

Sutton Court Homes Ltd

# Sutton Court Nursing Home Limited - 19 Stone Lane

## Inspection report

19 Stone Lane  
Worthing  
West Sussex  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sutton Court Nursing Home Limited -19 Stone Lane is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to six people; at the time of inspection six people were living at the service.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible in their best interests; the policies and systems in the service did not support this practice.

People's risk assessments did not always contain adequate information to provide staff with guidance to mitigate risks and these were not regularly reviewed. We have made a recommendation about the need to ensure risk assessment systems are person-centred, proportionate and consider the least restrictive option to ensure people's freedom, choice and control.

Governance systems did not ensure people were always kept safe or that they received a high quality of care and support in line with their individual needs. Monitoring and assessments in relation to health and safety were not always undertaken.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

The model of care and setting did not always maximise people's choice, control and independence. Not everyone was being supported in a way that enabled them to have choice and control in their daily lives, for example, the kitchen was kept locked to keep people safe, and staff held the key. This practice did not support people's rights. The registered manager has since taken action to ensure access to the kitchen was risk assessed and people were not restricted. Managers had undertaken recent positive behaviour support training and were working with staff to develop their skills to actively support people's strengths and choice.

### Right care:

Care was not always person-centred and did not always promote people's dignity, privacy and human rights. There were some shortfalls in support and risk plans which did not always focus on people's

aspirations or goals. This meant people's quality of life had not always been considered. People were supported by staff who knew them well and who had received suitable induction and training. People were supported to be involved in their care.

#### Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services lead confident, inclusive and empowered lives. People were not always supported by managers and staff who understood best practice in relation to supporting people with a learning disability and autistic people. The leadership of the service was in the process of updating their knowledge. Staff felt valued and empowered to suggest improvements and question poor practice. Governance systems were in the process of being reviewed to ensure they identified shortfalls.

People told us they felt safe. The provider had recently reviewed their safeguarding policy which meant incidents were being managed safely. People were receiving medicines in line with the prescriber's instructions. People were supported by staff who had received suitable induction and training.

People were supported by staff who knew them well and were supported to eat a healthy balanced diet. People had access to health care and were encouraged to lead healthy lives. Relatives were positive and told us about the links they had with the managers and how they were consistently involved in decisions affecting their loved ones support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27 November 2018).

#### Why we inspected

This inspection was prompted in part due to concerns about people's safety we identified in another of the provider's locations. We inspected in order to provide assurance people were safe and to check the service was applying the principles of Right support, right care, right culture.

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

We have found evidence the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. Following the inspection, the provider had taken some actions to mitigate the risks. This is an ongoing process.

Ratings from previous comprehensive inspections for those key questions not inspected were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutton Court Nursing Home Limited- 19 Stone Lane on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the need for consent and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sutton Court Nursing Home Limited - 19 Stone Lane

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sutton Court Nursing Home Limited- 19 Stone Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager covers some other services for the provider, Sutton Court Nursing Home also has a home manager who works exclusively at the service, providing day to day management.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the home manager and care workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management

- Risks were not always assessed and managed safely.
- Risk assessments did not always contain adequate information to provide staff with guidance to mitigate risks. For example, a risk assessment detailed activities a person enjoyed outside of their home and the number of staff required to support them safely to manage situations where they may become distressed. Staff told us they were aware of specific risks for people; however, the assessments did not provide details or guidance as to what actions staff members should take to ensure people were supported safely. This lack of guidance increased the potential risk of harm to both people and staff.
- One person told us about activities they enjoyed, "I like to ride my bike in the park, I do it all the time." Records had included the need for staff to supervise this activity, but risks associated with this activity had not been formally considered, which resulted in increased potential risk of harm. We saw no evidence people had been harmed.
- People were supported by staff who knew them well, however risk assessments did not provide adequate information and as a result this increased the risk of people not receiving safe support.
- Risk assessments were not always available to staff or subject to regular review. The registered manager provided a copy of a risk assessment which had been archived. This assessment was described as, "Guidelines when accessing the community" and was dated October 2019. This assessment had not been reviewed and consequently any changes in the person's needs had not always been considered. This meant the person may have been subject to disproportionate restrictions which resulted in staff not considering opportunities for the person to develop positive risk-taking strategies.
- Following inspection, the registered manager told us, "We have reviewed and updated the risk assessment for [the person] when out in the community." They have also provided assurances archived risk assessments and support plans were in the process of being reviewed and made available to staff.

