

Sutton Court Associates Limited

The Corner House

Inspection report

10 Exmoor Crescent
Worthing
West Sussex
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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

About the service

The Corner House is a residential care home providing personal and nursing care to three people aged 18 and over at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service provided to people was safe. Staff had been trained in safeguarding and had a good understanding of how to support people to remain safe. The risks posed to people had been assessed and suitable action had been taken to minimise the risk posed to people using the service. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service and recruitment practices in the home ensures suitable staff were recruited.

Staff had received training which was relevant to their role. People were supported to access support from health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

Staff were kind and caring and were motivated to offer person centred care. People and relatives told us staff were caring. The principles of respect, dignity, compassion and, equality and diversity were embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The service was responsive to people's needs. Care plans were person centred and reflected people's individual needs. Staff demonstrated a good understanding of people's individual needs and were able to explain how they would support people in a personalised manner. People's daily records contained good levels of detail and provided evidence of person-centred care. The service had a robust complaints procedure. We saw that where complaints had been made, these had been managed effectively.

The service was well led. People, staff and relatives praised the registered manager for their management of the service. Quality assurance checks had been established and identified actions to improve the service. The registered manager sought feedback from people and their relatives to improve the service. The culture within the service was positive and focussed on providing person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice .

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Detailed findings are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Corner House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Corner House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager working at The Corner House. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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 three people who used the service and two relatives about their experience of the care

provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care and 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 analysed additional information provided by the registered managers.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. One person said, "I like it here. Feel safe". Another person said, "Yes I am safe". The relatives we spoke with also told us they felt their family member was safe.
- Staff had received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff were confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, there were clear guidelines for staff on how to support people. Where people were at risk of suffering seizures during the night, their risk assessment detailed what assistive technology will be used to alert staff of a seizure. The staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Staff had excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any behaviours which may challenge.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. For example, staff ensured they supported people who were at risk of malnutrition in line with the recommendations made by the health professionals involved in their care.
- Risk assessments were in place for the management of people's finances to protect them from any potential financial abuse.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. The staff we spoke with told us people were always supported by staff team who knew them well and there were always sufficient staff working in the service at any time.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely make people's food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.
- The service was clean and tidy and free from odour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People continued to receive effective care based on current best practice as staff had sought advice from health care professionals in specialist areas to ensure their practices were current. For example, support with managing epilepsy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, Epilepsy, Positive Behavioural Support (PBS) and moving and handling. Staff told us they had received training which was relevant to their role.
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us their induction had prepared them well for their role and had enabled them to get to know the people who they would be supporting.
- Staff felt supported by the management team. They told us they received regular one to one meetings called supervision with the manager to discuss work related issues and their development needs.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and attending them with people.
- Care records recorded referrals to healthcare professionals such as GP's, dentists and opticians. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

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

- Where required, adaptations had been made to ensure the service was accessible to people. For example, bathrooms had been adapted to ensure they were accessible.
- People had access to a large garden at the front of the property.
- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service and decorate their room to their preferences. One person told us how their room would be redecorated in the coming weeks.

Supporting people to live healthier lives, access healthcare services and support

- People's oral health care and preferred routines were known by staff. Staff assisted and prompted people

to maintain good oral health care.

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff had spent time with people to identify their strengths and enable people to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, where people were at risk of choking, staff ensured they were supported appropriately.

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.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body. We saw that where a DoLS had been authorised, the service was following the conditions of the authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "Staff care about me." Another person said, "Staff are nice to me". The relatives we spoke with told us staff were kind and caring towards their family member. One relative had written to praise the caring nature of the staff. They said, "The staff at the Corner House are wonderful. They are all very kind, caring and respectful of (name of person) needs."
- We observed staff interacting with people and found they were supportive, kind and caring. Staff knew people's communication needs well and were able to engage effectively with them.
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to practice their religion if they indicated a preference to do so.
- The service had an Equality and Diversity policy in place to ensure all the people using the service and staff were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People told us the service involved them in developing and reviewing their care plans and their views were respected.
- Staff worked with people and relevant health professionals to ensure people could take part in making decisions around their care. Staff worked creatively and used different forms of communication such as pictures to enable people to express their views and make decisions if they could not do so verbally.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people how they wanted to spend their day and what they wanted for lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately. Where people indicated they would like staff to be present when they spoke with us, they were supported by their preferred staff member.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person living at The Corner House had a care plan which was personalised and had been developed from the knowledge gained during the assessment process and other information provided from health and social care professionals.
- The service had a process of ensuring care plans were accurate and up to date. Care plans were reviewed routinely and when people's needs, or health changed. This ensured the care provided was always meeting the needs of people. People were involved in monitoring and reviewing their care plans, so they reflected people's current routines, likes, dislikes and aspirations.
- People's care plans clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. People's care plans detailed their preference for how they would like to be supported with their personal care. People's care plans also identified their strengths and areas of independence. For example, care plans identified which aspects of their daily life people were able to manage independently.
- It was evident from our conversations with staff and observations that staff understood people's preferences and routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around people's accommodation, so people had access to the information and could see and read items on display.
- People's care plans clearly recorded people's communication needs. For example, if people were unable to effectively communicate due to cognitive or language barriers, this was recorded in their care plans. The staff we spoke with were knowledgeable about people's individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities. These included activities such as arts and crafts, days out, bowling, meals out, swimming and attending live sports events. The people and relatives we spoke with told us they led an active and fulfilling life.

- People told us their family could visit at any time. This was confirmed by people's relatives. The registered manager told us people were visited by their family during the week and people went to visit their families on weekends.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. The provider's complaint policy was available in a variety of formats such as easy read for people who may have communication difficulties.
- From looking at the complaint's records, it was evident that where complaints were made, these had been resolved to a satisfactory outcome.
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have.

End of life care and support

- At the time of our inspection, nobody living at the home was receiving end of life care.
- The registered manager and staff were able to demonstrate how they would seek support from other health professionals in the event of a person requiring end of life care support.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

There was a registered manager working at the home. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff we spoke with felt supported by the registered manager.
- The provider had introduced a process for staff to undertake additional learning to support their development and take on senior roles within the organisation. One member of staff told us how the additional learning had enabled them to progress into management roles within the organisation. The registered manager told us this approach also benefitted the provider as it promoted staff retention.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences. The staff we spoke with told us how they felt the manager was a member of the team and supported them in their roles.

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 had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they had regular meetings with the manager. Staff told us this gave them opportunities to understand what was happening across the provider's other locations as well as make suggestions relating to their role at The Corner House.

- The service had implemented an annual survey for people's families and representatives. The registered manager told us how they had reviewed the provider's survey and made changes to it to ensure it was more relevant to the individual needs of the people living at The Corner House.

Continuous learning and improving care

- Effective quality assurance checks were carried out by the registered manager as well as the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.