

# Enable Care & Home Support Limited

## Sutton Court Lodge

### Inspection report

2 Chesterfield Road  
Brimington  
Chesterfield  
Derbyshire  
S43 1AD

Tel: 01246275703  
Website: [www.enable-group.org.uk](http://www.enable-group.org.uk)

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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

Sutton court Lodge provides accommodation for up to 7 people with a learning disability who require personal care. There were 5 people using the service at the time of our inspection.

This inspection took place on 9 March 2016.

There was a registered manager at the service. 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.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and showed that people received the care and support they were assessed as requiring. The records had also been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes. The service followed the principles of the Mental Capacity Act 2005 and had made appropriate referrals where required.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. People were able to take part in hobbies and interests of their choice.

Complaints were well managed. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner. The provider had obtained feedback about the quality of the service from people, their relatives and staff.

## 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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Recruitment procedures ensured suitable people were employed.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had sought people's consent to care and support and acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood and legal requirements had been followed.

People received the support they required to maintain their health and they were supported to see health care professionals. Staff made sure people received enough food and drink. Staff had completed sufficient relevant training to meet the needs of people using the service.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in planning their care and support.

### Is the service responsive?

Good ●

The service was responsive.

Concerns and complaints were well managed so people's concerns were addressed at an early stage. People were

encouraged to express their views and had been supported to participate in interests they enjoyed.

**Is the service well-led?**

**Good** ●

The service was well-led.

Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities

# Sutton Court Lodge

## **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 9 March 2016. It was announced with 24 hours' notice to ensure the manager and people using the service were available. The inspection was carried out by two inspectors. There were five people using the service at the time of our inspection.

We reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the provider is required to tell us about by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with four people who used the service. We also spoke with the registered manager and three support staff. During our visit, we observed care practice and general interactions between people and staff. We spoke with four relatives and three health and social care professionals by telephone following the inspection.

We looked at a range of records relating to how the service was managed. These included two people's care records, six staff recruitment and training records and the provider's quality auditing system.

# Is the service safe?

## Our findings

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said "I'm safe here" and a relative also said "They're very safe".

There were clear procedures in place, for staff to follow in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training, and had access to the provider's policies and procedures for further guidance. Records we saw confirmed training was up to date. The provider therefore minimised the risk of abuse occurring and ensured people were safe.

We found people were involved in planning their care, including risk assessments, as far as possible and were encouraged to be independent. Plans and risk assessments were clear and we found these were being followed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed annually or more frequently if required to ensure the information was up to date and reflected current needs. They included taking positive risks; for example, guidance on participating in swimming and bathing safely enabled people to maintain their skills, hobbies and independence. We observed people being encouraged to be independent, for example, staff offered guidance on preparing drinks safely.

When people's needs changed we saw that their care plans and risk assessments had been changed accordingly. Records confirmed that prompt action was taken where a change had occurred, for example, one person's psychological needs had changed and the record showed what action staff needed to take to meet their needs. This was also confirmed by all the external health professionals we spoke with. They told us risks were well managed, that they were contacted promptly for advice and their guidance was followed by staff. This meant people's care was provided safely.

We found medicines were managed safely. People who were able to tell us said they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed. Staff also knew what to do if an error was made and we saw these were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. All the staff we spoke with also told us staffing numbers were adequate to meet people's needs. We looked at rotas for the period 8 February 2016 to 8

March 2016. This showed us there were two support staff available during the day and one at night. Where any absences were identified, the rota showed that cover was usually obtained from within the existing staff group. We found all shifts had been covered, and rotas were flexible to increase staffing where people had health appointments or activities outside of the home. Our observations during the day confirmed people received assistance in a timely manner. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were cared for by staff who were suitable for the role.

# Is the service effective?

## Our findings

People were supported to make choices and asked for their consent to care and support whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed by the person if they were able to do so, dated and their purpose was clear.

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). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this.

We checked whether the service was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. There was a decision making profile for each person and we saw specific decisions recorded, for example, in relation to managing money. We also found relatives had been asked to contribute to assessments. They confirmed they had been actively involved in the best interest decision making process. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

Information supplied by the provider stated that DoLS applications had been made for all five people using the service but the outcomes were not yet known. Records we saw confirmed this.

People and their relatives told us they liked the staff and felt well supported. One person said of the staff "They help me" and a relative told us "They're fantastic, I couldn't fault them."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. A staff member told us, "I can raise anything and the manager will deal with it". Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. We saw staff encouraged people in household tasks and communicated with them effectively. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service.

Training records showed most staff were up to date with health and safety training and they identified which staff needed refresher training. Records confirmed training for specific needs such as dementia, mental



health awareness and epilepsy had occurred in the last two years. Staff were able to provide effective care based on the support and training they received.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health needs were met. One relative told us they were "Very pleased" about the way their relative's health needs were met. Another said they thought the person had improved as a result of using the service and had "Really come on with her talking and is more confident."

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included opticians, chiropodists and specialist nurses. This was confirmed by an external health professional we spoke with. They told us the staff and registered manager were very receptive to guidance to ensure people's health needs were met. We were confident that people's health care needs were addressed effectively.

People were supported to eat healthily and all could eat independently. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said it was "Good" and another told us "I like the meals." We saw one person was involved in writing up the daily menus on a board in the dining area and that pictures were used to show what meals were like.

Staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain.

People's records showed relevant information and advice was available in relation to dietary needs and healthy eating. People were weighed monthly and any fluctuations in weight were monitored. We discussed meals with the manager and she told us that healthy options were encouraged, including watching portion sizes. People's dietary needs were met and this enabled them to maintain a healthy lifestyle.

