

Sudbury Care Homes Limited

# Sudbury Care Homes Limited

## 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

### About the service

Sudbury Care Homes Limited is a residential care home providing personal care for up to five people. It specialises in supporting people with learning disabilities. At the time of our inspection, there were five people living at the home.

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 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 who lived in the home spoke positively about Sudbury Care Homes Limited. They were complimentary about the care they received and raised no concerns. They said they were safe in the home and treated with dignity and respect when being supported by care workers.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely and ensured people received a consistent and reliable level of care. Management sought to learn from any accidents or incidents involving people. Steps had been taken to protect people from the risk of infections.

We checked the arrangements in place in respect of medicines. Care workers had received medicines management training and policies and procedures were in place. Medicines Administration Records (MARs) were completed with no unexplained gaps.

Staff received an induction, followed by ongoing training and management support to enable them to work effectively. Staff spoke positively about their experiences working at the home and said that they received support from management. Teamwork was effective in the home and morale amongst staff was positive.

People were supported to follow healthy and nutritious diets. Any risks associated with their eating or drinking were assessed and managed. Staff and management worked effectively with community health and social care professionals to ensure people's health needs were met and to achieve positive outcomes for them. 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 Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to

make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Staff adopted a friendly, caring and professional approach in their work. People were supported to express their views about the care provided, and these were listened to. People were treated with dignity and respect at all times and staff promoted their independence. Staff and management understood the need to promote equality and diversity and consider people's protected characteristics.

People and their relatives' involvement in decision-making about the care provided was encouraged by staff and management. People's care plans supported a person-centred approach. People had support to lead lifestyles of their choosing, access the local community and participate in recreational activities. People and their relatives understood how to raise any concerns or complaints about the service. People's wishes and choices about their end of life care were explored with them.

Management promoted a positive and inclusive culture within the home, based upon open communication with people, relatives, community professionals and staff. Staff told us that management were approachable and felt their own work was valued. Quality assurance systems and processes were in place to enable management to monitor and improve the quality of people's care.

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.

#### Rating at last inspection

The last rating for this service was good (published 10 March 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Sudbury Care Homes Limited

## **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

Sudbury Care Homes Limited 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 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 visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. 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.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with members of staff, including the deputy manager, one senior care worker and one care worker. At the time of the inspection the registered manager was on leave. In her absence, the deputy manager was managing the home.

We reviewed a range of records. This included three people's care records, medication records, staff training records, four staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

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#### After the inspection

We spoke with two relatives about their experience of care provided. We also spoke with one care worker.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe in the home and in the presence of staff. One person said, "I feel safe." When asked whether they felt safe and comfortable in the home, another person nodded and said "Yes." One relative said, "Yes, [my relative] is very safe in the home."
- Policies and procedures were in place to safeguard people from abuse. These were clearly displayed in the home and were available in an easy read format so that the information was accessible to all people. We noted that since the previous inspection, there had been no safeguarding incidents at the home.
- Staff had received training and were aware of what action to take if they suspected people were being abused.

Assessing risk, safety monitoring and management

- Risks associated with people's individual care and support needs had been assessed, recorded and kept under review. Plans were in place to manage and reduce identified risks and keep people safe. Wherever possible, people were involved in decisions about risks.
- Staff were kept up to date with any changes in risks to people through handovers between shifts and good communication within the team.
- There were plans and procedures in place to deal with a foreseeable emergency. The fire plan was clearly displayed indicating fire exits and escape routes. Staff had completed fire safety training. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of methods of assistance and a personalised step by step evacuation procedure.
- Fire equipment was appropriately stored and easily accessible in the home. Regular fire drills and checks were carried out by the home and documented appropriately.
- There were systems and procedures in place to monitor the safety of the premises. Risks associated with the premises were assessed and relevant checks on gas and electrical installations were documented and up-to-date. Management carried out a regular premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- We discussed staffing levels with the deputy manager. He explained that there were sufficient numbers of staff to safely meet the needs of people and this was confirmed by care workers we spoke with.
- The service did not have a high turnover of staff and the majority of care workers employed by the home had worked at the home for many years. This ensured that people received consistency in the level of care

they received, and they were familiar with staff.

#### Using medicines safely

- There were systems and procedures in place to ensure people received their medicines safely and as prescribed. Medicines were stored securely and managed safely in the home.
- Staff were provided with medicines administration training and their competency was assessed to ensure they handled medicines safely.
- Staff completed weekly medicines stock checks to confirm people's medicines had been correctly administered. Medicines audits were carried out regularly in order to improve the quality of the service and these were documented.
- Where people were prescribed medicines on a when required basis, there was guidance in place to advise staff on when and how to give these medicines.
- We looked at a sample of medication administration records (MARs) and found that these were completed fully with no gaps. This provided assurance people were being given their medicines as prescribed.
- People were supported to be independent where possible and were involved with regular key worker meetings where they discussed their medicines and the support they required with this. People were able to express their views in respect of this.

