

Sudbury Care Homes Limited

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

# Summary of findings

## Overall summary

Sudbury Care Homes Limited is a care home and provides care and support to five people with learning disabilities. The home is registered for five people and at the time of the inspection five people were living at the home.

At the last inspection on 16 and 10 October 2014 the service was rated Good.

At this inspection we found the service remained Good.

People who used the service told us they felt safe in the home and around staff. Care support staff we spoke with demonstrated a good understanding of how to recognise and report allegations of abuse.

Medicines were managed safely and sufficient care support staff were deployed to ensure people's needs were met.

We observed that the home was clean. Since the last inspection we noted that the service had paper towels available by hand wash basins to reduce the risk and spread of infection.

Care support staff were provided with a range of role specific training and management provided regular support through supervisions and appraisals. People were supported to have maximum choice and control of their lives and care support staff supported them in the least restrictive way possible. People were involved and encouraged to take part in the preparation of meals.

Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy were maintained.

Care records were person-centred, detailed and specific to each person and their needs. Care preferences were also noted. The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. A formal satisfaction survey had been carried out since the last inspection and feedback received was positive and no concerns were raised.

People who used the service and relatives told us that management were approachable and they were satisfied with the management of the home. The home had a clear management structure in place with a team of care support staff, deputy manager and the registered manager. Care support staff were supported by management and felt able to have open and transparent discussions with them. The quality of the service was monitored and we saw evidence that regular audits and checks had been carried out by management.

Further information is in the detailed findings below.

## 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 is now Good.

### Is the service effective?

Good ●

The service remains Good.

### 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.

# Sudbury Care Homes Limited

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 January 2017 and was unannounced. One inspector carried out this inspection.

During our inspection we spoke with the deputy manager and three care support staff. We also spoke with three people who used the service and observed interactions between people and staff. Following the inspection we spoke with two relatives of people who used the service.

We looked at three care records, three staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

## Is the service safe?

### Our findings

We asked people who used the service if they felt safe in the home. One person said, "I like it here. I feel safe." Another person told us, "I am safe and comfortable here." Relatives we spoke with told us they were confident that their relative was safe in the home and raised no concerns in respect of this. One relative said, "[My relative] is very safe. I have no concerns at all."

Training records indicated that care support staff had received safeguarding training. When speaking with care support staff they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home.

Records and staff knowledge demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for care support staff on how to support people safely. Care records included relevant risk assessments, such as medication, behaviour that challenges, personal care. Risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

People who used the service and care support staff told us there were sufficient staff deployed to meet people's needs. The deputy manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed for example, if people needed to be supported on day trips or when people had to attend appointments. There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

Medicines were managed safely, staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records viewed were of good standard and regular audits ensured that any discrepancies were dealt with as soon as possible.

During this inspection we observed that the home was clean and that an appropriate standard of hygiene was maintained throughout the home. At the previous inspection in October 2014, we found there were no paper towels available at hand wash basins and made a recommendation in respect of this. During the inspection on 13 January 2017 we found that the service had taken appropriate action. Paper towels were available and liquid hand sanitizer was available throughout the home.

## Is the service effective?

### Our findings

People and relatives spoke positively when asked what they thought of the home and care support staff. One person told us, "It is nice here. Staff are kind." Another person said, "I like it here. Staff are nice." One relative said, "I am happy with the care [my relative] receives. I wouldn't want him to be anywhere else. I am confident the care is good."

Training records showed that care support staff had completed training in areas that helped them when supporting people. Topics included emergency first aid, safeguarding, the Mental Capacity Act 2005 (MCA 2005), infection control, medicine administration and food safety. This training was classroom based and provided by an external organisation. The deputy manager explained they provided classroom based training to ensure care support staff received practical training and had an opportunity to ask questions. Care support staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. Care support staff told us that they had received regular supervisions, which was confirmed by supervision records and appraisal records viewed in staff files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that everyone at the home had capacity to make decisions and no one at the home was subject to any restriction of their liberty.

