff had enrolled on a course offered by the local authority which provided support and mentoring at induction. The registered manager explained, "We need to monitor what staff have learned. We do it in supervision and use the Skills for Care checklist, so we know what staff have learned and what they haven't".
- Staff received supervision from their managers in line with the provider's policy, that is, approximately every two months. Records confirmed this.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People planned their own menus and chose what they would like to eat. People's choices were recorded and the main meal was served in the evening, since most people were out during the day.

- People were encouraged in the preparation of meals. For example, people helped prepare their packed lunches when they attended day services. When one person returned from their day out, they asked staff if they could make a cup of coffee. A staff member went with the person to supervise the making of the hot drink, to make sure this was done safely.
- No-one living at the home had specific dietary needs. One person was intolerant of lactose, so only had a very small amount of milk in their drinks.
- A staff member told us, "They all have a healthy diet here. For instance, one person will eat their dinner, then get half-way through it, and say they have had enough. But that's only because they get tired and if I help them, they're happy to eat some more".

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

- Baytree House provided a homely, accessible environment that met people's needs.
- Rooms were personalised and comfortably furnished. One person who had recently moved into the home proudly showed us their bedroom and the new en-suite wet room. We saw the person had brought some pictures with them to hang on the walls and a member of staff was helping the person to decide where they wanted these placed.
- People had access to a large garden at the rear of the property and this was enjoyed by people on the day we inspected.

#### Supporting people to live healthier lives, access healthcare services and support

- People received healthcare support as needed from a range of healthcare professionals. Care plans showed that people had access to GPs, dentists, opticians and hospital specialists.
- One person's mobility was deteriorating and they were supported by a physiotherapist. It had been advised that the person would benefit from using a wheelchair for long distances and the person had been assessed for their new wheelchair.
- Staff supported people with their healthcare needs. For example, staff would accompany people to their hospital appointments or health checks with their GP.
- Each person had a care passport which provided healthcare staff with information about people should they need to be admitted to hospital.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained lawfully. Applications for DoLS had been completed for everyone living at the home following an assessment of their mental capacity. Some DoLS had been authorised and others were still being processed by the local authority.
- Staff completed training on the MCA and demonstrated their understanding of this legislation. One staff

member said, "Everyone has capacity here to make some decisions, such as whether they want to go out and if they're happy to take their medication".

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- Friendships were important to people at the home and staff supported people to spend time together. For example, sometimes people from the provider's other homes came to visit and socialise.
- Positive, caring relationships had been developed between people and staff. Staff were patient and kind and took time to listen to people. We saw one staff member helped a person to have a shower when they returned from a day out. The staff member then dried the person's hair and asked them how they would like it styled.
- Staff completed training in equality and diversity. One staff member explained their understanding of this and said, "People have the same rights as everybody else. I witnessed discrimination many years ago when I went out with people to a café. That doesn't happen anymore, which is good".
- People's religious and spiritual needs were respected. One staff member told us, "If people want to go to church they can. A couple of them used to, but that stopped; it was their choice".

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

- People were able to make decisions about their care and support. We observed people chose how they wanted to spend their day.
- A couple of people chose to go out for lunch to a local pub and were supported in this. We asked one person whether they had enjoyed their meal. They told us they had chosen meat pie which was nice, but that the gravy was lumpy!
- We saw staff continually checking with people what they would like to do throughout the day.
- One staff member said, "I always give people a choice. Some people know what they want for dinner for example and some people like to be offered a choice. People make choices on the menu anyway".
- People met with staff to review their care plans every three months; records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before entering.
- People were encouraged to be as independent as possible. One staff member said, "If I know that people are capable of doing something for themselves, I will encourage them to do it. I wouldn't do it myself just because it's quicker".

- Within people's care plans we saw that they had been involved in setting goals or targets to be achieved. Staff were carefully matched with people and this worked well, for example, where people and staff had shared interests.
- People were given the privacy they needed. Some people preferred to spend time on their own in their rooms and their choice was respected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were written in a person-centred way and contained detailed information about people, their preferences and how they wished to be supported. For example, in one care plan we read about the person's morning and night routines, personal care, physical health and any behaviours perceived as challenging. The care plan included information and guidance for staff to follow and what would happen if staff did not support the person in a particular way. For example, we read that the person could get upset if they had a health appointment, was nervous meeting new people or had to do something different. The person was reassured if staff gave them, 'a cuddle' and their care plan noted that, 'I like it when staff cuddle me'.
- Care plans included people's personal histories, their likes and dislikes, interests and hobbies. Staff provided care and support in line with these.
- The registered manager told us, "We've recently overhauled the care plans. We're trying to make them more manageable for the staff. They're too large at the moment with lots of repetition. We've introduced a different format".
- Staff used positive behaviour support to good effect. Distraction techniques were employed if people became upset. Incidents or behaviours that challenged others were recorded as were people's sleeping patterns. If people did not have enough sleep, this could affect their behaviour. Staff did not use any form of restraint to control people's behaviour. The care manager told us of one person who, when they became upset, could act in a threatening way to other people. When incidents occurred, which were rare, staff suggested to the person they might like to go to their room to relax and calm down. This technique worked well. The person recognised when they became upset and chose to go to their room.
- In the Provider Information Return, the registered manager stated, 'Each service user has a keyworker and co keyworker of their choice with whom they can develop a positive and lasting relationship, and who is able to advocate and liaise with others to ensure that the service users' needs are met'. Staff confirmed their keyworking roles and how they supported people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in a way that met their needs and which they could understand. Everyone living at Baytree House could communicate verbally and one person could read well. The home manager said, "Pictures of reference can be used if needed and some people understand Makaton, but their

preferred communication is verbal. No-one here has any sensory impairments. Some people can sign their name; one person can read and write".