#### Preventing and controlling infection

- Measures were in place to protect people from the risk of infections.
- Staff had been provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- We found appropriate standards of hygiene and cleanliness throughout the home. People were involved with cleaning the home and were encouraged to clean their bedrooms with the support of staff.

#### Learning lessons when things go wrong

- Accidents and incidents had been documented and included details about the incident and subsequent action taken by the home.
- The deputy manager carried out a review after accidents and incidents to ensure the home took necessary steps to prevent reoccurrence. A yearly review of accidents and incidents was also carried out to see if there were any patterns and recommendations.



# 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 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 told us they received the care and support they needed and wanted from care workers. When asked whether they were satisfied with the level of care, one person said, "I like it here. Staff help me." One relative told us, "I am happy with the care. Very happy. [My relative] is well looked after."
- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, nutrition, communication, social and emotional support were documented. Preferences were recorded and this ensured that people's individual needs could be met by staff supporting them.
- The management team stayed up to date with current legal requirements and best practice guidelines through attending further training and meetings or events organised by the local authority.
- People had access to technology and equipment needed to provide effective care and support, and promote their independence. One person told us that they had access to the home computer and used it to play music and games.

Staff support: induction, training, skills and experience

- Staff received ongoing training and management support to help them fulfil their duties and to effectively meet people's needs. Training records showed that staff had completed training in areas which included moving and handling, safeguarding adults, infection control, learning disabilities, behaviour that challenges, fire awareness, medicines administration, food hygiene and first aid. Training was provided by an external training company. The deputy manager explained that staff received face to face training so that they had practical training and were able to ask questions openly.
- There was a training matrix in place which detailed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities.
- New staff completed the provider's induction training to help them adapt to their new roles. The induction completed was in accordance with the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff told us they worked well as a team and received the support they needed from their colleagues and management. Management monitored staff through supervision sessions which were documented.
- Staff we spoke with had a good understanding of people's needs. They were knowledgeable about people's individual needs and preferences and how to support people.

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

- 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 and there was no formal menu in place.

- People were encouraged to do their own shopping so that they chose what food they wanted to eat. People we spoke with told us they often cooked meals with the assistance of staff. One person told us that they regularly baked cakes and cookies and this was something they enjoyed.
- 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.
- The management team assessed and managed any risks associated with people's eating and drinking, with any specialist external advice required.
- We observed that there was a 'hydration station' in the lounge. This was an area which provided bottles of water and information about the importance of drinking water throughout the day. The deputy manager explained that this encouraged people to drink water and was positively received by people in the home. One person we spoke with told us that the 'hydration station' reminded them to drink enough water and spoke positively about it.
- We noted that the kitchen was clean. Since the last inspection, the kitchen had been renovated.
- In March 2018, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

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

- Staff helped people arrange and attend medical appointments and to access professional medical advice and treatment when they were unwell.
- People's care records included information about their medical history and the management of medical conditions including clear written protocols for staff to follow.
- Staff and management worked effectively with a range of community health and social care professionals to achieve positive outcomes for people.

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.

- Staff and management understood and promoted people's rights under the MCA and had completed MCA training.
- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which provided specific details about how people wished to be communicated with.
- Staff supported people to make their own decisions and respected their choices. People and relatives, we

spoke with confirmed this.

- People's care plans and risk assessments had been signed by people to indicate that the care had been agreed to.
- None of the people in the home were subject to DoLS and they were able to leave the home freely. We noted that on the day of the inspection, people were out for most of the day.

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

- The home was comfortable and well furnished. People spoke positively about the communal areas and their bedrooms. Communal areas in the home had been refurbished since the previous inspection and there was a homely atmosphere. People's rooms had been redecorated and they told us they had been involved with this and chosen how their room was decorated.
- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.

# 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 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 and their relatives told us staff were kind, caring and attentive. One person said, "Staff are nice to me." A relative said, "They are very caring there. There is a lovely atmosphere in the home. They always go above and beyond."
- We observed that people appeared at ease when in the presence of staff. It was evident that staff knew people well and prioritised people's needs and requests.
- There was a friendly and welcoming atmosphere in the home. Staff were respectful to people and provided them with assistance in a considerate manner. Staff were patient when communicating with people and ensured they were given time to respond to questions and encouraged to make their own decisions.
- Staff and management understood the need to promote equality and diversity through their work and consider people's protected characteristics.
- People's diverse needs were recognised and supported by staff. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected and staff were knowledgeable about these.