We recommend the provider ensures risk assessment systems are person-centred, proportionate and consider the least restrictive option to support people's freedom, choice and control.

- Risks in the premises had not always been assessed. An inspection of another of the providers locations had previously identified the lack of environmental risk assessments. Similar risks were identified at this service. Radiators were not thermostatically controlled and had not been risk assessed as to whether they required covers to keep people safe. We did not see evidence people had been harmed, however the lack of management systems had failed to consider risks the environment posed to people. This is an area that requires improvement.
- Risks associated with fire were being managed effectively. Regular fire drills took place and included



testing the evacuation plans and logging response times. As a result, people and staff had opportunities to work through plans to prepare them should they be needed in the event of an emergency.

#### Using medicines safely

- Medicines were not always being managed safely in line with good practice guidance. Some people had been prescribed medicines to be taken when required (PRN) on occasions when they were distressed. People did not have records of PRN protocols. Without this guidance, people may not receive their PRN medicines consistently
- The home manager shared examples of strategies staff, who knew people well, deployed before offering PRN medicines which included distraction and redirection techniques. Records relating to this key information were not available. They told us, "Previous versions of care plans had all this information written in them and as part of the review they needed to ensure that detail came into the new ones". This lack of information increased the potential risk of people not receiving medicines consistently in line with prescriber's instruction. This is an area that requires improvement.
- The registered manager provided assurances of actions they had taken following inspection, and told us, "PRN protocols have been reviewed and updated." They provided assurance the protocols were available to staff.
- Staff had detailed knowledge about the impact people's lifestyle choices may have on certain medicines and were clear about the need for regular health monitoring and review with the prescribing practitioner.
- Medicine records were completed consistently and there were systems in place to monitor, record and check people received their medicines safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent.
- We observed a staff member safely administering medicines to people in a person-centred way.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place and safeguarded people from the risk of abuse. The provider had recently reviewed safeguarding procedures following concerns raised from an inspection of another of their locations.
- People told us they felt safe. One person said, "I feel safe. People help me."
- Incidents were being reported and managed effectively. The registered manager had completed a review of reporting systems and processes and had implemented changes which ensured actions were completed and lessons learnt were recorded.
- The registered manager described an allegation they had managed, and the lessons learnt. They were able to demonstrate their fact-finding processes which identified a potential fault with some equipment. Action was taken to replace this equipment; however, this had not been clearly documented at the time. The registered manager said, "What I would do now is to record this as an incident review and go into more detail in [the person's] notes."
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. They could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. Their knowledge was monitored through discussion in team meetings.
- The provider and registered manager were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.

#### Staffing and recruitment

- The provider had a recruitment process to ensure staff recruited were suitable to work with people they supported. Appropriate pre-employment checks were completed.
- The registered manager told us prior to the Covid-19 pandemic people had been involved in staff

recruitment and how they had joined interviews.

