

Pharos Care Limited

Sutton House

Inspection report

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Birmingham
West Midlands
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Tel: 01213778900

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Sutton House is a residential care home providing accommodation and personal care for up to 5 people. The service provides support to people with a learning disability, and autistic people.

Sutton House is a residential house with some adaptations. At the time of our inspection there were 5 people using the service.

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

Right Support:

When incidents occurred the systems were not always effective at ensuring learning took place, and people's care records were updated to reflect any changes.

Sutton House is a small, ordinary home forming part of a local community. The property does not appear to be a care home and mirrors the other properties on the road. Some reasonable adjustments were needed to bathroom facilities to ensure people's changing needs continue to be met.

People were supported by staff to take part in activities and pursue their interest in the local and wider community. Staff supported people to achieve their aspirations and goals.

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.

Right Care:

People were supported by caring staff and people's privacy and dignity was respected. Staff had received appropriate training. Staff worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture:

Governance systems were in place but the oversight of these was not always effective. The oversight of risk management was not always effective and some incidents where people had been harmed or put at risk of harm, had not been reported as required.

A system for formally asking relatives and professionals about their views, was not yet fully implemented.

The registered manager promoted a positive culture and led by example. They responded positively to feedback and showed a commitment to improve things at the home. People were at the forefront of the service and staff supported people well in doing things they enjoyed, and also trying new things.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published 23 August 2017).

Why we inspected

This inspection was prompted by a review of information we held about the service.

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

Enforcement and Recommendations

We have identified 3 breaches in relation to safe care, safeguarding and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sutton 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 1 inspector.

Service and service type

Sutton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The inspection was unannounced on the first day of the inspection 02 August 2023 and we let the registered manager know we would be returning the next day to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with and met all 5 people who used the service. We spoke with 7 members of staff including the provider representative, registered manager, deputy manager, and 4 care staff. We spoke with 4 relatives on the telephone.

We reviewed a range of records. This included 2 people's care records and the medication records for 5 people. We looked at 2 staff members recruitment records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to identify and raise safeguarding concerns, however, we found incidents where this had not been done.
- When reviewing incident records, we saw 2 incidents where a person had hit out at another person living at the service, and a safeguarding concern had not been raised. This should have been recognised by the provider as a potential safeguarding concern.
- An incident of restraint took place that was not part of a person's agreed behaviour support plan. Following the incident there was no review of the incident to include if the action taken was necessary and, in the person's best interest. The incident was not shared with the local authority.

We found no evidence that people had been harmed however, not recognising and raising safeguarding concerns placed people at an increased risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014

- The registered manager took immediate action and raised the concerns we identified with the local authority.
- Despite the concerns found around safeguarding, the home had raised other safeguarding alerts appropriately and informed the local authority and the Care Quality Commission.
- People told us they liked their home. One person told us, " I would talk to [Staff member's name] if I was not happy about something."
- One relative told us they were concerned their family member had been hit by another person living at the service. Three relatives told us they felt their family member was safe living at the service.
- Staff had received training on safeguarding and knew the different types of abuse that could take place. Staff told us they were confident any concerns raised with the management team, would be acted on. A staff member told us, " I feel very confident that any concerns brought to the deputy manager or registered managers attention would be dealt with."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to assess risks to people however, these were not always effective.
- Following an incident people's personal behaviour support plans (PBS) were not always updated showing any analysis that had taken place and if any changes to the measures in place to manage the risk had been made. (A PBS is a person-centred approach to supporting a person who may be distressed or becoming distressed).

- Following any incidents, it was not always clear what action took place with staff to discuss how and why the incident happened, how well the measures in place worked, and to identify any learning to prevent reoccurrence.
- Risk assessments were not always updated when there were changes in people's needs. For example, changes in relation to health and mobility needs.
- Personal emergency evacuation plans (PEEP's) were in place but needed some additional information. For example, information about a person's mobility and how they would be supported in the event of needing to evacuate the building.