- Care plans included guidelines for staff on people's communication preferences and needs. For example, we read that one person required staff to speak clearly and should not use big words. The person could sometimes respond with a shout or a mumble.

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

- People were encouraged to stay in touch with their families and friends. Some people did not have any relatives, so staff were of particular importance. One person was due to celebrate their birthday a few days after the inspection. Staff were trying to make this a special day for the person and had bought them a present of a gold-coloured watch since they knew the person wanted one.
- People planned how they wanted to spend their time. Most people attended day centres during the week. Everyone was encouraged to participate in outings into the community. A staff member said, "We try and take people out every day. Tea and cake are very popular. Some people like bowling and go swimming".
- People from some of the provider's other homes came to the home for work experience. For example, one person came in to do some housework, such as vacuuming and cleaning, then stayed for lunch. Another person visited on one day a week and made lunch for themselves and others.
- Within the home people were encouraged with baking cakes, meal preparation and arts and crafts.
- Some people enjoyed social occasions such as discos and dancing. The home manager told us they were trying to organise something one evening a week, at a pub or as a social event. It was people's choice whether they wanted to go out in the evening or not. Staff were available to support people as required.
- One staff member said, "Staff are matched with people they know and like. It's what people want. We listen to what people want and also what their parents might suggest".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. Information on how to make a complaint and how this was managed, was available to people in an accessible format.
- One formal complaint had been received within the last year. The complaint was investigated and actions taken to the satisfaction of the complainant.
- We asked people if they were happy living at Baytree House; everyone confirmed they were and no-one had any complaints.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- One person had passed away a few months ago. It was their wish to remain at the home until the end and this had been respected.
- The home manager explained how they cared for and supported this person. Special equipment, such as a profiling bed, had been brought in as the person became very unwell and was cared for in bed.
- When the funeral was arranged, people were supported by staff to attend, if they wished. People were encouraged to discuss their feelings and emotions when the person died. However, the home manager told us that no-one appeared too upset by the experience.
- The person expressed a desire to be buried at sea. An employee of the undertaker arranged for the person's ashes to be taken out to sea and scattered.
- People's end of life wishes were completed with people if they were comfortable to discuss these.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received a good standard of personalised care from staff who understood how they wished to be supported. Staff encouraged and promoted people's independence and support was designed in a way that empowered and enabled people to live full, meaningful lives. The registered manager said, "You have to work differently with different people and adjust to meet their needs. One day people will be happy and the next day, they might not be".
- Residents' meetings were organised every other month. These were opportunities for people to make suggestions and to give their feedback. In the notes of one meeting, we read that menu choices were discussed, what people felt about new staff and activities they wanted to organise. People were fully involved and asked for their views when a new person came to live at the home.
- People's feedback was also obtained through questionnaires which were presented in an accessible format. One person had written, 'It's a nice house and I like my room'.
- Where families were involved with people's care and stayed in touch, their views had been obtained through family questionnaires. One relative had written, 'We are extremely happy with the home and all the staff do'. Another relative stated, 'I am happy with the care and support from staff at Baytree House. [Named person] is happy to be there'.
- Staff felt supported by the management team. One staff member told us, "You're treated well and people are nice. I get on with everybody and I just love the job; I find it rewarding".
- Staff meetings enabled staff to air their views. One staff member said, "There's always someone to listen here. At staff meetings we always talk about people, what they want to do and what is expected from staff". Another staff member viewed staff meetings and supervisions as learning opportunities. They explained, "We discuss things and think about what we could do differently next time".
- The service had an 'open door' policy and we saw staff had a relaxed, friendly relationship with the managers. Equality characteristics of staff were protected. Some staff did not have English as their first language and they were supported in their understanding of training topics for example.
- In the Provider Information Return, the registered manager had written, 'When recruiting staff a basic understanding of English is important but we have a policy of employing people from other cultures and whose first language may not be English. Training is provided in those cases to ensure they are able to meet the needs of service users'.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated a good understanding of his responsibility under duty of candour. He explained, "You can't work in partnership with people without it. You have to be able to interact with social workers, inspectors and families. If there's something we're doing wrong, I'm happy for people to tell us and we'll change it. We're not the experts in everything".
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home as required.
- The registered manager told us that all the home managers at different locations of the provider wanted to work more closely together. He explained that he was trying to encourage the home managers to network, to share experiences of people living across the homes and to reflect on working practices.
- The registered manager visited Baytree House every day; he also had oversight of other locations of the provider. The home manager had responsibility for the day-to-day running of the home.
- A newsletter had been produced recently, 'Sutton Times'. This provided people, their relatives and staff with updates about what people had been doing at various homes of the provider. Articles included write-ups and photos of people and staff engaged at social events. We were told how successful a summer picnic had been, where there was live music in the garden. This had been enjoyed by people and staff.

Continuous learning and improving care; Working in partnership with others

- A robust system of audits had been implemented which measured and monitor the quality of care and services at the home.
- Audits related to the review of care plans, kitchen, medicines, fire safety, money management and monthly water temperatures, for example. Incidents and accidents were analysed for any emerging trends or patterns. Audits were effective in driving improvements and actions needed were recorded and applied.
- We asked the registered manager how he worked in partnership with others. He explained the importance of working with local authority staff, since all referrals for placement came from them. The registered manager said he had recently attended a workshop organised by West Sussex County Council in relation to safeguarding and how useful this event had been.