People were provided with a well-balanced and nutritious diet and people's likes and dislikes were taken into consideration. The deputy manager explained that people chose what they wished to eat on a daily basis. Care support staff we spoke with were aware of the nutritional needs of the people they supported. People with specific dietary needs such as diabetes and high cholesterol were supported to understand their condition and to plan their meals. People's weights were recorded regularly. This enabled the home to monitor people's nutrition so that care support staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

## Is the service caring?

### Our findings

People told us that they felt well cared for in the home. One person said, "I am happy here. Staff talk to me." Another person told us, "Staff are kind and helpful." Relatives told us they were confident that people were well cared for in the home. One relative said, "Excellent care. I am happy with the care. Staff are very nice, helpful and respectful." Another relative told us, "Staff are very good. They are caring and kind. [My relative] is happy there."

We observed interaction between care support staff and people living in the home during the inspection and saw that people were relaxed with staff and confident to approach them. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. People appeared to be comfortable and happy in the presence of care support staff.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. They told us that they ensured people were listened to and valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

Care records contained information regarding people's likes, dislikes, interests and hobbies. These were reviewed on a regular basis and updated as and when necessary. People's choices were consistently respected by care support staff and care support staff had a good understanding of the needs of people and their preferences. Care plans included information about people's background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people and relatives we spoke with. We saw documented evidence that people had monthly meetings with care support staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

The home had a motto that was frequently used "My choice, My voice." The deputy manager explained to us that they encouraged people to be independent and where possible, to do things themselves.

We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. For example; we saw one person was supported to go to work during the day of the inspection.

## Is the service responsive?

### Our findings

People who used the service told us care support staff listened to them and responded to their needs. One person said, "Staff listen to me." Relatives told us they were confident that people received care, support and treatment which they required. One relative told us, "They keep me informed and involved. I know what is going on."

People's care plans included information about their individual care needs and clearly detailed how each person would like to be supported. These were individualised and person-centred. Each person had a "person centred" file. This included information about people's preferences, likes, dislikes, routines, background and information about people's short term and long term goals. It was evident that these files had been prepared with people's individual input and had been signed by them to indicate that they agreed with the information in the file.

Care plans were reviewed monthly and updated where when people's needs changed. The deputy manager explained that regular reviews enabled care support staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

People were provided with necessary information in respect of their care and the running of the home. We noted that each person had a folder which included a service user guide, their current support plan and risk assessments.

Each person had their own activities timetable which was devised based on their specific interests. Activities included attending the local leisure centre, park and going shopping. On the day of the inspection we noted that two people went out to work and another person baked cakes with the support of a care support staff in the afternoon. People we spoke with told us that there were sufficient activities available and had no complaints in respect of this. One person explained to us that the home supported them to go out with their friend.

There was a system in place to obtain people's views about the care provided at the home. We saw documented evidence that resident's meetings were held so that people could raise any queries and issues. There was a complaints policy which was clearly displayed in the home which detailed the procedures for receiving, handling and responding to comments and complaints. People said that they did not hesitate about bringing any concerns to management.



## Is the service well-led?

### Our findings

The home had a manager registered with the Care Quality Commission. 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.

People and relatives expressed confidence in the management of the home. One person said, "The manager is fine." One relative said, "Management are good. I have no concerns about the care. I feel very able to complain if I need to but haven't had to."

There was a management structure in place with a team of care support staff, deputy manager and registered manager. Care support staff had a positive attitude and were of the opinion that the home was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and staff worked well together as a team. One care support staff said, "I am well supported. They always encourage us to speak with them. They are really approachable, flexible and accommodating." Another care support worker told us, "The support here is brilliant. If I have any concerns or questions I can raise them." Staff were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.

Staff told us they found the supervision sessions, appraisals and team meetings useful. Feedback was always given in a constructive way.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

Accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.