We found no evidence that people had been harmed however, systems were either not in place, or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- West Midland Fire Service had recently inspected the home's arrangements for fire safety and issued fire safety actions. All the fire action had been completed apart from a recommendation for fire warden training. The registered manager told us this training had been requested.
- Staff had been trained in the use of restraint. We saw during our inspection and staff told us, they could recognise signs when people experienced emotional distress. Staff knew how to support people to minimise the need to restrict their freedom to keep them safe.
- The home had up to date maintenance checks for gas, electrical and fire equipment.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A shower chair had a build up of rust and was replaced immediately. We discussed with the registered manager about having a designated area for clean and dirty clothing in the laundry, the registered manager agreed to act on this. Some other minor issues were identified, including a chip on the kitchen work surface, this could compromise effective cleaning. This had been picked up by the provider's own audits for attention.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- People received their medicines safely and on time.
- People were supported by staff who followed systems and processes to administer, record and store their medicines safely.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by the prescribers in line with these principles.
- Staff had received training on safe medicines administration and management. Following training staff had a competency assessment to ensure they were safe to administer people's medicines.

Staffing and recruitment

- There were enough staff to meet the needs of people, at the time of the inspection.
- Most people had 1 to 1 and 2 to 1 support to meet their needs, we saw this being delivered throughout the inspection.
- Pre employment checks were carried out on all staff to ensure their suitability and fitness before they commenced work. These included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police national Computer. This information helps employers make safe recruitment decisions.

Visiting in care homes

- There were no restrictions for people to have visitors to the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's care needs had been assessed prior to moving into the service. The provider had used this information to develop their support plans and risk assessments.
- People's care plans provided information to guide staff on how to support people with their care and included their physical and mental health needs.
- Where appropriate, people had been referred for relevant assessments and guidance. The provider had commenced the process regarding reasonable adjustments for 1 person regarding bathroom access. In the interim risk assessments were in place to ensure the person's safety.

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

- Some adaptations were required for one person where there had been a change in their mobility needs. The provider told us discussions were taking place with the relevant people regarding this.
- People were able to personalise their own bedrooms.
- There was a good range of shared space for people to enjoy and a large and spacious garden which we saw people accessing during the inspection.
- The provider had plans in place to ensure continual improvements to the home environment.

Staff support: induction training, skills and experience

- Staff had received training, so they had the relevant skills and knowledge to support people safely.
- Staff had also received training specific to the needs of the people they support. Training included the following; learning disability awareness, autism awareness, mental health, positive behaviour support and sexuality and relationships.
- We spoke with the registered manager about developing the use of competency assessments into key areas of staff practice and they were keen to do this.
- Staff told us they received the support they needed to carry out their role. There was a supervision and team meeting schedule, and this was being implemented. A staff member told us, "The training is good. It is a mixture of face to face and on line. The managers are really approachable and anything I am not sure about they will help me, and point me in the right direction."
- Staff completed an induction when joining the service. This consisted of face-to-face training, eLearning and shadowing experienced staff.

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

- People were supported to eat a healthy and varied diet, and had access to drinks and snacks. One person

told us, "The food is very nice, I also go out for meals."

- People told us they enjoyed the meals provided by the service.
- People told us they helped plan the menu for the week.
- Support plans recorded the support people required and any specific dietary requirements or needs.

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

- People had health action plans in place, and some updating was taking place, so these were comprehensive documents about people's current health needs and how these needs were being met.
- People were referred to health care professionals to support their well being and help them live healthy lives.

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.

- Where power of attorney was in place, the registered manager had started the process of seeing and verifying the relevant documents.
- The provider was working within the principles of the MCA. Where a person was being deprived of their liberty the appropriate authorisations were in place.
- Throughout the inspection we observed staff empowering people to make their own decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff.
- We observed positive interactions between people and staff. People were spoken to respectfully and patiently and offered regular opportunities to engage.
- Staff showed warmth and respect when interacting with people. Staff were focused on people and ensured people had meaningful interactions.
- People's care records included details of life histories, wishes and preferences, spiritual and cultural needs and wishes. This provided staff with the information they needed to ensure they supported people with a personalised care approach.

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

- People were given time to listen, process information and respond to staff.
- People, and those important to them, took part in making decisions and planning of their care. A relative told us, " The registered manager and deputy are very good at keeping me informed about things." Another relative told us they hadn't had a review for a while but one had taken place recently.
- People were given a choice about how they were supported with their care including what time they got up, how they spent their time and what they wanted to eat.
- Staff supported people to maintain links with people who were important to them. People were supported to make telephone calls to their relatives and were supported with regular visits to family members.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. This included people doing things they enjoyed in the home and also accessing a wide range of community facilities. For example, people accessed local shops of their choice, leisure facilities and some people travelled on bus and trains to places of interest to them.
- People were encouraged to help with day to day tasks in the home, some people helped with food preparation and cleaning tasks.
- People's care planning documentation promoted independence, dignity and privacy. For example, there was personalised information about how people wanted to be supported in their support plan.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated good. At this inspection the rating remains 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; 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

