Sutton Court Nursing Homes Limited

Sutton Court Nursing Home Limited - 19 Stone Lane

Inspection report

19 Stone Lane
Worthing
West Sussex
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Tel: 01903693453

Date of inspection visit:
11 March 2016

Date of publication:
06 April 2016

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 11 March 2016 and was announced.

Sutton Court Nursing Home Limited – 19 Stone Lane, is registered to provide accommodation and personal care for up to six adults with a learning disability, autism and/or mental health needs. At the time of our inspection, five people were living at the home, within an age range of 27 – 40 years. The home is situated in a residential area close to public transport and local shops. Communal areas include a sitting room, kitchen with dining area off and a games room with access to electronic games, exercise equipment and sensory lights. Each person has their own bedroom. People have access to a large rear garden, a trampoline and summer house.

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.

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse was taking place. People's risks were identified, assessed and managed appropriately and risk assessments or 'guidelines' were drawn up in a person-centred way. There were sufficient numbers of staff on duty to meet people's needs and safe recruitment practices were followed. People's medicines were managed safely. An upstairs shower room was in need of a deep clean and the registered manager made arrangements for this to be done. A new shower door was ordered.

Staff were trained in a range of areas and all training was up to date and current. New staff followed a period of induction and completed the Care Certificate, a universally recognised qualification. Staff received regular supervisions from their manager and were encouraged to participate in additional training and qualifications. Staff meetings were held and a recent meeting included refresher training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff understood the requirements of this legislation and put what they had learned into practice. People had sufficient to eat and drink and were encouraged to maintain a balanced diet. They had access to a range of healthcare services and professionals. People's rooms were personalised to reflect their personal tastes.

People were looked after by kind and caring staff and warm, friendly relationships had been developed. Staff understood people well, their likes and dislikes and preferences. People were encouraged to stay in touch with people that mattered to them and their spiritual needs were supported. People were encouraged to express their views and to be involved in all aspects of their care.

A wide range of activities were available to people, at the provider's day facility, at home or in the community. People chose how they would like to spend their days and were encouraged to pursue hobbies that were of interest to them. Care plans provided detailed, comprehensive information and guidance to

staff and were completed in a person-centred way. The provider had a complaints policy in place and complaints were managed appropriately.

People and their relatives were asked for their views about the service through regular meetings or through an annual questionnaire. Overall people were happy with the care provided at the home. Staff felt well supported by management and spoke highly of the registered manager. A range of audit systems was in place to monitor the quality of 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.

People were protected from avoidable harm by staff who had been trained appropriately and knew what action to take.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were followed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported to have sufficient to eat and drink and to maintain a healthy diet and they had access to a range of healthcare professionals and services.

Staff had completed mandatory training and were encouraged to take additional qualifications. Staff meetings were held at least every couple of months.

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.

Is the service caring?

Good

The service was very caring.

People were looked after by kind and caring staff, who were warm, friendly and empathic in their approach.

People were encouraged to be involved in decisions about their care and to express their views. They were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

A range of activities and opportunities were available to people and organised to meet their personal preferences.

Information in care plans was detailed, comprehensive and drawn up in a person-centred way.

Complaints were managed appropriately in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People and their relatives were asked for their views and feedback about the care provided.

Staff felt the service was well managed and spoke highly of the registered manager.

A range of systems was in place to measure the quality of care delivered and service overall.

Sutton Court Nursing Home Limited - 19 Stone Lane

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 11 March 2016 and was announced. The provider was given 48 hours' notice because this is a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection, we examined the previous inspection reports and notifications we had received. 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 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, two 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. Due to the nature of people's complex needs, we did not always ask direct questions. For some people, being asked questions by an inspector would have proved too distressing. We did, however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager and two care staff. After the inspection, we spoke with three relatives to obtain their views about the service. We also

received feedback from two social care professionals, who gave their permission for their comments to be included in this report.

