

Sutton Court Associates Limited

Homewood

Inspection report

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Date of inspection visit:
11 July 2019

Date of publication:
05 August 2019

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

Homewood is a residential care home providing personal care for up to six people living with a learning disability in one adapted building. At the time of our inspection, the home was fully occupied.

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

People were safe living at the home and staff supported them to stay safe. Risks to people had been identified and assessed, with guidance for staff on mitigating risks. Staff followed this guidance. There were enough staff to support people and staffing levels were based on people's care and support needs.

Medicines were managed safely. The home was clean and smelled fresh. Staff had been trained in infection control and food hygiene. Lessons were learned if things went wrong. Any incidents were shared with all homes of the provider, so that actions could be taken and improvements made.

People were supported to have a healthy diet and were involved in planning the menus. The lunchtime meal was a sociable occasion and people chose where they wanted to eat their meal. People had access to a range of health and social care professionals for support.

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. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were looked after by kind and caring staff who knew them well. Positive behaviour support was used to good effect, so that when people became upset or agitated, staff used distraction techniques. People were encouraged to be involved in decisions relating to their care; they were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were individually organised according to what people wanted to do and in line with their interests and preferences. People were encouraged to go out and some people enjoyed going on holiday, supported by staff.

People were happy living at Homewood and a relative spoke highly of the care provided and how pleased they were. Visitors were made to feel welcome. People and relatives' feedback was gained through annual surveys and all comments were positive.

Staff felt valued by the management team and staff meetings provided opportunities for staff to meet

together. A system of audits monitored and measured all aspects of the home and were used to drive improvement. There were strong links with the community. The registered manager met with other managers of the provider and attended quarterly meetings with managers who supported people with a learning disability.

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 3 February 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.

Details 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.

Homewood

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

Homewood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met with everyone living at the home and spoke with three people. We spoke with one relative about their experience of the care provided. People were not always able to answer our direct questions, but we spent time observing the care and support they received. We also spoke with the registered manager, the home manager and a support worker.

We reviewed a range of records. These included two care records and six medication records. We looked at two 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 were given the contact details of three health and social care professionals who had involvement with some people living at the home. They provided feedback about the service and have given permission for their comments to be included in this report.

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

- The home provided a safe environment for people. A social care professional stated that people could display challenging behaviours and added, 'There are a lot of people in a small space ... however, they seem to be able to support people safely'.
- Everyone living at the home was subject to certain authorised and agreed restraints and decisions had been taken in their best interests in line with the relevant codes of practice. For example, apart from one person who went out independently, others went out with staff support and the front door was locked for security reasons in people's best interests.
- A member of staff explained, "We keep the door shut and keep people from wandering into the street. We can't always keep people safe from everything, but we have risk assessments. These help people to do what they want to do".
- We observed that people were able to move freely around the home and staff only intervened when needed or as requested by people. One person was unwell on the day of the inspection and was advised by staff to rest on the settee until they felt better. The person understood their risk of falling if they tried to walk independently when they felt unwell and was happy to lie-down.
- Staff had completed training in safeguarding and had a good understanding of the types of abuse they might encounter. A staff member explained that some people could display threatening behaviour to others and how they would redirect people before incidents occurred, as they could recognise the signs and triggers.
- Notifications the registered manager was required to send to CQC in relation to safeguarding concerns had been completed as required.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and monitored safely. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were person-centred with a focus on particular individuals. We saw records in relation to people accessing the kitchen, the community, at mealtimes, money management, mobility and daily exercise. For example, people's access to sharp knives in the kitchen had been assessed.
- Risk assessments in relation to fire safety and personal emergency evacuation plans enabled people and staff to stay safe in the event of a fire. The home manager had recently organised a fire drill and this was unannounced. This meant that staff and people knew what needed to happen in the event of an emergency and put this into practice.
- Certificates in relation to ensuring the premises were safe and equipment was regularly serviced were all in order.

Staffing and recruitment

- Staffing rotas confirmed there were enough staff on duty to support people and keep them safe. During the day, two people received 1:1 support from staff.
- Staffing levels were flexible according to what people wanted to do. For example, when they went out during the day or in the evening, staff would accompany them.
- One staff member felt there were enough staff, but that sometimes it was difficult to plan when several people wanted to go out at the same time.
- We observed that staff had time to spend with people, and that no-one was rushed.
- New staff were recruited safely. Records showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character and suitability to provide care. References were obtained and employment histories were verified. People met with potential new staff when they were shown round the home.

