

Sutton Court Homes Ltd

Sutton Court

Inspection report

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Date of inspection visit:
10 January 2022
11 January 2022

Date of publication:
07 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Sutton Court is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to 10 people. At the time of inspection eight people were living at the service.

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

Right Support

People and relatives told us staff supported people to take part in activities. One person said, "It's better now, calmer, I do more things for myself." Staff had adopted new approaches; People were supported to be involved in ordinary daily activities such as housework. It was clear that people were proud of their achievements and this change had improved their feelings of independence. At the last inspection people had little to do when at home, now they had more to occupy and interest them. People told us they were following their interests more and showed us examples of craft projects they had completed. People told us they were going out to leisure activities that interested them such as the theatre and to see a film they were keen on. The service gave people care and support in a safe, clean environment. People did show us items that needed replacement in their home, such as worn bedding and damaged furniture. The manager said they would address this. It was evident that improvements had been made since the last inspection and people were seeing the changes as positive. Managers and staff acknowledged more was needed. This included ensuring guidelines to support people to identify and work towards their goals and aspirations were recorded. This would also ensure staff were consistent with each person's needs.

Right Care

We observed people receiving kind and compassionate care. A relative said, "They (staff) do care about them (named family member)." Staff protected and respected people's privacy and dignity. Staff had been recently trained about learning disabilities and autism and knew people well. Staff told us the new knowledge had changed the way they supported people. A relative told us of improvements, "(Person's name) seems to be buying more girly stuff now, makes tea and walking around more." People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols we observed to be responding positively to staff's improved understanding and practice in their use. Staff required more learning about communication and the approaches and tools to use with autistic people in order to create and implement effective communication plans. The home manager told us, "We want to learn more." Staff understood how to protect people from poor care and

abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe. Training had supported staff to understand what people needed when they became distressed, one staff said, "I've learned sign language (person's name) likes to interact with singing & singing it takes their mind off of things."

Right culture

The new emphasis on improving people's quality of life experiences had begun to make a positive impact for people. We observed people were talking with staff on a more equal footing and were gaining in confidence to make choices, which we saw staff respecting. For example, one person did not want to prepare the lunch they had planned and told staff what they wanted instead. Staff encouraged their choice and helped them find the ingredients needed. The provider had invested in training and development for managers and staff, such as positive behavioural support (PBS) which had helped managers and staff understand the reasons people might behave in a certain way when distressed. Managers now knew how to analyse incidents and share the learning from them to reduce situations which cause people distress. People who had sensory perception and processing needs had been referred to health professionals for assessment. Staff had begun to recognise some sensory needs, for example a person who has difficulty with noise was being supported to use noise reduction equipment. Investment in learning for managers and staff was reflected in staff practice. People and relatives told us they could talk to managers and staff freely. One person said, "I like all the staff."

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

Rating at last inspection and update

The last rating for this service was Inadequate (28, 29, 30 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned comprehensive inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 28, 29 and 30 June 2021. Breaches of legal requirements were found in the following regulations. Safe care and treatment, safeguarding service users from abuse and improper treatment, staffing, person-centred care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutton Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor the service through the providers monthly report on conditions. We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sutton Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sutton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager oversees three of the providers services and delegates some day to day management to the home manager who is full time at Sutton court.

Notice of inspection

This inspection was unannounced.

What we did before 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/communicated with eight people who live at Sutton court, three relatives about their experience of the care provided. Some people who use the service were unable to talk with us so we used different ways of communication including Makaton, their body language and observation.

We spoke with five members of staff including the registered manager and home manager and three support workers.

We used the Short Observational Framework for Inspection (SOFI) spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and eight 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider and registered manager failed to ensure safe care and treatment in relation to assessing risk, monitoring and management of fire safety and incidents of self-injury. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. The provider has taken steps to meet the recommendations of the fire service report following a visit from West Sussex Fire and Rescue Service Fire Safety. An additional staff member is now available to support night-time evacuations if needed and is based overnight in the providers other nearby service. Incident reports are now being analysed and actions taken to address issues identified. A report of this is submitted to CQC on a monthly basis as required from the last inspection. Whilst the breach has been met, development of robust risk assessments relating to the environment and work practices were ongoing and this is an area that still requires improvement.