The service was last inspected in April 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and staff had been trained in safeguarding adults at risk. They knew what action to take if they suspected people were being abused. One member of staff provided some examples of potential abuse such as physical, sexual or financial. They described the action they would take and said, "I would talk to the individual first to explain the situation. Then I would talk to my manager and record it". They added that the registered manager would then contact the local safeguarding authority. Further guidance was provided to staff as the local authority's adult protection policy was on display in the registered manager's office. A social care professional stated, 'In general, my views are that we have very few safeguarding alerts about Stone Lane and it seems like a very safe and caring service from a local authority point of view'.

Risks to people were managed so that they were protected and their freedom was supported and respected. A relative referred to risks and said, "I think he's absolutely safe there". They went on to explain that, because of their family member's health issues, a monitoring system was in place. They said, "[Named family member] has a monitor. He's never been rushed to hospital. The methodology has been used, tried and tested". Risks assessments or 'guidelines' were drawn up for people in a person-centred way. Each risk assessment provided information and guidance to staff on how to support people and manage their identified risks. For example, each risk assessment included the following questions, 'What is it I want to do? What are the benefits for me in doing this? What might go wrong? What might happen if I don't do this? Can we do something to reduce the risk with control measures? How likely is it to go wrong? If it goes wrong, how serious will it be?' Risk assessments were drawn up in a range of areas such as eating meals in my bedroom, walking to the shop, bathing, money management and trampolining. People were involved in reviewing their guidelines with support from staff. New staff signed each document to show they had read and understood them. A social care professional told us, 'The team leader liaised with me and other professionals closely to consider potential risks and worked with myself, the clinical team and [named service user] to minimise risks and keep people safe'.

Where people were at risk of displaying challenging behaviour, guidelines were in place for staff to recognise symptoms that might pre-empt an incident. For example, one person's care plan included the following symptoms that might lead to challenging behaviour, such as verbal and physical abuse, manic laughter, depression, insomnia or agitation. Incidents relating to challenging behaviour were recorded and monitored. When any accident or incident occurred, records confirmed that staff had taken appropriate action and sought further advice and guidance where needed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Three care staff were on duty at all times during the day, with one waking member of staff on duty at night. Night staff came on duty at 8pm, however, some care staff would stay until 9pm. Additionally, some day staff would start at 7am, with others coming on duty at 8am. This ensured staff were available to support people to get up in the morning and prepare for bed at night. All care staff worked a mixture of day and night shifts and no agency or bank staff were used. The staffing rota commencing 1 February 2016 to 21 March 2016 confirmed that staffing levels were consistent across the time examined.

Safe recruitment practices were in place. Before new staff commenced employment, checks were undertaken to ensure their suitability to work in a caring profession. Documents confirmed that checks had been completed for staff with the Disclosure and Barring Service (DBS), two satisfactory references obtained and identity checks undertaken.

People's medicines were managed so they received them safely. Staff had been trained in the administration of medicines. People chose where they wanted to take their medicines. Some came to the office and others chose to have their medicines administered by staff in the privacy of their bedrooms. Documents relating to the management of medicines identified each medicine and the reason it was prescribed. Staff had provided specimen signatures which matched with entries recorded in the Medication Administration Records (MAR). Medicines were stored in a locked and secure medicines trolley located in the registered manager's office and were ordered and disposed of safely. A medicines audit undertaken by a pharmacy had been completed recently. This recommended that the temperature of the room where the medicines were stored should be recorded. The audit also highlighted that when people were given medicines as required (PRN), the associated record should include what the outcome was for the person after the particular medicine had been administered. As a result, the registered manager had purchased a thermometer to record the temperature of the office and had implemented new PRN sheets which enabled staff to record the outcomes of medicines that were administered. People's behaviour was not controlled by the inappropriate use of medicines. When people showed signs of agitation or distress, staff had been trained to manage this by supporting people in a reassuring way and in a calming manner, so that medicine was only used as prescribed as a last resort.

Premises were generally well managed, clean and tidy. However, we observed black mould and discolouration to the grouting in the upstairs shower room and brought this to the attention of the registered manager. As a result, a new shower door was immediately ordered and the maintenance man was instructed to take remedial action, such as a deep clean or replacement of the sealant surrounding the shower tray and grouting. After the inspection, the registered manager emailed us some images which showed all necessary work had been completed.

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. New staff underwent a period of induction, were supported by other staff through work shadowing and read people's care plans. One member of staff told us, "I'm happy, I'm still learning" and another member of staff said, "I'm happy with management. They helped me a lot when I started". New staff also completed the Care Certificate, covering 15 standards of health and social care topics, which the provider had introduced. 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.

Staff completed mandatory training in safeguarding, infection control, first aid, moving and handling, food hygiene, epilepsy, health and safety and medicines. Additional training was also available in areas such as communication and relationships and positive approaches to challenging behaviour. Where needed, staff received updates to their training and had access to formal training sessions and to on-line training. The staff training plan showed that staff had completed all mandatory training as required. The registered manager said it was important, "Understanding what motivates people. I enjoy teaching staff and getting them to understand".

Staff confirmed that they received regular supervisions from their manager and discussions were recorded, with a copy signed and handed to each staff member. One new member of staff said they met monthly with the registered manager and discussed how they were feeling, work performance, training and issues relating to people living at the home. Supervisions for established staff were usually held every three months. Staff were encouraged to take additional qualifications and training. One staff member said they would like to learn more about one person's particular medical condition and said, "I like to study and know more". Another member of staff told us, "I'm happy with the team, we understand each other".

Staff meetings were held every couple of months or more, as and when needed. Records showed that staff meetings had taken place in March 2016 and two staff meetings were held in January 2016. At the last meeting, minutes showed that areas discussed were covert medicines (none administered covertly at this home), a potential new service user and refresher training on mental capacity and deprivation of liberty. Staff also had regular opportunities to meet and discuss any issues through handover meetings which were held at 8am, 2pm and 8pm daily.

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. For example, a best interest meeting had been organised for one person whose teeth had become badly decayed and needed to be taken out. The decision was explained to the person and they understood the need for dental intervention. We asked staff about their understanding of the MCA and how they put this into practice. One member of staff referred to the MCA and said it was, "The ability to make your own

decisions and choices". They explained that they supported people to make choices, even if they had difficulty in communicating, and said, "We ask if they can show us. Everyone can show or say what they want". Capacity assessments had been drawn up and copies were held in people's care records.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been completed for all five people living at the home and had yet to be authorised by the local authority. People were prevented from leaving the home independently as access through the front door could only be gained through the use of a coded keypad.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Menu meetings were held every Thursday when people could look at recipe books and plan the menu for the week ahead. People chose to have a roast lunch on Sundays and fish was usually an option every Friday. People were encouraged to be involved in meal preparation. One person made up their own salad box every day. A member of staff said, "We encourage people to help, cutting vegetables and to wear aprons". The main meal was served in the evening and the majority of people chose to eat together at a large table in the dining room. We sat with two people at lunchtime and they appeared to enjoy the lunchtime meal of meatballs on toast. People were encouraged to make healthy choices about their diets and their weight was monitored, with their permission.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records showed when people attended appointments with professionals such as their GP, dentist, psychiatrist, optician or chiropodist. People had hospital passports which provided hospital staff with important information about them and their health should they be admitted to hospital. In the Provider Information Return (PIR), the registered manager stated that people also had health assessment booklets which accompanied them to any hospital, dentist or GP appointment and were regularly updated. In addition, every person living at the home had an annual medication review with their GP.

People were encouraged to personalise their rooms and to furnish them in a way that reflected their tastes and preferences. We saw this was the case when we were shown around the home.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that staff knew people they supported extremely well and life at 19 Stone Lane reflected family values and a warm, homely environment. People were encouraged by staff to be as independent as possible and their views were sought and listened to in relation to all aspects of daily living. Staff were warm and friendly with people and provided reassurance where needed in an unobtrusive way that respected people's privacy and dignity. For example, one person became unwell during our inspection, was supported by staff in a relaxed and caring manner and accompanied to their room to have a rest. Staff told us that when they supported people with their personal care, they would ensure the door was shut.

We observed staff, including the registered manager, treated people with kindness and patience and this was especially evident where people displayed repetitive behaviour and reiterated similar comments throughout the day. The registered manager told us, "I like the interaction and homeliness of our homes and we have laughs too". A member of care staff said, "I do love it. You can learn from them and I teach them". A social care professional stated, 'From my observations [named person] developed positive relationships with all the staff and it appeared that he felt able to talk to them about things that were of concern to him'. A relative spoke positively about the staff and said, "I cannot fault the care and I make that a big 'C'". They added, "The care they give to [named family member] is fantastic and I know he is loved".

People were encouraged to stay in touch with people that mattered to them. Some people went home to visit their families regularly or went on family holidays. Parents of one person found it difficult to have a conversation when their family member visited home, as the person was reluctant to talk about what they had been doing. As a result, an arrangement was made that a weekly email would be sent to the parents outlining what their family member had done during the week. This enabled the family to have meaningful conversations with the family member about their week and the activities they had been engaged in. People's spiritual needs were recognised and supported and a member of staff told us they accompanied one person to church on Sundays.

People living at the home had a variety of complex needs and could find it difficult to adjust to new staff or a change of routine. One member of staff, who had recently taken up employment, explained how they read people's care plans in the dining area. This enabled people to accustom themselves to the presence of the new member of staff and gradually build a rapport over time and at their own pace. A relative told us, "Staff are excellent. It's a very personal thing – they refer to it as 'home' and it is".

People were supported to express their views and to be actively involved in making decisions about their care. One person regularly refused to have a bath and a member of staff said, "I try to explain, it's good for him and will keep him healthy and strong" and added that it was the person's choice whether to have a bath or not. Care staff discussed people's care plans with them and one staff member said, "We read it together". Where necessary, pictures and symbols were used to aid understanding. Care plans were also shared with families and they provided feedback. A relative told us they were involved in care planning and that they attended annual reviews with care staff and a social worker. One person enjoyed using a star chart to record

when they had done well in a particular task and a copy was on display on their bedroom wall. Staff told us that the star chart was no longer needed, but the person chose to keep it in use as they enjoyed receiving a reward every Friday.

In the PIR, the registered manager stated, 'We operate an open door policy where families and friends of our service users are welcome to visit them when they wish. Each individual has a keyworker and co-keyworker of their choosing, who work closely with each of them and build positive relationships which leads to successful and fruitful outcomes. The families are always informed as to their family member's keyworker, so that they always have a named person to discuss any issues with or just to talk to about their family member'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were encouraged to go out every day and supported by staff to pursue activities and hobbies of interest to them. A member of staff explained they were keyworker for one person and said, "I think she's happy with me. We go shopping together and we have coffee in town". People decided how they wanted to spend their days and could access a range of activities in the community. One person went horse-riding at a local centre and another person helped with mucking out the stables. Some people enjoyed swimming or other outdoor pursuits. Holidays were organised annually and people were able to go away for long weekends in a caravan, to visit a funfair or theme park or to enjoy the countryside and have a picnic. In addition, the provider had a facility locally, Sutton Smiles, which people could attend and engage in a range of interests, such as arts, crafts, cooking, sewing and watching videos. This enabled people to meet and socialise with people who lived at some of the provider's other homes. A social care professional stated, '{named person] was supported to develop his skills of independence which enabled his successful transition to his own flat'.

Care plans were drawn up in a person-centred way and focused on the individual who helped to develop their care plan in an inclusive way. Care plans were written in an accessible format, using symbols and pictures, to help people understand what was written about them. Information about people was detailed and included people's likes, dislikes and preferences. Each support plan was divided into sections, for example, physical health included information on people's teeth, eyes, ears, mobility and medication. Information and guidance was provided to staff and included the aims of each part of the support plan which were drawn up in a personalised way. For example, details were provided under headings such as, 'What my support plan will help me to do' and 'What would happen if staff did not support me in this way'. A member of staff told us, "Everyone's different. Everyone has guidelines on managing their behaviours. It's important to do things differently for different people". Care plans and risk assessments were reviewed every three months, or sooner, if changes were required and records confirmed this.

In the PIR, the registered manager stated, 'We involve all of our service users in decisions about their daily lives, i.e. daily activities, health appointments, meals, social activities. The choices made can change regularly and we promote this and record in their support plans, as well as on their individual life plans, which are completed daily. In the case where a choice made by an individual cannot be met, then we explain the reasons why, using their preferred form of communication and offer an alternative or compromise'.

The registered manager was in the process of considering admission of a new person to live at the home. They told us that it was imperative that this was planned in a way that was comfortable and unthreatening for the person and that people already living at the home, their families and staff, were involved in the transition process. Staff meeting minutes showed that staff had been involved and informed about this new potential admission.

People's experiences, concerns and complaints were listened to and managed appropriately. The complaints policy stated that any complaint would be acknowledged within three days and responded to

fully within 15 working days. If people were not happy with the outcome of their complaint, there was a three stage process whereby the complaint was investigated by the operations manager, a director and, if necessary, by an independent panel. A complaints policy was also in place that provided easy-read information for people on how to make a complaint. In addition, it was stated that people could also have access to an advocate if needed. Only one complaint had been recorded within the last year and this had been dealt with satisfactorily. One relative told us they had never had to make a complaint and added, "If I did, I will speak to [named registered manager] or [named director]. If I did have a complaint, I think it would be dealt with appropriately".

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Monthly meetings were held with people on an individual or group basis and records confirmed this. Each person was asked whether they enjoyed living at the home and whether they wanted to make any changes. People were also asked for their feedback about the home and were supported to complete an annual questionnaire in an accessible format, with their keyworker. In addition to asking whether people were happy or had any ideas for changes, they were asked for their feedback about daytime activities, food and mealtimes. One person had asked for a new bed which was subsequently bought. Another person wanted a beanbag and was offered one from the games room. Families were also asked for their views and results were available from the last questionnaire which was sent out in November 2015. All families said they were happy with the home and service provided. One family had asked for a copy of the provider's statement of purpose and the service user guide, which had been sent to them. A relative told us that the registered manager took note of people's physical appearance. They had asked for their family member to take extra vitamin D and arrangements were made accordingly. When asked whether they felt the home was well-managed, they said, "There's a great deal of conscientiousness there". They added, "[Named director] has a real positive ethos and it permeates down; they all sing from the same hymn book'. The registered manager said, "We have good relationships with families. We couldn't do our job as well without input from the families". The commitment and dedication of the registered manager were evident and she was a positive role model for the staff. She told us that she often popped in on a Saturday, when she was not due to work, and had lunch with people and chatted with relatives.

The service demonstrated good management and leadership. Staff confirmed that they felt the home was well managed and they were supported by management. One member of staff told us, "We know them all so well [referring to people] and the registered manager really cares". A whistleblowing policy was in place and staff were supported to question practice if they had any concerns. When asked what they thought were the vision and values of the home were, the registered manager felt this was about being, "Homely, person-centred" and that it was about people, first and foremost. They added, "They come first. The emphasis is always on clients. We are visitors in their home". They added, "From the director down, we all have a good relationship with the staff. Staff can ring me anytime". A social care professional stated, 'I have a great deal of respect for their manager and believe she is a very efficient and effective leader, who invests a lot of herself in managing her homes well'. The registered manager explained her way of managing and said, "It's gentle teaching, gentle intervention – client led, not task led". They went on to say, "I love my job. Every day's different and brings challenges; if I can reach a solution, that's satisfying".

A range of systems was in place to measure the quality of care provided. Care records were updated and retyped recently and previous versions were archived if over a year old. Contents were checked to see that information was relevant and up to date. Medicines were audited and a leading pharmacy had completed an audit in March 2016. Water temperatures in bathrooms were checked and cleaning rotas were in place. Staff files were checked to ensure all relevant documents and paperwork were present; staff training was also monitored to ensure staff had completed and updated all relevant training. Incidents and accidents were analysed and any patterns or trends identified. Staff assisted with auditing and monitoring and had

additional responsibilities allocated to them, for example, medicines checks, people's finances, health appointments, staff supervisions, staff rotas and daily records checks.