Using medicines safely

- All aspects of medicines were managed safely and people received their medicines as prescribed. People had their own routines when taking their medicines. For example, some people preferred to receive their medicines in their rooms, whilst others went to the office.
- Medicines to be taken as required (PRN) were administered according to the provider's policy.
- Medication administration records (MAR) had been completed appropriately to confirm when people had received their medicines.
- Temperatures in the area where medicines were stored were recorded and were within safe limits.
- All support staff completed medicines training; this included face to face training and the completion of a workbook issued by the pharmacy.
- Audits in relation to the management of medicines were completed and were satisfactory.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff completed training in infection control and in food hygiene. The latter included allergy awareness and the risks of food poisoning/risky foods which the local council had delivered to staff.
- A staff member told us of the training they had received. They said, "The first line is just cleaning properly every day. We use different colour coded buckets and know what to do if someone becomes ill".
- Staff used personal protective equipment, such as disposable aprons and gloves, when supporting people with personal care and around the home.
- The home was clean and hygienic. People were encouraged to undertaking housekeeping tasks. For example, we saw one person clearing the table at lunchtime and wiping it down.

Learning lessons when things go wrong

- Lessons were learned if things went wrong. For example, staff meetings were opportunities for staff to reflect on people's needs and to discuss any changes or areas for improvement.
- The registered manager told us that nothing had occurred recently at the home, but that if anything did go wrong, this would be looked at and any actions taken. The registered manager explained that incidents at any of the provider's homes would be investigated and reviewed. They said that, following a medicines incident at another home, it was decided medicines would be overseen by two staff. One person administered the medicines to people and the other staff member shadowed them.

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

- Before people came to live at the home, their care needs were recorded and pre-admission assessments completed. The registered manager told us they worked closely with the local authority's learning disability team and other authorities, who referred people for assessment.
- Staff assessed people in their own surroundings so they had a clear idea of people's care needs and could then decide whether Homewood could provide the support they required.
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals as needed. Many people had recently been reviewed by social workers to ensure that the care they received remained appropriate.
- A healthcare professional stated in an email, 'I have always found that the staff who work at the home really care about the people they support and are effective in the way the care is given'.

Staff support: induction, training, skills and experience

- Staff received regular supervisions and felt supported by the management team. One staff member said, "I have 1:1 meetings with either of the managers. I'm asked how I'm doing, if there are any issues with the job, what could be improved and any training on offer". We observed staff and the managers worked alongside each other to provide care and support to people.
- Staff had access to a range of training including safeguarding, autism and challenging behaviour, health and safety, first aid, fire safety and epilepsy awareness.
- New staff, who had not previously worked in care, studied for the Care Certificate, a universally recognised, work-based award. New staff shadowed experienced staff and had their competence checked before being allowed to work more independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- We sat with people at lunchtime in the dining room. People were keen to chat and tell us about themselves and what their home was like. It was a sociable occasion and staff were encouraging people to finish their meals and offered them drinks of their choice.
- People were encouraged with healthy eating and weekly food plans were drawn-up that included people's choice of their main meal. With six people at the home, everyone had a day of the week when they decided what should be on the menu. On Sundays, everyone enjoyed a roast lunch.
- People helped with grocery shopping and went out to buy daily staple items. The registered manager told us, "People love putting the shopping away. They are encouraged to be involved in preparing meals and

laying the table. Two choices are always available".

- Special diets were catered for. One person needed a soft diet as they had no teeth.

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

- The service had been adapted to meet people's needs.
- People had chosen the colour schemes for their rooms and one person showed us their bedroom. They proudly pointed out their new shower and new double bed. Rooms were personalised, comfortable and homely.
- People had access to a garden at the rear of the property which provided a safe and secure environment for people to sit. Barbeques were enjoyed by people when the weather allowed.
- The provider had a plan in place to undertake repairs and continually improve the home.