- There were sufficient staff to safely meet people's needs. Staff were allocated on the rota according to people's needs. People were living with complex needs and required support from staff who had the relevant skills and training and who knew them well. On occasions through the day, this could be on a one-to-one basis and sometimes two to one, based on people's assessed needs. We observed people to be relaxed in the company of staff who demonstrated their understanding of people's individual needs by how they interacted with people.
- Staff had received training in safety systems and processes. Staff we spoke with showed a good understanding of safeguarding and one staff member detailed the fire safety processes in operation in the service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider had a system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Consent to care and treatment had not always been sought in line with law and guidance. Staff controlled access to the kitchen, people were restricted from accessing this room without the supervision of staff. We checked on this to understand the impact this had on people's freedom to access snacks and drinks. Some people had been assessed as requiring staff support to access the kitchen safely and this had resulted in the practice of locking the kitchen and staff holding the key. This meant all people living at the service were subject to this restriction. This had not been formally assessed or considered in line with the requirements of the Mental Capacity Act 2005 (MCA). People lacked capacity to make this decision independently or to understand why the kitchen door was locked. The registered manager could not be assured this was in their best interests or as least restrictive as possible.
- The registered manager and home manager confirmed this practice had been in place for many years because of risks to some people. They confirmed this had not been considered within best interest discussions which would have assessed whether this practice was the least restrictive option to keep people safe.
- Records of Mental Capacity Assessments and resulting DoLS had not included consideration of the practice of locking the kitchen door. This practice had not been reviewed and had impacted on people's freedom to access the kitchen.
- One person told us, "I make tea in the kitchen." We observed staff supporting people to cook in the kitchen. The service had missed opportunities to promote person-centred, supportive practice as a result of

restrictions and potentially limited people's progress with life skills.

- Some people were subject to further restrictions which had not been formally considered within DoLS. Examples included, an audible monitor in person's room and access to bathing facilities without staff support.

The provider's processes and working practices did not ensure consent had been obtained in line with legislative guidance. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager and home manager took immediate action to address this practice and informed us, they had, "Completed risk assessments for those individuals who need support in the kitchen. We are no longer locking the kitchen door." They provided assurance they would complete mental capacity assessments and ensure consent was obtained lawfully and in people's best interests.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had care and support plans which did not always clearly reflect their needs and aspirations. People did not have communication or sensory assessments. Understanding people's communication and/or sensory needs is fundamental to planning and delivering good quality person-centred care. The provider had not considered how this impacted on people who might be experiencing emotional distress.
- One staff member told us how they supported a person when they were upset, "They like to go for a walk with staff". Records noted a different approach and suggested some safety concerns should the person go out whilst being upset. It was evident the person's communication or sensory needs had not been assessed and as a result there was an increased risk of the person not receiving consistent support when emotionally distressed.
- Staff did not consistently display respectful language. One staff used the term, "kicking off" when describing a person who had become emotionally distressed. Then went on to talk about the person with genuine regards, demonstrating an understanding of them as an individual.
- CQC would expect providers of services for people with a learning disability and autistic people to demonstrate how they are complying with the principles of right support, right care, right culture guidance.
- Support plans did not always focus on people's strengths and aspirations. Records did not provide relevant information for staff; this increased the risk of people not receiving consistent support to promote strategies to enhance their independence.
- Managers had not fully considered people's strengths or focused on what they could do, to ensure they provided opportunities for people to have a fulfilling and meaningful everyday life. This is an area that requires improvement.

The registered manager told us recent Positive Behaviour Support training (PBS) had identified the need to actively support people to promote strategies to enhance independence and spoke of their plans to cascade this training to staff. They said, "Already this [PBS training] is having an impact on how we record and monitor language in the home, as well as how we are best able to support and supervise staff practice."

- People were supported by a consistent staff team. One person told us, "Staff are alright." People told us about activities staff supported them with, which included cycling, go carts and music.
- Staff knew people well and we observed them supporting people who were involved with meal and snack preparation.
- Staff mostly had the training and support they needed to be effective in their roles. Records confirmed training had been provided. Staff confirmed recent work on PBS training was in the process of being shared

with them.