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

- People received the support they needed to express their wishes and be involved in decisions that affected them. Staff used their knowledge of people's individual needs to promote effective communication with each individual.
- Management had a good understanding of the external services providing independent support and advice to people about their care. They supported people to contact these services as required.
- People were involved with planning and reviewing their care. People told us they made everyday decisions and choices including when they wanted to get up and what they wanted to wear. The home supported one person to work at a local shop. This person spoke positively and enthusiastically about their job.
- Residents meetings took place monthly. There was an 'open door' policy where people were encouraged to discuss any concerns.
- Staff were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The home had policies and systems in the place that supported this practice.
- Person centred plans were in place for each person. These were titled, 'My voice, My choice' and included information about what the person liked and what was important to them. These included details of personal care guidelines, communication needs as well as their short and long term goals. These were

presented in pictorial format with the involvement of people. We noted that these also documented people's achievements and included certificates that people had been awarded.

- The home had a service user guide in place which provided important information about the home and highlighted procedures and contact numbers.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and promoted their independence. This was confirmed by relatives we spoke with. One relative told us, "They treat [my relative] with respect all the time."

- Support plans were put together with the involvement of people and were aimed at developing their independent living skills.

- During the inspection we saw that staff knocked on people's bedroom doors and waited for a response before entering.

- People's independence was supported. People told us they were encouraged to be independent and to ask for help if required.

- People's private and personal information was stored securely, and staff understood the importance of 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 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

- People received personalised care and support which reflected their individual needs and preferences.
- People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. Staff confirmed these were easily accessible to them.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.
- People and their relatives confirmed they were involved in decisions about the care provided.

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 individual communication and information needs were assessed, recorded and addressed.
- People were provided key information in a way they could understand. This included accessible information on safeguarding and raising complaints and effective use of 'display boards' on key topics within the home.
- Management produced an AIS booklet which was available to people in the hallway. This booklet was produced in an easy read format and included clear information about how people were able to obtain information from health and social care services.

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 received support to lead the lifestyle of their choice. This included help to access the local community, participate in activities and maintain valued relationships.
- People told us they spent time in ways they enjoyed, such as going to the park and the local library, shopping in town and meals out. On the day of the inspection one person went to work and other people went to the park in the morning and then bowling in the afternoon. One person told us that they were all going to play snooker in the evening.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. A complaints procedure was available in an easy to read format and information about this was displayed in the home.

- People and their relatives were clear how to raise any complaints or concerns. We noted that the home had not received any formal complaints since the last inspection.
- The complaints procedure was designed to ensure all complaints were recorded and responded to in a fair and consistent manner.

#### End of life care and support

- The home was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care were explored with them and recorded.
- Staff and management had developed a new, comprehensive plan for recording people's end-of-life care, based upon their recent experiences of supporting a person at this stage of their life.

# 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 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

- People, their relatives and staff we spoke with described a positive and inclusive culture within the home. They felt able to speak openly with management and described the registered manager and deputy manager as approachable. One member of staff told us, "They treat me well here. They treat me like part of the family. I am supported well by management. I can ring them at any time. Management are very involved and really help. They would not ask us to do something that they would not do themselves. They work with us."
- Staff spoke enthusiastically about working at the home and had a clear commitment to people's continued happiness and wellbeing and supporting people to achieve their goals.
- Staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about how they worked well together as a team and the effective lines of communication between staff.

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

- Management were aware of the importance of being open, honest and transparent in relation to the running of the home and of taking responsibility when things go wrong. We spoke with the deputy manager and he knew when he needed to report notifiable incidents to us.
- Management demonstrated a commitment to providing high quality and person-centred care that met people's needs in a timely way.

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

- Staff and management were clear what was expected of their respective roles.
- Management maintained good communication with the staff team and provider to ensure there was a shared understanding of any quality issues or new risks within the service.
- There was an organisational structure in place and staff understood their individual roles and told us that they felt supported in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their relatives spoke positively about their relationship and communication with the



registered manager, deputy manager and the overall management of the service.

- Staff felt their work efforts were appreciated by management. A staff member said, "The manager and deputy manager are approachable. I can talk to them at anytime. The support is good. They always listen to suggestions."
- Annual feedback forms were sent to people. Management analysed and addressed feedback received. The last survey was carried out in November 2018 and feedback obtained was positive.
- People had opportunities to feedback about the care provided. The service held monthly meetings with people for them to discuss running of the home and raise issues. People also participated in monthly key worker sessions where they discussed their care.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation.
- Where required, the service communicated with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

Continuous learning and improving care

- There were quality assurance systems and processes in place to enable management to monitor the quality and safety of people's care and make improvements where needed. This included regular audits by the deputy manager and registered manager. Staff and management also completed a number of audits and checks on key aspects of the service, including the management of people's medicines, standards of care planning and risk assessment and infection control practices.