## Is the service caring?

### Our findings

People told us staff were caring. One person said "I love living here" and another said "It's alright here". A relative told us they were always made to feel welcome and said "We are never made to feel like we shouldn't be there". Another told us "Staff are lovely, they are really, really good."

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. People were listened to and were comfortable with staff. We saw staff sat with people and engaged them in conversation and encouraged them in their interests.

External professionals also confirmed that people were supported by caring staff. One described the service as "Very caring." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. We saw staff always knocked on doors before entering and maintained eye contact when conversing with people. Staff were able to give us examples of respecting dignity and choice. For example, they explained how they would ensure the person was covered up and in private before delivering personal care. People were asked before tasks were completed e.g. moving around the building and during leisure activities. People's care was therefore provided in a dignified manner.

We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. One person told us "I'm having my room the colour I want."

People and their relatives were involved in their care planning. A relative told us "We're told everything", and they were "Really pleased", with the progress made. We observed that people were given clear explanations about care plans and that they were asked for their opinions about the support they received. We saw people were able to express their views and they were listened to.

Staff gave us examples of promoting independence, for example, enabling people to undertake specific cleaning tasks round the home.

We observed people were offered choices in their daily routines. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures and examples of food options to help people decide what they wanted. They also said people had time alone, as appropriate, when they wished. When people refused options, such as joining in an activity, their choice was respected.

Records we saw showed reviews of people's care involved family and people important to the person. Where people had capacity to do so, they had signed their care plan. Care planning was therefore inclusive and took account of people's views and opinions. The provider ensured people and their families were actively involved in planning care and support.

# Is the service responsive?

## Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked knitting and another said they enjoyed going on shopping trips. We saw people engaged in hobbies of their choice. Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and opportunities that were more personal to them.

Staff told us that people undertook the following activities, attending discos, cinema, sports activities, some religious events, outings to the pub and being assisted to go out with their families. We saw people participated in hobbies of their choosing such as music, attending day centres and trips out to places of interest.

Staff told us they worked with the person to establish what their needs and preferences were and that they were included in review of care and support plans. Staff told us they tried to be responsive to people's needs. One staff member told us "We're here to support people" and said they were able to encourage people's independence. For example, one person enjoyed privacy in their room when they wanted and staff respected this. Our observation during the inspection confirmed this. Staff understood people's personal preferences for their care and daily living routines and these were also recorded in people's individual care plans. For example, preferred times for rising and going to bed and preferred personal clothing. An external health professional described the service as "Very responsive" and gave an example of how the service had done more than expected to ensure the best outcome for the person they were involved with.

Relatives told us that the registered manager acted on their views about the care and support their family member received. One person said "They always listen to what I have to say." They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. They spoke positively about the communication with the service and their involvement in their family member's care.

The registered manager told us they listened to people and staff. We found the service gathered feedback from staff and people via surveys and used this to identify improvements. An external health professional told us the service always acted on issues raised and provided a stable environment.

Records we saw contained detailed information about people's health, personal and social care needs. Each person had a social history outlining their lifetime events, achievements and experiences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said "I would tell the manager" and a relative said "I certainly would make a complaint but I've not needed to". Another said they were "Really happy" with the service so the need to complain had

not arisen.

We reviewed complaints that the service had received. No formal complaints had been received that required an investigation in the previous twelve months. Responses to other informal issues, such as activities and holidays, were dealt with as they were raised or discussed at meetings with people. For example, we saw meetings records showed people had had their say about a holiday and were signed by those who were able to do so. This meant people's concerns were addressed properly and appropriate action taken.

## Is the service well-led?

### Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said "All the staff are good" and a relative said "It can't see how it could be improved." They were confident any concerns would be addressed. Health and social care professionals also praised the way the service dealt with any issues and one said the manager was "Really on top of things."

We found the provider had gathered people's views on the service. Surveys had been completed in 2015. These showed people were satisfied with their support. One person had commented "I have a say." People made suggestions about the service and we saw these had been acted on, for example in the provision of activities and outings. The provider used people's comments and opinions to monitor the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the registered manager. Staff told us they received guidance and supervision from the manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said "It's useful, problems get sorted quickly" and another said "My manager is very approachable." Records confirmed supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. All the external professionals we spoke with praised the registered manager describing them as approachable and receptive to suggestions.

There was a staff team in place to support the registered manager, including senior care staff. The registered manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission.

The registered manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as shops and places of worship. They also maintained professional contacts with relevant agencies such as social services and local medical centres. They told us they were trying to improve the service in order to meet people's needs and aspirations. They told us the provider was striving to promote a positive culture that was inclusive and empowering. For example, an external member of staff was appointed with responsibility for enabling people to be involved in a forum to express their views and make suggestions for improvements. The registered manager told us people at Sutton Court Lodge were involved in this. Information from the provider stated there was a plan to improve fabric of the building was due to be developed. The provider was therefore proactive in improving the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us regular visits were undertaken by an external manager and that a range of audits were undertaken in the home. They also told us daily and monthly checks were undertaken on the operation of the service, for example of finance and any accidents. We saw

the audits were thorough and up to date and identified any actions required. Where an issue had been identified, we saw it had been addressed; for example, medication errors were analysed and plans put in place to minimise the risk of a repeat incident. We saw regular checks of the safety of the building were undertaken, for example, electrical safety had been checked in January 2015 and electrical appliances equipment in October 2015. The provider had systems in place to ensure the service operated safely.