Sutton Court Nursing Homes Limited

56 Stone Lane

Inspection report

56 Stone Lane
Worthing
West Sussex
BN13 2BQ

Tel: 07810598843

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19 April 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 April 2017 and was unannounced.

56 Stone Lane is registered to provide accommodation and care for up to three people with a learning disability and/or complex needs. The home is a detached, chalet bungalow and is situated in a residential area, with good transport links to Worthing town centre. Communal areas include a kitchen, dining room with adjacent conservatory, sitting room and quiet room. All rooms are of single occupancy and have en-suite facilities. People have access to a large rear garden and patio area.

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.

People lived safely at 56 Stone Lane. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns relating to people's welfare. People's risks were identified, assessed and managed safely. Risk assessments provided clear guidance to staff on how to support people. Staffing levels were sufficient to meet people's needs, when they were at home or out in the community. Safe recruitment practices were in place. Medicines were managed safely.

Staff had completed training in a range of areas considered essential to enable them to carry out their job effectively. New staff studied for the Care Certificate, a universally recognised qualification. Staff were encouraged to study for qualifications, including diplomas in health and social care. Staff had also been trained in communication techniques, including Makaton and Picture Exchange Communication System, to enable them to communicate with people who had little or no verbal communication. Staff received supervision every two months and staff meetings were organised. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005 and associated legislation. Staff had been trained in this area and understood their responsibilities. People had sufficient to eat and drink and had ready access to a range of healthcare professionals and services.

People were supported by kind and caring staff who knew them well. People were treated as equals and they were encouraged to be involved in all aspects of their care. They were treated with dignity and respect.

Care plans provided detailed advice and guidance to staff on people's care and support needs. Short and long-term goals were in place for people to strive for and staff supported them in achieving their goals. Activities were structured in a way that reflected people's choices. A complaints policy was in place. No complaints had been recorded since the service opened in 2016.

The service was well led and staff felt supported by management. People were involved in developing the service and their views were sought through residents' meetings and questionnaires. A range of systems

was in place to measure and 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.

Staff had been trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified, assessed and managed appropriately, with clear guidance for staff on mitigating risk.

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

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed training in a range of areas. They had regular supervision meetings with their line manager. Staff meetings were held.

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

People had sufficient to eat and drink and had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Positive, caring relationships were evident between people and staff.

People were encouraged to express their views and to be involved in all aspects of their care. They were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were written in an accessible format and provided detailed advice and guidance to staff on people's care and support needs.

Activities were planned in a structured way in line with people's preferences.

No complaints had been received since the home opened.

Is the service well-led?

Good

The service was well led.

People were involved in developing the service and their feedback was listened to.

Staff felt supported by management.

A range of systems was in place to audit various aspects of the home and service delivered.

56 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 19 April 2017 and was unannounced. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included 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 two care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service.

On the day of our inspection, we met with two people living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the trainee home manager, the co-ordinator and a care assistant. We also spoke with a social worker who was visiting the service at the time of our inspection. After the inspection, we received feedback from a healthcare professional. Both professionals have given their permission for their quotes to be included in this inspection report.

This is the first inspection since the service registered with the Commission in May 2016.

Good

Is the service safe?

Our findings

Whilst people were unable to communicate with us directly as to whether they felt safe living at 56 Stone Lane, our observations showed they were in safe hands. We asked staff what they would do if they had concerns about people's wellbeing or might have reason to suspect they were at risk of abuse. One staff member said, "I would speak to the manager, write an incident report and record on a body plan". They added they felt confident any incidents would be reported to the local authority as needed. This staff member had completed training in safeguarding adults at risk and gave examples of two types of abuse, "Physical and mental". The trainee home manager was clear when asked about their understanding of safeguarding. They told us, "It's about putting things in place to keep people safe and reducing their risks without restricting their lives". They named types of abuse such as, "Physical, mental, emotional and there's financial abuse as well". A social care professional, when asked if they felt people were safe living at 56 Stone Lane said, "Yes, absolutely".

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. We looked at the risk assessments contained within people's care records; these assessments were reviewed every three months. Risk assessments were drawn up in a person-centred way. For example, one assessment asked, 'What it is I want to do? What are the benefits of doing this? What might go wrong? What might happen if I don't do this? Can we do something to reduce the risk? With control measures, how likely is it to go wrong? If it goes wrong, how serious will it be?' Risks were assessed on a scale of 1-10. Guidance for staff was provided under headings such as, 'Who will action? When will it be done by?' We read risk assessments for one person which detailed risks in: accessing the kitchen safely, using their laptop safely, out in the community, time in their bedroom, remaining safe whilst in the bath, keeping their money safe, fire safety and out in the car. People were involved in reviewing their risk assessments and had signed them to confirm this.