- People's relatives told us staff were skilled and experienced. Their comments included, "They look after the person (not just the condition). Overall, I'm happy with how [person is] looked after," And "The staff deal with their epilepsy very well they don't panic." Staff understood people's health conditions and records were detailed and provided guidance which ensured people received consistent support with health needs.
- There were effective systems for inducting new staff. One staff member described how they had been given time to get to know people through observation and shadowing experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to eat and drink a healthy balanced diet. We observed people being supported to participate in preparation of a variety of snacks and drinks.
- Some people had complex needs which required careful planning to ensure their nutritional needs were met. There were clear and detailed guidelines for staff in how to offer options that were suitable for people's needs, in a way which enabled them to make choices and be in control. There were posters in the kitchen area, staff used them as prompts to support people with choices about food and portion sizes. This meant people were effectively supported to manage complex nutritional needs.
- People were encouraged to make healthy choices and planned activities included opportunities for physical exercise and were supported to access the health care services they needed. The home manager told us how work with healthcare professionals had resulted in changes to a person's diet which had a positive impact on their levels of anxiety.
- People were supported by staff who were consistent in their understanding of specific health conditions. Records relating to health conditions were detailed and provided staff and people with clear guidance on actions to take in the event of an emergency.
- Relatives gave positive feedback about how they had been supported to be involved in healthcare appointments. One said, "They had arranged to meet [person] and staff at a healthcare appointment". They went on to say, "If I have any concerns, they address it [the home manager] gets onto it."

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

- People were supported to personalise their rooms this included choices about the decoration.
- People were relaxed in the service and spent time in communal areas and their rooms. One person told us how much they enjoyed doing their washing and helping with washing up.
- A staff member told us how they were working with people to develop their interest in gardening.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Governance processes did not always keep people safe, protect their human rights and provide good quality care and support. For example, information about people's care and support needs, including risk assessments, had not all been kept current or transferred to the electronic planning system.
- The provider had failed to ensure people's communication and sensory needs had been fully assessed. This meant staff did not have clear guidance and information about strategies to support the person when they were distressed.
- Recent inspections at some of the providers other locations had identified governance and oversight shortfalls and the provider was in the process of reviewing risks across their locations. It was evident from this inspection the provider and registered manager had begun to implement changes to systems and processes.
- The registered manager spoke of actions they were taking, "We have engaged a consultant to provide an online system for auditing, based on the KLOE's as part of our quality assurance system." These changes were not yet embedded in the service.
- Shortfalls remained in the management and oversight of people's care and support. For example, some risk assessments for people relating to risks around going out had not been recently reviewed. We spoke with the registered manager who told us, "There had not been any incidents since this person had lived in the service". The failure to review this meant the registered manager could not be assured risk reduction measures in place were necessary, person-centred or proportionate.
- Leaders did not demonstrate they had the knowledge and skills to identify people were not receiving support in line with current good practice guidance. This shortfall resulted in unauthorised restrictive practices continuing. For example, people were unable to access the kitchen when they wished, which had been intended to keep them safe, but had not been considered within MCA, Best Interest discussions or DoLS referrals. It was not evident the registered manager had effectively mitigated individual risks to people or considered other least restrictive options.
- The provider had failed to keep the culture of the service under review to ensure people were supported in line with the principles of right support, right care, right culture. They could not be assured people were supported in a person-centred culture with a focus on continuous learning and improvement.

The provider had failed to establish adequate systems and processes to assess and improve the quality and

safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider and registered manager responded during and after inspection and provided assurance of the actions, they were taking to address governance shortfalls.

- People were relaxed in the presence of the home manager and the registered manager. From observations on the day, it was clear the managers knew people well and took the time to engage them in activities and conversations.
- Relatives were consistently positive about the registered manager and home manager. One said, "I can contact them anytime, staff understand [person's] needs and they've got procedures in hand."
- Staff described the home manager as being, "A good manager, always encouraging me to learn more". They told us how the registered manager and home manager were approachable and provided support when needed.
- Team spirit throughout the work force was good and staff were positive about recent training opportunities and how this would enhance their skills to support people.

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

- The provider and registered manager promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour.
- Relatives were confident the home manager and staff would ensure they would be made aware if something went wrong.

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

- People were involved in the service. Staff completed regular house meetings with people where activities and ideas were discussed.
- Staff encouraged people to be involved in the development of the service. Staff told us about how they were working with people on a plan to develop the garden and how they shared ideas and knowledge in team meetings.
- Relatives were positive and told us about the links they had with the managers and how they were consistently involved in decisions affecting their loved one's support.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider's processes and working practices did not ensure consent had been obtained in line with legislative guidance
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks.