Sutton Court Associates Limited

Homewood

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

The inspection took place on 17 January 2017 and was unannounced.

Homewood is registered to provide accommodation and care for up to six people with a learning disability, autism and other complex needs, including challenging behaviour. Some people had additional mental health needs. At the time of our inspection, the home was at full occupancy. Homewood is a large, detached, older-style property on the outskirts of Worthing town centre. It is close to public transport, a local park and the seafront. Communal areas at the service include two sitting rooms and a dining room. All rooms are of single occupancy and have en-suite facilities. Gardens surround the property.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives felt their family members were safe living at Homewood and staff had completed training on safeguarding adults at risk. People's risks were identified, assessed and managed appropriately by staff. Risk assessments contained detailed information about how staff should support people and to mitigate risks. Staffing levels were sufficient to meet people's needs and robust recruitment processes ensured new staff were safe to work at Homewood. Medicines were managed safely.

Staff received regular supervisions and attended staff meetings. New staff followed the Care Certificate, a nationally recognised qualification. Staff completed training in a range of areas and the training plan and certificates obtained by staff confirmed this. People gave their consent to specific decisions and the staff worked in line with the requirements of the Mental Capacity Act 2005 and associated legislation under Deprivation of Liberty Safeguards. People were supported to have sufficient to eat and drink and were encouraged in a healthy lifestyle. People had access to a range of healthcare professionals and services. People showed us their bedrooms, which were personalised, comfortable and homely.

People were looked after by kind and caring staff who knew them well. Relatives spoke highly of the staff who supported their family members. People and their relatives were encouraged to express their views and to be involved in making decisions about their care, treatment and support. People were treated with dignity and respect and their privacy was promoted.

Care plans provided comprehensive information about people, and their support needs, in a person-centred way. Staff had clear guidance on how to look after people in line with their preferences and choices. Care plans were written in an accessible format. People took part in a range of activities that met their individual needs and preferences, including social activities and holidays. The provider had a complaints policy in place.

People and their relatives were asked for their views about the service and the care delivered through questionnaires and surveys. Residents' meetings were held on a monthly basis. Staff were also asked for their feedback about working at the service. Results for all surveys were positive. Good management and leadership were evident throughout the service and the culture was one of openness and transparency. A range of audit systems measured and monitored the care delivered and the service overall.

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.

Relatives felt that their family members were safe living at Homewood. People's risks were identified, assessed and managed appropriately. Guidance was provided to staff on how to mitigate risks.

Staffing levels were sufficient to meet people's needs. Safe recruitment practices were in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff completed training in a range of areas. Regular staff supervision and team meetings were held.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and were encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

People had personalised their rooms, which were comfortable and homely.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and supported people in line with their preferences.

People were treated with dignity and respect and their privacy was respected.

People and their relatives were involved in decisions relating to

their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and provided staff with detailed, comprehensive information about people and their support needs.

People engaged in a range of activities which were in line with their preferences and interests.

Complaints were managed in line with the provider's policy, which was also in an accessible format.

Is the service well-led?

Good

The service was well led.

People and their relatives were asked for their views about the service. Staff were also asked for their feedback about being employed at the service. Positive results were received with regard to all surveys.

Good management and leadership of the service were evident.

Care was of a high quality and a range of audits was in place to measure and monitor the service overall.

Homewood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 January 2017 and was unannounced. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with three people living at the service and spoke with three relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We did not have in-depth conversations with people as many would have found this too distressing or challenging. We spoke with the registered manager and the home manager.

We also spoke with a social worker who visited Homewood every month to support two people living there. We have included their feedback within this report.

The service was last inspected on 5 June 2014 and there were no concerns.

Good

Is the service safe?

Our findings

Relatives felt that their family members were well looked after and safe living at Homewood. The home manager told us there had been no recent safeguarding issues. They said, "Whenever we do, I would alert [named registered manager] and tell the CQC, but we haven't had anything lately". Staff had completed training in safeguarding adults at risk and the training plan and training certificates kept within staff files confirmed this.

Risks to people were managed so they were protected and their freedom was supported and respected. Risks to people were identified, assessed and managed appropriately by staff. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We looked at risk assessments within people's care records and these were person-centred and contained detailed guidance for staff on how to mitigate risks. For example, in one care record, risk assessments had been drawn up in epileptic seizures, eating in their room, accessing the kitchen, bathing, using scissors and accessing the community. Person-centred guidelines provided staff with information on managing this person's behaviour and included, 'What is it I want to do?', 'What are the benefits of doing this?', 'What might go wrong?', 'What might happen if I don't do this?', 'Can we do something to reduce the risk?', 'How likely is it to go wrong?' and 'How serious will it be?' Each risk assessment included the level of risk and were reviewed every quarter, or as needed. Staff signed each risk assessment to confirm they had read and understood the information.

The provider was in the process of introducing 'Behavioural key charts' for people living at Homewood. These charts provided information about the person under three headings, 'Mood, target behaviour and response'. For example, under 'Mood', number 1 would be 'Calm and happy', 'Target behaviour' might be, 'Sitting quietly, interacting with staff, calm', and 'Response' might be, 'Engage in activities'. Number 2 indicated that the person was, 'Unsettled, demanding attention, refused named support, invading personal space/intimidating behaviour, rude, confrontational, antagonistic'. Number 3 was the most extreme with advice to staff on how to deal with the person's aggression with appropriate advice to staff. Accidents and incidents experienced by people were recorded and reported appropriately.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff were deployed flexibly as needed, for example, additional staff might be needed to support people individually whilst out in the community. Generally, three care staff were on duty every morning, plus the registered manager, with four care staff available every afternoon. At night, one waking night staff member was on duty and a further staff member worked until 10pm each evening. If people wanted to go out in the evening, staff were provided. We checked the staffing rotas over a four week period and staffing levels were consistent over the time examined. The home manager confirmed this saying, "Staff are consistent and people know them well".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm

their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely. Medicines were ordered, stored, administered and disposed of in line with current regulations and guidance. Medicines were locked in a trolley which was secured to a wall in a room adjacent to the registered manager's office. Medicines audits were completed weekly and a poster on display entitled, 'Medication Audit Requirements' informed staff on areas to check as part of the audit. In addition, a pharmacist from the supplying pharmacy completed annual audits. The last visit provided advice on storage of a particular medicine and that the care staff start record the outcome of any PRN medicines that were administered to people. PRN medicines are medicines that are taken as required, for example, paracetamol for pain relief. The registered manager had acted on the recommendations. Medication administration records (MAR) had been completed accurately by trained staff and showed that people had taken their medicines as prescribed.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The home manager said that training was usually organised for staff every other week. They gave examples of recent training and said, "Training is really helpful; we deliver what we have learned". We looked at training certificates and the staff training plan. These showed that staff had completed training in safeguarding, moving and handling, food hygiene, health and safety, infection control, first aid, medication, hazardous substances, dignity and respect, autism, learning disability and epilepsy. The home manager commented, "The structure of the company is good, the training they provide and the supportive system. It makes my life easier to support the service user. They [referring to the company] provide the knowledge and experience I need and opportunities for promotion in the company". All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Existing staff were encouraged to study for additional qualifications such as National Vocational Qualifications in health and social care.

Staff records showed that staff had supervision meetings during the year and in 2016, staff generally completed five supervisions, including a performance appraisal. The home manager told us, "We have amazing staff here. If there are any issues, we try and solve them. [Named registered manager] is very supportive and she's really helpful". In addition to supervision meetings, staff meetings were also held. Notes from the last meeting held on 9 January 2017 showed that the following topics had been discussed: housekeeping, professional boundaries, encouraging and reinforcing behaviour, staff appreciation, recording and paperwork. Minutes were kept of staff meetings held in January, April, May, July, August, October and November 2016. These minutes were handwritten and we suggested these be typed up for future meetings to provide a formal record and include any actions outstanding that had been discussed or needed to be brought forward to a future meeting.

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. The application procedures for this in care homes and hospitals are 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 were being met. Care records contained information relating to best interest meetings. For example, one person had a particular health condition which was being monitored by their GP. A best interest meeting had been organised for the end of January to explore the most appropriate decision for the person in relation to how their health condition should be managed. The registered manager was working closely with the liaison nurse who was experienced in managing health

conditions for people living with a learning disability. Consent had been sought from people including whether staff could enter their rooms, money management, personal hygiene and people having their own bedroom door keys. DoLS applications had been completed for everyone living at Homewood and one had been authorised to date. The rest were still awaiting the attention of the local authority.

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. People were involved in planning the menu and each person chose one main meal on one day of the week, which was cooked by staff and eaten by everyone. For example, one person always chose to have chicken, rice and peas and they always chose this as the main meal on one day per week. However, not everyone liked this choice, so options were available. A menu board on display in the dining room showed the main meal on offer on the day we inspected was pork chops, potatoes and vegetables or chicken Kiev, followed by fruit salad. Fresh fruit was readily available and a fruit bowl on the dining table, containing apples and bananas, meant that people could help themselves. People liked to help staff in the preparation of meals in the kitchen and were encouraged and supported appropriately by staff. Jugs of cold drinks were freely available for people to access. A relative said, "The food from what I hear is excellent". People's weights were monitored on a monthly basis, with their permission, No-one living at Homewood had been assessed as being at risk of malnourishment.

People were supported to maintain good health and had access to a range of healthcare professionals and services. One person's epileptic seizures were monitored and advice provided to care staff on the recording and management of their seizures. Care plans showed when people had received input from healthcare professionals such as GPs, hospital consultants, dentists, opticians, chiropodists and community nurses. A relative told us that their family member's sight was checked by a visiting optician. Care passports were in place. The aim of the care passport is to assist people with a learning disability to provide hospital staff with important information about them and their health when they are admitted to hospital. In addition to care passports, some people had health action plans in place for specific health needs. These plans described the description of the health need, the action, date to action by, a review date and the outcome. Information was held in people's care plans about any congenital health conditions and provided advice and guidance to staff on how people's health conditions affected their lives and how they should be supported.

We were invited by people to look at their bedrooms which were personalised, homely and comfortable. One person said, "My room is best. I've got a new power shower!". Two relatives told us that their family member's room was, "Always being redecorated; they just re-do it all". They added, "The appearance of the house is always lovely. They spend the money here and put money back into the home".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed staff supporting people throughout the day of our inspection and that this was done with empathy, gentle encouragement, reassurance and humour. A relative told us, "They are very good here. They are kind and they know [named family member] well. If he has to go for a check-up, they will sort it out. The staff are good and they don't change". Another relative told us about new staff who came to work at Homewood and, referring to their family member, said, "It took her time to build up trust, especially with female staff. They're very good at answering our questions. [Named family member] always looks nice and her wellbeing is their priority". A third relative said, "You want her to be loved and cared for. Hopefully they will keep this home forever!"

People's likes, dislikes and personal preferences were recorded in their care plans, including whether they should be supported by male or female staff. From our conversation with the managers, it was clear they knew people very well. The home manager said, "Despite the challenging behaviour, which is part of their condition, this is a happy home. We anticipate behaviour and we'll be pro-active".

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. Relatives told us they were fully involved in care planning, as were their family members, and participated in review meetings. One relative confirmed they were involved with their family member's care and said that they spoke every day on the telephone. They were also encouraged to visit and take their family member out. They told us, "Communication is good. [Named family member] rings me every night and we have a conversation". Another relative said, "She likes it here and she looks calm. [Named registered manager] keeps a good eye on everybody and will always get back to us if we need her to". The registered manager said, "We encourage people to take control. We explain to people the reasons behind decisions". They gave an example of storing one person's DVDs and books and how the person had been fully involved in decluttering their room.

People were treated with dignity and respect. We observed the registered manager knocked on one person's bedroom door, then waited for the person to open the door. Clear guidelines were in place to inform staff on how they should respect people's privacy and only enter people's rooms with their consent. These guidelines had been drawn up in conjunction with people. We observed that people enjoyed the company of staff, but were also given the privacy and space they needed. A relative said, "They treat her with respect. They're very supportive, which is lovely", adding that staff treated their family member in an age-appropriate manner. A social worker commented, "The clients at the service are valued and respected by staff".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way and included pictures and symbols to aid understanding. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority.

Care plans were comprehensive and contained detailed information and guidance to staff on how to support people. Background information was recorded about people, including their personal histories. People and their relatives were involved in care plans and people had signed to confirm their involvement and that they agreed with the information contained in their care plan. Care plans included information about people's morning routine and bathing, toileting needs, evening routine, communication, physical health, medication, mental health and challenging behaviour. For example, in one care plan we read about the person's evening and night routine which stated, 'I love to watch movies and then talk to the staff about the film I have seen. If staff have not seen the film, I will explain the story to them'. People and staff were involved in drawing up long-term and short-term goals which people aspired to meet. In one care plan we read the person's long-term goal was, 'To maintain good health and to manage his epilepsy seizures. To attend all his appointments with professionals'. Short-term goals were identified as, 'To maintain contact with mum, to collect his favourite DVDs, to collect his favourite books, to access the library, to access the community more'. Care plans were reviewed regularly and this care plan had been reviewed five times in 2016. Two relatives of the same person told us they were not directly involved in reviewing their family member's care plan as the person would not like it. However, the relatives said they were regularly kept up to date with their family member's care needs.