A social care professional commented, "[Named person] has the freedom of the house and risk assessments are all in place". A healthcare professional told us, 'I believe the service is safe. They support two complex young people at present … they used mine and the social worker's previous assessments and intervention plans to guide support. There were a couple of incidents where recommendations were not followed in the initial transition stages, but the service demonstrated that they learnt from these errors and these have not been repeated. Client activities are carefully planned to prevent any incidents of aggression towards others, including the service user and members of the public'.

Accidents and incidents were recorded appropriately and any action taken as needed as a result of specific issues or concerns. Premises were managed to keep people safe. Radiators were covered to prevent the risk of burns, restrictors were placed on windows and fire extinguishers were covered.

Staffing levels were assessed based on people's needs. People had the support of one or two care staff

during the day, when at home or out in the community. At night, one waking staff member was on duty. We were told there was a two hour crossover between staff shifts, so staff finishing their shift could update incoming staff about people's care needs and support required. We checked three weeks' of staffing rotas which confirmed staffing levels were consistent over the period examined. A social care professional told us, "They provide 1:1 support for [named person] at home and 2:1 when they go out".

We looked at two staff files and saw that safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely. We looked at the storage of medicines which were kept in a locked cupboard and trolley. Staff were trained in the administration of medicines. A new member of staff explained how they were shadowing experienced staff to ensure they understood how to administer medicines safely and their competency was assessed. Weekly audits were undertaken to ensure that medicines were ordered, stored, administered and disposed of safely. A pharmacist had completed an audit in June 2017 and no issues were identified.

Good

Is the service effective?

Our findings

People received effective care from staff who had the necessary skills and knowledge to meet their needs. We looked at the training plan which showed staff had completed training in a range of areas including health and safety, moving and handling, first aid, mental capacity, safeguarding medicines, autism, infection control, food hygiene and behaviour that challenges. Staff had also completed training in Makaton, which uses symbols to communicate with people and in Picture Exchange Communication System (PECS). PECS is a way of communicating through pictures, for people with little or no ability to communicate verbally. The registered manager said, "Communication is a big thing here. We've done Makaton training and PECS". Staff were encouraged to pursue additional training such as qualifications resulting in health and social care diplomas.

All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. A new member of staff told us they were currently studying towards the Care Certificate and about their induction. They said, "A lot of it is working alongside someone at all times. I'm learning from the service users themselves. [Named person] doesn't speak, so I'm learning Makaton. She helps me". They added that they read people's care plans during their first week of employment which enabled them to find out about people and their support needs.

Staff had supervision meetings with the registered manager on a quarterly basis and records confirmed this. The trainee home manager said, "There's always someone to ask for advice and guidance". Supervision meetings enabled staff to discuss their performance and training. Annual appraisals were also completed. Staff meetings were held and the last recorded meeting was in February 2017. Topics discussed included people living at the service, staffing and handover.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A keypad was affixed on the front door of the home which prevented people from absconding or leaving the premises independently. People required constant supervision and support from staff. Both people had been assessed as meeting the requirements of DoLS and one application had been authorised by the local authority to date. Staff had completed training on MCA and DoLS. The trainee home manager explained their understanding of this and said, "I know everyone is assumed to have capacity

unless deemed not to. People should be empowered to make decisions and given all the relevant information".

People were supported to have sufficient to eat and drink. No-one living at the home was assessed as being at risk of malnourishment or dehydration. Their weight was recorded every month, with their consent. People helped to plan the weekly menu and chose what they wanted to eat. Cookery books were available so people could look at the pictures of food and help to plan the menu. Food was prepared by care staff and people were encouraged to help in the preparation of meals, with staff support. The main meal was in the evening, since people were often out during the day. Staff sat down with people and joined them in their evening meal.

People were supported to maintain good health and had access to healthcare professionals and services. Care plans recorded people's appointments with healthcare professionals such as a psychologist, occupational therapist, GP, dentist, chiropodist and optician. Female service users were offered cervical screening. Care records showed any action needed from staff following on from people's healthcare appointments. In the Provider Information Return (PIR), the registered manager had written, 'Each individual also has a Hospital Passport to accompany them should they be admitted at any time to hospital. This ensures that the hospital understand the individual complexities of the individual and how to ensure that any medical interventions are successful. They each have Health Assessment Booklets which again accompany them to any hospital, dental or GP appointments and are regularly updated'.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed staff were warm, kind and caring with people and that people enjoyed spending time in their company. A care assistant told us, "I like caring for people and knowing that people are okay. It's very rewarding. Just watching people and keeping them happy. It's nice when people do things you thought they couldn't do". They went on to give an example of having difficulty in communicating with one person, but with time and patience, they now had meaningful conversations with each other. A healthcare professional stated, 'On my review visit there were some lovely examples of interactions between my client and her carers. The service have shown a great deal of warmth towards my client and creativity in supporting her. Positivity is noted by the team in the 'small' steps/developments that she sometimes makes'.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. Throughout our inspection, we observed staff asking people what they would like to do and checking with them that they were happy. Care records showed that people gave their consent in a range of areas. For example, one person had signed to confirm their consent in receiving personal care, money management, staff entering their room and bedroom key consent. People had signed to say they had read, or had read to them, their care plans.

