Pharos Care Limited

Sutton House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection. At the last inspection carried out on 27 October 2014 we found that the provider was not meeting the regulation in relation to having suitable arrangements in place to act in accordance with the consent of the people using the service After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had made improvements and there were systems in place to provide care to people with their consent.

Sutton House is a care home which is registered to provide care to up to five people. The home specialises in the care of people with a learning disability and have behaviours that challenge others. At the time of our inspection there were five people living at Sutton House.

Sutton House is required to have a registered manager 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.

Summary of findings

At the time of this inspection, this service had not had a registered manager in post since February 2013. An acting manager had been in post for five weeks and we saw that they had applied to become the registered manager.

Systems were in place to monitor the quality of the service but these could be more robust to ensure people received a consistent high quality service.

There was a positive and inclusive atmosphere within the home and people were at the heart of the service.

The provider had systems and processes in place to protect people from the risk of avoidable harm. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm.

There were enough staff, who had received appropriate training so that they were able to meet people's needs.

People were supported to receive their medication as prescribed

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. We saw that care was inclusive and people benefitted from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged.

People received care from a staff team that knew them well. People benefitted from the opportunities to take part in activities that they enjoyed and that were important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate actions. Information was available in easy read formats to inform people about how to complain.

Summary of findings

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 safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

There was enough staff to support people safely.

People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's needs were met by staff that had the skills and knowledge to promote people's health and well being

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

Good

Is the service caring?
The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

Good

Is the service responsive?
The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately.

Good

Is the service well-led?
The service was not consistently well led.

The systems in place to monitor the quality of the service could be improved further.

People benefitted from an open and inclusive atmosphere in the home.

Requires improvement

Sutton House

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.

This inspection took place on 17 September 2015 and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service. Our expert by experience cared for someone who has a learning disability and autism.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law.

During our inspection we met with all of the people that lived at Sutton House. People living at Sutton House have a learning disability and additional complex's needs. People had limited verbal communication and were not able to tell us if they liked living at the home. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the manager, the operations manager, and three care staff. We spoke with the relatives of three people by telephone. We looked at the care records of two people, the medicine management processes and at records maintained by the home about recruitment, staffing, training and the quality of the service.

Good

Is the service safe?

Our findings

People using the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. We saw that staff acted in an appropriate manner to keep people safe. People's relatives told us that they had no concerns about their relative's safety. One relative told us that, "[Staff] kept [person using the service] safe." Another relative said,"[Person using the service] is as safe as he can be."

Staff told us that they had received training in protecting people from abuse and they were knowledgeable about the types of potential abuse. Staff recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information we hold shows that the provider had reported incidents of suspected abuse appropriately.

Staff spoken with was knowledgeable about the risk to people from activities of daily living, and those arising from their difficult to manage behaviour. Care records we looked at showed that the risk to people had been assessed and plans were in place to manage this risk. We saw that people were supported in accordance with their risk management plans. For example, staff were aware of the risk that people's behaviours presented to the person and members of the public when they went out. Staffs were also aware of the risks to people within their home, such as access to the kitchen and we saw that staff supported people in accordance with their written plan. We saw that people were supported to take some risk in a structured way to minimise the risk. For example, one person wanted to travel independently on public transport and staff had provided step by step travel training to enable the person to achieve this safely.

Staff spoken with said that there was usually enough staff to meet people's needs. Some people needed two staff to support them when they went out to keep them safe. On the day of our inspection we saw that people did not have to wait for support from staff and there was enough staff to enable people to do things that they liked. We were told and records confirmed that during the day there were sufficient staff on duty so that people could participate in in house activities and trips out in the community. Where there were unplanned staff shortages these were usually covered by staff working additional shifts so that people were supported by staff that knew them well.

The provider had a recruitment policy in place and they had recently used a recruitment agency to recruit the manager. Staff told us that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We looked at two staff files and saw that for one person a second reference had not been received until after the person had started work .

We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. We saw that people's medication was stored safely in their own bedrooms. Staff told us that only staff that had received training gave people their medicines to them. We saw staff giving some people their medication during our visit. This was done safely.

Administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available.

Good

Is the service effective?

Our findings

At the inspection on 27 October 2014 we saw that the provider did not have suitable arrangements in place to ensure they acted in accordance with the consent of people that used the service.

After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had made improvements and there were systems in place to provide care to people with their consent.

We saw that people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved them in making some choices and decisions about their care. For example, what they wanted to do, where they wanted to go and what they wanted to eat and drink. We saw that staff understood people's preferred communication styles and used these to encourage the person to make informed decisions. For example, by using electronic tablets, pictures and symbols to communicate with people. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment then the provider had arrangements in place to ensure that decisions were made in the person's best interest.

Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw that the provider had made applications for all of the people using the service to the local authority to authorise the restrictions placed upon them. At the time of our inspection a best interest assessor from the local authority had come to do an assessment for one person. We saw that the provider had taken steps to provide care to people in the least restrictive way. For example door release pads were in place on the front and kitchen doors so that people could leave the home if they wanted.

Relatives spoken with thought that the staff had the skills to meet people's needs. One relative said, "I can't begin to tell you how pleased we are, they [staff] are absolutely excellent." One person was able to tell us that that they liked living at the home. Another person was able to give us the thumbs up when they were asked if they liked living at the home.

All of the staff spoken to said that they had received the training they needed to be able to do their job. One staff said," We have done lots of training." Another staff member said, "I have all of the training that I need." We saw that the provider had a record of the training they provided to staff. This showed that most staff had received the training the provider had decided that they needed to be able to meet people's needs. We saw that staff had the skills that they needed to meet people's needs.

Staff told us that they felt supported and that the manager was approachable. In addition to the opportunity to meet with the manager or team leader they told us the manager was approachable and had an open door policy. One member of staff said, "I feel that I am much supported here. There is always a team leader on the shift. "We saw that a team leader was on each shift and was available to give staff guidance when needed.

People had some behaviour that challenged others. We were told that at times they were restrained to keep them, or others safe. We saw that there was written guidance available for staff about how and when each person should be restrained. All of the staff told us that they had received training in the Management of Actual or Potential aggression (MAPPA). This is training that enabled staff to safely disengage from situations that presented risk to the person who was receiving the care, or others.

The home had a menu planning system that used photographs of food so that people could make a decision about what they wanted to eat. Staff spoken with were able to tell us about people's nutritional needs and knew what people's food likes and dislikes were. We saw that the menus included a lot of processed foods. The manager told us that she had also noted this and she was aware of the need to encourage people to try more healthy options. At lunch time we saw that staff supported people individually to go into the kitchen and choose what they wanted to eat. We saw that where people needed support to eat this was given in a discreet and respectful manner. People appeared to enjoy their meal.

Good

Is the service effective?

We saw that there was a photograph of the choices of evening meal, either chicken burger or tuna pasta bake. People were supported to make a choice of what they wanted by placing their photograph under the choice of meal they wanted .One person seemed pleased about the choices available and pointed to the chicken burger picture to show us what they had chosen for her evening meal.

People looked well cared for. Relatives spoken with thought that their relative's health care needs were met. Staff told us that people were supported to access a variety of health and social care professionals. For example community learning disability nurses, psychiatrist, dentist, opticians and GP. Records confirmed that people were supported to access health care appointments as needed.

Good

Is the service caring?

Our findings

We saw that the atmosphere within the home was warm and welcoming. One person said, “The staff are really nice to me here.” Another person was asked if they liked living at the home and she smiled very readily. We saw that the interaction between people using the service and staff showed that they had a good relationship. Conversations were warm, caring, respectful and inclusive. For example, one person was quieter that the other people using the service. We saw that he was not ignored and staff frequently spoke with him and included him in the conversations. Relatives that we spoke with were happy with the care provided at the home. One relative said, “I can’t begin to tell you how pleased we are. They[staff] are absolutely excellent.” A member of staff said, “Working with [people who use the service] is so rewarding, I love supporting them to achieve something that is important to them.” Another member of staff said, “[staff team] have a real affection for the people that live here.”

We saw that staff knew people well and knew when people were happy or becoming anxious and what to do to reduce people’s anxiety. One person was anxious and needed constant reassurance and we saw that they received this from staff. Staff demonstrated that they were able to interpret people’s body language and behaviour so that they could respond to what the person was communicating.

We saw that there was information available to people in accessible formats so that they could make choices and make decisions about their care. Choices included what they ate, what they wanted to do and where they choose to spend their time. Staff supported people to do what they wanted. For example one person used their tablet to say they wanted a picnic and staff took them out for a picnic at the park. Another person communicated they wanted to stay in their room and staff respected this decision.

People’s privacy and dignity was promoted. People had their bedroom so that they could spend time in private if they choose. We saw that staff spoke to people respectfully and personal care was delivered in private. People were dressed in individual styles that reflected their age, gender and personality. This showed that staff recognised the importance of how people looked to people’s wellbeing and self-esteem. People are supported to be as independent as possible and develop their self-help skills. For example, people were supported to help make food and drink, participate in cleaning their rooms and going shopping.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and they knew what people liked. People had all been assigned a key worker and co key worker. A key worker is a member of staff that works with and in agreement with and acts on behalf of the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. People met with their key worker weekly, planned what activities they wanted to do and what they wanted to eat for the following week. Weekly activity plans were developed from these meetings so that the service was responsive to meeting people's needs . We saw that people were able to use these plans because they used pictures and symbols to show the decisions made. Activity plans we saw were all different and reflected each person's interest and hobbies. One relative told us," [Staff] are getting him out and about; they take him on holidays; he's very happy there and he rarely gets bad moods these days".

Staff supported people to celebrate events. We saw photographs of parties that had taken place to celebrate birthdays, Christmas and other events. For one person's significant birthday staff had hired a venue and thrown a party for their friends and family. Photographs showed that people had enjoyed themselves.

Throughout our inspection we saw that people had things to do that they found interesting. For example one person was playing loud music in the conservatory. Another person was enjoying listening to their favourite music in the lounge and we saw that he frequently got up to dance to it. One person went for a picnic and another person went shopping for personal items and was very keen to show staff what they had bought on return home. People were supported to achieve their goals. For example one person said that he wanted a job and staff supported him to undertake voluntary work at a charity shop. Another person told us, " I thoroughly enjoys his social life and has several friends."

We saw that people were supported to go on holidays. One person was really excited to tell us that they were going on holiday for five days to Centre Parks the following week. Other people had also been on holidays or where for some people the change in routine or crowds would be problematic for the person the staff were looking other options that would not cause the person anxiety, such as day trips.

Records we looked at celebrated people's personal qualities. For example their strong sense of fun and for another person their sense of humour as well as providing information about their health needs.

Staff supported people to maintain the relationships that were important to them. All of the relatives we spoke with told us that they were able to visit at any time. One relative told us, "It's like a second home. The atmosphere is lovely." People were supported to visit their parents at their family home and stay overnight if they wished. One relative told us that she saw her son each week.

Relatives we spoke with knew how to make a complaint. Most people would be unable to say if they were unhappy. Staff knew the things that people didn't like and upset them. We saw that staff recognised when people were unhappy or upset and were able to respond to them appropriately. The provider had a complaints procedure in place and there was a pictorial version of this in each person's bedroom for them to refer to. There had been no complaints since the last inspection.

Requires improvement

Is the service well-led?

Our findings

The provider has a condition on their registration with CQC that they have a registered manager in place. The provider has not had a registered manager since February 2013. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was an acting manager post who had applied to become the registered manager.

At the last inspection carried out on 27 October 2014 we found that the provider was not meeting the regulation in relation to having suitable arrangements in place to act in accordance with the consent of the people using the service. After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had made many improvements, and the manager told us that the provider was in the process of recruiting a deputy manager to strengthen the management team further.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. During our inspection the operations manager was completing an infection protection and control audit. Where audits had taken place usually an action plan was developed so that the provider could monitor that actions were taken. However we saw that actions to be taken after an audit could be further improved. For example, audits of the recruitment checks did not have an action plan to address an identified shortfall. In that we looked at two staff files and saw that for one person a second reference had not been received until after the person had started work Some furniture needed replacing but there was no time scale for this to be completed so it was not clear when people would be made more comfortable. Some improvements were needed in the recording systems.

Relatives we spoke with told us that the home had 'improved considerably' in recent times and that they were satisfied with the care their relative received. One relative told us that they thought communications with relatives could be improved and gave an example that they had not been told that there was a new manager working in the home ad only became aware when they visited.

Staff spoken with felt supported and that they were confident that they could approach the manager and that they would be listened to. Staff were clear about their responsibilities and all said that the people who used the service were at the heart of the care that they provided. There were regular staff meetings and the records we saw showed that staff could contribute to the agenda. Staff all told us that they felt listened to and were able to give an example of things that had changed as result of their contribution to these meetings.

Staff told us that the manager had an open door policy so that they go and speak with her at any time. We saw that the manager was visible in the home. We found that that staff understood their responsibilities to report any concerns about people's care or wellbeing and knew how to do this. Staff enjoyed their work and worked well as a team and felt valued. One member of staff said, "I absolutely love it, it's such a rewarding job," and "It's a good staff team and we are all supportive of each other." Another member of staff said, "It feels like a family, we all get on really well."