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

- People received healthcare support as needed from a range of healthcare professionals.
- Routine health checks were organised for people. The registered manager told us they worked closely with the local medical practice and of one GP who knew people well and was a popular visitor. The registered manager said, "The doctor is good about coming out, there are no issues at all".
- The medical practice informed the management team of any training that became available and staff had accessed this in the past.
- One person had a particular health condition which would require surgery in the future. A health action plan had been drawn-up which included input from the person's physiotherapist. The health action was that the person was to be encouraged to walk around the home using their mobility aid. We observed staff encouraged the person with their mobility.
- Care records included reports from a range of healthcare professionals such as psychiatrists, audiologists, opticians, dentists and chiropodists. The records showed that people had regular input and support from healthcare professionals and any advice given was followed by staff.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- People's capacity to consent to specific decisions had been assessed. Records confirmed this and applications to deprive people of their liberty had been completed and sent to the local authority. Applications had been submitted for DoLS that were due to expire in July 2019.
- People were supported to make decisions where they had capacity to do so. For example, we saw that people had signed a consent form in relation to staff entering their room. For one person, staff were to knock on the door three times and await a response. If there was no response, then staff had the person's consent to enter their room to check they were all right.
- Staff had completed training on mental capacity and had a good understanding of the topic. One staff

member explained, "Basically, the assumption by law is that people have capacity unless you can prove otherwise".

- Advocates were available to support people with their decision-making if needed. However, many people chose to involve their relatives in the process.

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 this key question 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- People living at the home had a learning disability and/or autism and/or mental health needs. We saw that people's needs were reflected in their care plans and that staff supported people in a person-centred, kind and friendly way in line with their assessed needs. One person enjoyed attending church with their relatives when they visited.
- People were encouraged to be involved in all aspects of their care and with decisions on how they received their care and support. For example, we saw staff asking people what they would like to eat for their lunch and how they would like to spend their day.
- In addition to care review meetings organised with people and their families, social workers had recently undertaken reviews of people's care. One person decided that they wanted to be involved in their review and chose to have the support of their keyworker, rather than their relatives. (A keyworker is a member of staff at the home who knows the person well and co-ordinates all aspects of their care.) The person's decision not to have their relatives or anyone else present at their review meeting was respected.
- A member of staff told us that house meetings were held regularly and people were asked how they felt about their care and support. Records confirmed that people also had regular 1:1 meetings with their keyworkers to talk about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible. One person went out on their own. Staff told us the person did not require close monitoring as they never walked too far, but stayed within a short distance of the home.
- People told us that staff treated them with kindness and respect. One person's relative was visiting them on the day of inspection and they were able to meet together in a separate sitting room.
- The relative told us that they thought staff were, "marvellous" and that they would not change anything. The person enjoyed living at the home, but also liked to visit their family home on occasion.
- Records in relation to people's care and support needs were kept securely in the home manager's office. Only staff and relevant professionals who needed to have access to personal and private information about people were able to do so.

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 remains 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

- People received personalised care in line with their preferences, interests and needs.
- For example, one person chose to eat on their own rather than join others in the dining room and this was respected. The same person preferred to have privacy when their relatives visited. They enjoyed their own company rather than socialising with others. Staff respected these choices.
- Care plans were person-centred and contained detailed information about people and structured their days into routines, which people preferred. For example, one person had their morning, afternoon, evening and night routines, which recorded how they wanted to spend their days and how staff should support them to lead meaningful lives.
- People's likes and dislikes were recorded and staff demonstrated a good knowledge and understanding of these.
- Staff were trained in positive behaviour support. When people became upset or agitated, staff used distraction techniques to calm them. For example, one person became quite animated when we arrived to undertake the inspection and greeted us with great enthusiasm. When the person started to become over-excited, the home manager suggested they went into the lounge and asked if they would like a drink. This distracted the person from our presence and they left calmly and quietly.

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.

- People's communication needs were fully assessed and care records guided staff on how to support people in line with their particular communication needs. For example, we read that one person could communicate well and that staff should speak slowly and calmly to them. The person wore a hearing aid and staff needed to assist the person to wear this. Staff were advised that if the person did not respond immediately when communicating, staff should repeat the question and wait for the person to answer. It was noted that if staff did not communicate with the person in this way, they could become agitated.
- Another person required information to be presented in an accessible format so they could understand it. We saw that this person had given their consent to the sharing, processing and storing of their personal information in this way.
- Free Wi-Fi was available to people and some had their own tablet computers so they could access the Internet.