Activities were organised on an individual basis with people and in line with their needs and desires. People were encouraged to participate in community activities such as attending a day centre or college and to socialise at evening discos, clubs and sporting activities. Sometimes people went out as a group and enjoyed a picnic, a walk on the Downs or went out for tea. In September, four people went on a week's holiday together and stayed on a caravan site near Chichester, supported by staff. One person preferred to stay in their room for much of the day at Homewood. The registered manager told us, "We try and encourage him to walk in the mornings". A relative said, "The place is lovely. [Named family member] helps cooking and he lays the table. He likes to help". The home manager said, "People see us as family. Meeting their needs is the most important thing. We plan holidays and activities with them". Individual life plans recorded the activities that people had participated in on a daily basis and whether the activity had been completed, declined or cancelled. The registered manager told us about the various activities that had happened throughout the year which included a Christmas party. The provider had hired a hall at a local leisure centre and the party involved everyone, staff and people who lived at Homewood and from the provider's other services. People enjoyed an annual summer event. For example, a picnic was held which had the Olympics as the theme. People participated in sporting activities including football, tennis, running and hoopla. The registered manager said, "It's nice and it's social and it gets people all meeting each other", as the event included people from the provider's other homes too.

Complaints were managed in line with the provider's policy, which was also provided in an accessible format. One complaint had been recorded during 2016, but this was instantly resolved by staff at the time the complaint was raised, which was more of a passing comment. Relatives spoke positively about Homewood. One relative said, "I have no complaints. Sometimes I might say, 'Can he have his hair cut?'' Another relative said they had no complaints and told us, "Because we're here so often, we talk to them [referring to staff]. They're all very approachable and give you time if you need it".

Good

Is the service well-led?

Our findings

The provider's Statement of Purpose stated, 'The aim of Homewood is to provide a home for people who have a learning disability and/or mental health. A home that reflects the values and aspirations of society, a home which is safe, provides support to develop and maintain independent living skills as well as providing emotional comfort and opportunities for each individual to self-actuate'. At inspection, staff demonstrated that the aims of this document had been met. People were actively involved in developing the service. Residents' meetings were held throughout the year, usually on a monthly basis. We looked at minutes of a meeting held on 22 November 2016 which showed items discussed included: the pantomime, menu choices, staff and keyworking, premises refurbishment and room cleaning. Any identified actions arising as a result of these meetings were recorded and followed-up. Minutes were hand-written and would have been easier to read in a typed format, with the use of symbols or photos, to aid the understanding of people living at Homewood. Within the minutes, it was also recorded, 'People who did not attend [residents' meeting] will be spoken to separately'.

People were asked for their feedback about the service through a 'Service users' audit' and we looked at the documents relating to this audit, which stated, 'The service users were supported to complete individual questionnaires. Some service users were able to voice their opinion with no problems and others were able to answer some of the questions, but not all. Staff completed some of the questions as they know and understand the person well'. Where possible people had signed their feedback forms to confirm their involvement. Service users' audits were completed in an accessible format with the use of Makaton symbols. Makaton is a system which uses symbols as an accessible communication tool. People were asked for their views about what they liked, the staff, their rooms and the food. We read that one person wanted a new duvet cover, so two new duvet covers were purchased.

Families were asked for their views about Homewood through 'consumer surveys'. Results were positive. One relative commented, 'I would like to thank everybody involved in [named family member] care, sometimes under certain difficulties!' Other comments from relatives included, 'Staff make me feel very welcome when I visit' and 'Very pleased that [named family member] had a holiday this year. He was very excited by it and by what he told me, had a great time'. The registered manager said, "We're open and transparent. We have a good relationship with family members and they can always talk to us. We have a good staff team. Service users are individuals and are treated as individuals". The service demonstrated good management and leadership in all aspects. The registered manager said, "I'd like to think I've got a good balance 90% of the time. I start here in the morning and always have a handover with [named home manager]". A social worker told us, "The managers are very approachable and communication with the service is very good".

Staff at Homewood, and the provider's other services, were asked for their feedback through an 'Employee satisfaction survey' in March 2016. Out of 76 surveys sent out, 25 were completed and returned. Staff were asked about their overall satisfaction in their employment, training, workplace, stress and management. Eighty-four percent of responses indicated that staff were either very satisfied or satisfied overall.

The service demonstrated that high quality care was delivered. The registered manager commented, "We're all individual homes, but we try and be consistent with paperwork". The home manager said, "Our ethos is about living as a family". Detailed audits were in place which measured and monitored the care delivered and the service overall. Audits included fire risk, protection and alarm checks, portable appliance testing, gas and electricity safety, health and safety, water checks, infection control, environment checks, people's risk assessments (at least three times a year), safeguarding, staff files and supervision. Accidents and incidents were monitored to establish whether there were any emerging trends or patterns. The registered manager told us, "I love my job" and explained how much they enjoyed going out with people and that this was important, to get to know people well, as they wrote people's care and support plans.