

Sutton Court Nursing Homes Limited

56 Stone Lane

Inspection report

56 Stone Lane
Worthing
West Sussex
BN13 2BQ

Tel: 01903692220

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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

About the service

56 Stone Lane is a converted residential care home providing accommodation and personal care to three people with a learning disability. The service can support up to three people and is based in a residential area of Worthing, West Sussex.

The service has been developed and designed in line with 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 and physical 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 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People appeared happy and relatives told us they were pleased with the care and support received. A relative told us, "I'm very happy with the care they give, [my relative] absolutely loves the staff and being there". Staff were friendly and attentive to people's needs and our observations showed there were enough staff to meet people's needs. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to.

The environment had plenty of communal space for people to enjoy. People enjoyed the activities that were provided, staff told us there were many opportunities for people to go out and people were living fuller lives. A relative told us, "There's things they've supported [my relative] with like using public transport. I didn't think that would ever be possible".

People were involved in planning their care and their views and preferences were acted upon. Feedback about the registered manager and staff team was positive. There was an open culture in the service and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged well with the team and other agencies.

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

The last rating for this service was Good (published 14 June 2017). At this inspection the service has remained rated as Good.

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.

56 Stone Lane

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:

56 Stone Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was registered with the Care Quality Commission. A registered manager 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 announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Some people using the service were unable to speak with us, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives over the telephone about their experience of the care provided to their loved ones. We spoke with the registered manager, the home manager and two care staff.

We reviewed a range of records. This included three people's care records, two staff files in relation to recruitment, and a variety of records relating to the management of the service, including audits and health and safety documentation.

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

- We saw people were comfortable to approach staff and were relaxed in their company. Relatives also told us that they felt people were safe. One relative told us, "[My relative] is very safe there, I have no doubts about that, it's the best place for him".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Assessing risk, safety monitoring and management

- People had their individual risks assessed, such as accessing the community and medication. Staff were aware of individual risks and we saw them working safely.
- People received the appropriate support in relation safety and the registered manager gave clear guidance for staff and checked on their performance.
- There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken and this included referrals to specialists as needed.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Preventing and controlling infection

- People were protected by the prevention of infection control. The service was clean and staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Staffing and recruitment

- Our observations showed there were enough staff to meet people's needs. Relatives agreed there were enough staff. One relative said, "I've never thought there weren't enough staff, haven't heard or seen

anything that would make me think so".

- Staff said there were enough staff and this meant that they were able to spend time with people doing one to one activities and taking people out. A member of staff said, "Definitely enough staff. We also can use staff from other homes in the company".
- On the day of inspection, we saw that people received support in a timely manner and staff were able to spend time with people.
- Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to work in a care setting.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Systems were in place to record specific details and any follow up action. This information helped staff to prevent a re-occurrence.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff were trained for their role. One relative told us, "They are very well trained. Some in the beginning struggle a bit with [my relative], but now the staff there know exactly what to do".
- Staff had received training and they told us they felt equipped to carry out their role. A member of staff said, "The training and support we receive is very good".
- Staff said they felt supported and had one to one supervision meetings. Staff told us that they completed an induction and shadow shifts before starting work on their own.

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

- People enjoyed a varied and balanced diet. We saw that some people had assisted to prepare and plan their meals. We observed people eating lunch and enjoying their food. Dietary needs were known by staff and this included any allergies and preferences. A relative told us, "They've helped [my relative] so much with their food. They were overweight before and they have lost almost two and a half stone through being encouraged to eat better. He's so much healthier and happier now".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the local authority to help ensure people received safe and effective care. There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- People had regular access to health and social care professionals. We saw that when needed referrals were made to specialist healthcare teams, such as GP's and social workers.

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

- The building had been designed in a way that allowed people to move around freely. There were ample internal and external communal areas for people to use. Bedrooms were personalised and had ensuite bathrooms.

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.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way.

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.

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate.
- Care plans included a record of people's involvement and were in an easy read format to help encourage involvement.
- Staff asked people before supporting them. For example, if they wanted to take part in an activity or if they would like a drink or something to eat.

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

- We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people frequently and spent time with them. The atmosphere in the service was light and cheerful and people had developed positive relationships with staff who knew them well.
- Relatives told us that staff were kind and respectful and we saw this during the inspection. A relative said, "He loves it there, the staff know him so well, they have got him off to a tee".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. A relative told us, "There's things they've supported [my relative] with like using public transport. I didn't think that would ever be possible". A member of staff added, "We introduce new things a little bit at a time and improve their confidence and independence".
- For example, we saw how people now assisted with household tasks, had visited the cinema for the first time and managed their own personal care.
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity. We were given examples of staff respecting people's alone time and their space.
- Records and personal information were held securely to promote confidentiality.

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.

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

- Staff and relatives told us the service responded well to their care and recreational needs, and our own observations supported this. A relative told us, "[My relative] is always out and about with them. They've really boosted her confidence".
- Everyone had individual activity planners displayed listing all the activities planned for each day. This helped staff plan the days. Staff told us that people were enjoying activities within the service and in the local community and this was making their lives better. One member of staff said, "We've spent a lot of time introducing ideas and making special arrangements for trips". We saw how staff had booked a specific area in the cinema for one person to watch a film, as they became anxious near other people.
- We saw a varied range of activities on offer which included, music, arts and crafts, exercise, trips to local cafes, pubs and restaurants, cinema and swimming. A relative said, "They encourage [my relative] to get out of the home. Trips to London and around town".
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

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

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These were in easy read format and included, people's preferences around what they enjoyed doing during the day and their clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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's communication needs were identified, recorded and highlighted in care plans. These needs were

shared appropriately with others.

- We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met. For example, staff used Makaton and communication books and people also had easy read care passports for when they travelled away from the service.

Improving care quality in response to complaints or concerns

- The procedure for raising and investigating complaints was available for people in easy read format, and staff told us they would be happy to support people to make a complaint if required.
- Systems and processes we saw showed that complaints would be responded to appropriately.

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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook a range of other quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, infection control and accidents and incidents. The results of which were analysed to determine trends and introduce preventative measures.
- The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "[My relative] loves [registered manager], they get on so well". Another relative said, "It is very well run, it's the best place for [my relative]".
- Relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this, and a member of staff told us, "We excel with people whose communication does not come naturally to them. We get to know them and what they want and offer them choices and independence". The registered manager added, "It's so homely here. It's their home, we just work here. They can do what they want. When I walk in here, it feels like I'm visiting someone's home".

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

- People and staff were actively involved in developing the service. For example, staff had involved people in new food choices and activities.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings, events and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both

people and staff, living and working at the service.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "This is the best team I've ever worked with and I've worked in care for 20 years. We support each other and get on well".
- Up to date sector specific information was made available for staff including details of specific conditions, such as autism and dignity, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and local charities to share information and learning around local issues and best practice in care delivery.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.