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

- Activities were individually organised based on people's interests. One person enjoyed going to a day centre four days a week. Other people enjoyed shopping, walks into town and some people went on holiday, supported by staff. We were shown pictures of people on holiday and it was clear they were having a good time. A garden party had been organised for the Saturday following the inspection and everyone had been invited to attend this social occasion.
- The registered manager and home manager worked with people to identify any opportunities that might be of interest to them. For example, one person had expressed an interest in working in a charity shop for a few hours each week. The managers were liaising with the manager of the charity shop to identify which day of the week the person could attend, so that appropriate support could be provided.
- A social care professional wrote, "[Person] has a good amount of activities through the week that he attends and enjoys and these have been identified by the service who worked with him to pick these; he benefits greatly from it'.
- Relatives were encouraged to visit at any time. People stayed in touch with their families too through telephone calls and outings.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy which was also provided in easy-read format for people.
- No formal complaints had been received recently.
- People were encouraged to share any concerns they might have with the managers or with care staff or at 1:1 meetings with their keyworkers. These were investigated and responded to.

End of life care and support

- No-one was receiving end of life support at the home.
- The registered manager told us that end of life care and support was discussed with people and their relatives. This was dealt with sensitively and at a time when people and their relatives felt ready to talk about this. The registered manager said, "We tend to do it when people are older, but everyone here is very healthy".

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 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.

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

- People received a high standard of care from staff who understood how they wished to be supported.
- According to the provider's Statement of Purpose, 'The aim of Homewood is to provide a home for people who have a learning disability and/or mental health needs. 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'. From our findings at inspection, the home fulfilled the aim of the Statement of Purpose.
- The provider, registered manager and home manager were experienced and skilled at supporting people living with a learning disability and/or autism. Care was delivered in a person-centred way that focused on people's abilities and what they wanted out of life. One person had written us a note which they gave to us at inspection. This read, 'Homewood is better. Nice staff, good food, I like everyone. I like my shower. Thank you for what you done'.
- Another person spent time showing us around the home, including their own room, and it was clear that they were proud of where they lived as they talked enthusiastically to us.

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 registered manager had a good understanding of their responsibilities under duty of candour and the need for honest and open communication if things went wrong. They explained the importance of keeping relatives informed and of the need to keep in touch.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A robust system of audits monitored and measured all aspects of the home and were effective in driving improvement.
- We looked at audits in relation to care records, incidents, accidents and safeguarding, kitchen, medicines, health and safety, fire and money management. Any actions required were clearly recorded and acted upon.
- The registered manager had a good understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home.
- Staff were clear about their roles and responsibilities. There were regular staff meetings and any

suggestions were listened to. For example, at one staff meeting it was decided that a change of pharmacy would ensure that people received their prescribed medicines promptly. This change had been implemented. One staff member said, "We don't always have all staff at the meetings, but we have mini staff meetings twice a month, and every few months a bigger meeting, where everyone gets together". The staff member added that they felt listened to and supported by the management team.

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

- People and their relatives were encouraged to be involved in developing the service provided. Regular contact was maintained with people's relatives and their feedback was obtained through an annual 'families survey'. One relative commented, 'Thank you all once again for everything you do for [named person]'. Three surveys had been completed and returned in November 2018 and all were positive.
- A relative told us they were always kept up-to-date with their family member's care and what they had been doing. Referring to staff, they said, "They're all marvellous. I couldn't wish for anything better".
- People completed questionnaires which were presented in an easy-read format and with symbols. All feedback was positive. One person had asked for a new bed and this had been bought for them.
- Staff felt supported in their roles. One staff member said, "[Named managers] are both good managers. We have a good team here. Staff are competent and we all know what we're doing".

Working in partnership with others

- There were strong links with the community. For example, people and staff had forged relationships with local shopkeepers and these enabled people to feel comfortable and confident when they went shopping.
- The registered manager attended quarterly meetings of the Learning Disability Managers' Network to share good practice and network with others who worked in similar homes.
- The registered manager also worked closely with managers at the provider's other homes.
- The home liaised with health and social care professionals and people's care and support needs were regularly reviewed. One social care professional stated, 'The service benefits from a very good, responsive manager, and this has made working with them quite smooth'.