People were treated with dignity and respect and had the privacy they needed. One person liked to spend time in their room. Staff monitored them to ensure their safety and respected their wish to be on their own. We observed staff were polite and friendly with people and that people were treated as equals in all aspects of their care and support.

Good

Is the service responsive?

Our findings

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

Some effort had been made to provide care documentation in accessible format. The registered manager said priority would be given to expanding this further in line with the Accessible Information Standard. From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

We looked at both care plans for people living at 56 Stone Lane. Information within care plans included symbols or pictures to illustrate each person's care and support needs. For example, one care plan described the person's morning routine, toileting needs, night-time routine, communication needs, medicines, physical health and activities. The care plan provided advice to staff on what would happen if they did not support the person in line with the guidance provided and in line with people's preferences. Short and long-term goals had been set and people were aware of the goals they were working towards. For example one person's short-term goals were identified as, 'To settle into new home, to build relationships with service users and staff, to maintain family relationships, to sit at dining table to eat meal, to access swimming'. Progress was mapped with the person against these goals on a regular basis. Each person had an assigned keyworker who would get to know them well and support them to remember important events, maintain family contacts and with shopping. In the Provider Information Return (PIR), the registered manager stated, 'Each individual has a keyworker of their choosing, who work closely with each of them and build positive relationships which lead to successful and fruitful outcomes. The families are informed as to who their keyworker is so that they always have a named person to discuss any issues with or just talk to about their family member'.

People who were at risk of displaying behaviour that challenged had care plans that included the symptoms staff should look out for. A chart included level 1 denoting the person was calm and happy, through to levels 4 and 5, which indicated they were anxious and overwhelmed. Detailed information was provided to staff on how to support people with complex behaviours. For example, if one person became upset and displayed aggression to staff, '[Named person] should be given 1:1 support and encouraged to talk to staff. Staff should ensure they understand what it is that [named person] is upset about and find a way to resolve it. If [named person] will not communicate with staff, she should be left to calm. Staff should always ensure they know her whereabouts and check on her regularly. Staff should remain at a safe distance from [named person] if she is hitting out'.

Individual learning plans had also been drawn up for people. People, with staff support, had decided how

they wanted to spend each day of the week and activities were organised in line with their preferences. Each activity was timed and structured in a way that reassured and informed people what they would be doing at a specific time. One person enjoyed spending time at a farm three days a week. Other activities included trips out in the car, shopping, lunch out, watching films or helping staff with cooking. Another person showed us their communication book which included symbols and pictures covering areas such as days of the week, food choices, health needs and emotions. Pictures were easily affixed and removed with special tape and supported the person to communicate with staff effectively.

A complaints policy was in place and attempts had been made to make the information accessible for people living at 56 Stone Lane. No complaints had been received since the home opened.

Good

Is the service well-led?

Our findings

People were involved in developing the service. Meetings were held with people who lived at 56 Stone Lane and we looked at records of meetings. A meeting held in January 2017 recorded a discussion had taken place about meals and menus. Since only two people lived at the home, staff met with them on a daily basis, so people's views were regularly sought and acted upon. Questionnaires were sent out to people. One person chose not to complete this and the other person had responded that they were happy with all aspects of their care and support. They were asked about mealtimes, staff, the help and support they received, their room, housekeeping and activities. A twice yearly newsletter, including photos, was sent out to relatives so they could see what people were doing and how they spent their time.

The provider had a Statement of Purpose which read, 'The aim of 56 Stone Lane is to provide a home for people who have a learning disability and/or mental health. A home that reflects the values and aspirations of society, a home which is safe, provides support to develop and maintain independent living skills, as well as providing emotional comfort and opportunities for each individual to self-actualise'. It was clear from our findings that the objectives of this Statement of Purpose had been met.

The service benefited from good management and leadership. The registered manager felt supported by the provider who visited regularly and care staff said the service was well managed. A social care professional commented, "[Named trainee home manager] knows people and she works alongside them. She knows what's going on here and it feels well led". The trainee home manager said, "I just love how homely it is. This is people's home and they can do as they wish as long as there's no risk. It's very quiet and very relaxed and calm. People have their routines and it's their home". The registered manager, when asked what they felt was 'good' about the service, told us, "The staff and the clients. It's like a home. The whole environment, the team and the camaraderie really. The reason it's successful is because everyone wants to be here".

A range of systems and audits was in place to measure and monitor the quality of the care delivered. Audits were in place for care plans, daily records, staff files, training and supervision, medicines, fire, health and safety, premises audits, accidents and incidents and menus. These audits enabled the provider to identify any issues or concerns that needed to be addressed and for appropriate action to be taken.
Communication was effective between management and staff and with external health and social care professionals. One social care professional told us, "They're always very responsive to me when I've had any queries. [Named trainee home manager] is always responsive. She's well supported and everything is in place. In our team, it is certainly a service we would consider".