- There was ongoing work to review and update people's support plans so these were personalised to the individual and reflected their preferences, strengths and needs.
- People were supported to maintain relationships and staff recognised the importance of these relationships. Relatives we spoke with told us they had regular contact with the service.
- People were supported to do things they enjoyed doing at home and in the community. There was a person centred approach with most activities taking place on an individual basis.
- People enjoyed a wide range of activities including visiting local shops and leisure facilities, travelling on the bus and train to places of interest, attending college courses and visits to the seaside and holidays based on the needs and wishes of the individual.
- People had short and long term plans in place and were supported by staff to achieve these. For example, one person had been supported to go on holiday and another person was supported to attend a college course.

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.

- People had communication care plans in place that outlined their communication preferences, we saw staff implementing these during our inspection.
- Staff had good awareness, skills and understanding of people's individual communication needs. Staff knew how to facilitate communication and when people were trying to tell them something. Staff took their time with people to ensure the communication was effective.

Improving care quality in response to complaints or concerns

- The provider had a clear process in place to investigate complaints and learn lessons from these. One complaint was still under investigation and the registered manager told us the action they had taken to resolve the concern.
- We received some mixed feedback from relatives. Although all relatives we spoke with told us the registered manager and deputy were very helpful and approachable, one relative was not satisfied with the providers response to their concerns. We fed this back to the provider, and they told us they would follow up

on this directly with the relative.

End of life care and support

- There was no-one receiving end of life care during the inspection.
- People were asked to share their wishes for the future and where this has been provided, it was recorded in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to assess, monitor and improve the service. We found these systems had not always been effectively used.
- Systems and processes to analyse, investigate, and act on incidents to prevent reoccurrence were not always effective. For example, the system for looking at why and how an incident happened, how well the measures in place worked and identifying any improvements that needed to be made and updating people's records with this information, were not consistently effective.
- Systems and processes in place for the oversight of safeguarding policy and procedures were not always effective. For example, some incidents that had taken place had not been identified and reported to the local authority and the Care Quality Commission as required.

The provider's quality assurance systems and processes were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had responsibility for Sutton House and another registered service and split their time between both homes. There was a deputy manager who had some allocated office hours but predominantly worked alongside people and the staff team.
- We met with the registered manager and provider following our inspection and they told us the steps they had taken to ensure their quality assurance systems were more effective.

How the provider understand and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour to be open and transparent about incidents and apologised to people, and those important to them, when things went wrong. We saw an example of this with a recent complaint the registered manager was dealing with and they talked us through what they had done.
- The registered manager was responsive to the inspection process and where they could they took immediate action to address the things we raised.

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

- The registered manager told us they were in the process of seeking the views of people's relatives and friends, and the results of these would be analysed and used to improve the service.
- The registered manager and deputy knew people needs well and were open and receptive to our feedback during the inspection. The management team worked hard to instil a culture where people's needs and wishes were at the centre of the day to day running of the home.
- People were engaged in the running of the home and had meetings with a named member of staff (keyworker). We observed positive interactions throughout our inspection.
- Staff told us they felt well supported and could approach the registered manager for advice and support. A staff member told us, " The manager and deputy are very supportive. We have experienced some staffing changes during covid. I feel the staff team is now the best it's ever been. Staff are really pulling together and this has really benefited all the people who live at Sutton House."
- Most relatives told us they were happy with their family member's care. A relative told us, " I know they are happy and well cared for." Another relative told us, "I think things are really improving at the service."
- There were systems in place to ensure information about people's needs were communicated with staff. This included handovers and staff meetings. Staff told us regular meetings took place and they felt consulted with about the day to day running of the home. Records of staff meetings were available for staff who were unable to attend the meetings.

Continuous learning and improving care

- The registered manager was committed to making improvements and delivering good care. Where issues were identified during the inspection the registered manager responded to these concerns.
- The registered manager told us they felt supported by the senior management team within the organisation. They attended regular meetings to share learning across the organisation and receive updates.
- Lots of work had taken place recently and following Covid-19 restrictions so people were supported to do the things they enjoyed and go on holidays and day trips, according to their individual needs and wishes.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place, or robust enough to demonstrate people were always safe and received appropriate care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems for raising concerns when people were put at risk of harm were not always effective.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not always effective.