- Staff did not always manage the safety of the living environment and equipment in it through checks and action to minimise risk. For example, we found worn and damaged chairs, ripped tablecloths and one person showed us their bedding which was in a poor state. Another person showed us a damaged cupboard in their room. The registered manager addressed this and told us they would put in place recorded weekly checks to identify these things in a timely way. Other safety checks were carried out.
- Staff had started to assess some people's sensory needs and did their best to meet them. These details were not recorded and relied on staff knowing people well. This increased the potential risk when people were supported by agency or new staff. For example, one person wore ear defenders to help them cope with a sensitivity to noise. The registered manager had made referrals to seek health professional support to undertake sensory assessments with autistic people.
- People were beginning to be more involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us they used to go out independently, but illness had meant they did not feel safe to do so at the moment. They said they felt they needed staff support until they were stronger, which staff were doing. Another person told us they wanted to go to the shops alone and knew what they were doing towards their aim. The guidance for this had not been recorded which meant the provider could not be assured all staff understood the person's support plan or its potential safety implication.
- People, including those unable to make decisions for themselves, were having greater freedom, choice and control over their lives, for example, we saw people choosing which staff they wanted to support them. One person asked for a particular staff to support them to go for a walk. The home manager said that if they

wanted to wait a short time, they could, as the staff was already with someone else or if they wanted to go now, another staff was free. The person said they were happy to wait. This conversation was equal on both sides and left control of the decision with the person. The registered manager told us the culture was changing to shift control to the people, it was progressing but would take more time to fully embed.

Using medicines safely

At the last inspection the provider and registered manager failed to ensure safe care and treatment in relation to the management of medicines. We found people had not always received the correct doses of medicines and that errors had not been identified by the auditing processes. This was a breach of regulation 12 (proper and safe management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Whilst the breach has been met, development of processes and systems are ongoing and this is an area that still requires improvement.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff only administered medicines when they were ready and trained to do so. The home manager told us, "We work with them and when we think they are ready they start the online training". The registered manager now checked staff competency by observing practice, this is a developing process and the registered manager agreed this does need to be formalised. Stock checks were completed and were accurate. New processes, such as sealing medicines which were stored but not yet in use, were helping to simplify stock checks. The registered manager carried out a monthly audit of medicines and submitted the report to CQC, as required following the last inspection. The audit is a developing tool and the provider was still in the process of formalising the tool.
- Managers reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. Some people gave us details of medicines they took and what they were for. Staff told us of ways people used to communicate they had a headache for example so they could offer pain relief such as Paracetamol. One person told us, "Sometimes I have a headache, I ask for a Paracetamol, it makes it better."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. We observed people had regular medicine reviews with their GP.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider and registered manager had not ensured systems and processes to protect people from the risk of abuse were operating effectively. Staff practice failed to demonstrate an understanding of their responsibilities for identifying and reporting concerns. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. Staff were now clear about their role. They were identifying, reporting and taking appropriate actions.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service now worked with other agencies to do so. The provider had invested in staff

training and development. Managers and staff were now able to demonstrate they understood abuse and restrictive practice. Staff told us recent training had helped and they knew what to do and how to report concerns. One staff said, "People are safer now because we are better at monitoring and have new knowledge."

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person said, "I would talk to staff, it's much better now, no shouting". Another said, "Staff make me feel safe."

Staffing and recruitment

- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them. We spoke to an agency staff who demonstrated a good knowledge of people's needs.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs. We spoke to an agency staff who told us they had a good induction including reading support plans and had shadowed other staff before working independently.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted within their funded hours. People said, "I like all the staff." And "staff help me."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had generally good arrangements for keep premises clean and hygienic. We did observe that there were some areas of improvement for example, torn tablecloth and a kitchen bin without a lid. These were addressed by the manager during the inspection.

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules where practical to meet people's needs.
- The service had not admitted new people since the COVID-19 pandemic began.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff. People told us they had meetings to explain about testing. We saw pictures printed out to help people understand what happened during testing.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. This was an area where considerable improvements had been made following the last inspection. One person told us of an incident where they had become upset and how staff had supported them. Afterwards the staff had talked with them to agree what they might try if they felt they were feeling upset in the future. The person told us they found this helpful.

- When things went wrong, staff apologised and gave people honest information and suitable support. We saw that the service has started to use reflective practice tools to help them identify, what happened, what went well, what didn't go well, what they could do better and what do they do next.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One staff said, " We are learning more about how we can do things better."

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff received appropriate training and support to enable them to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. The provider arranged training with the British Institute of Learning Disabilities (BILD) about positive behaviour support (PBS). PBS is about working in partnership with people. Treating them with dignity and respect and enabling them to have a better life. Positive behavioural support is an approach that put the person at the centre to make systems work for the person. (BILD's definition of PBS) Whilst the breach has been met, development of staff knowledge and practices are ongoing, and this is an area still requiring improvement. All staff have had basic online training and managers have had in depth training to become PBS coaches. We saw that knowledge was being shared with staff and practice was developing. This is a positive shift in practice and will take time to develop and embed fully. In addition, staff were receiving training and information about learning disabilities and autistic spectrum condition. We saw that staff were working to improve their ability to communicate with people who use Makaton signing and we saw staff using this when engaging with people throughout the inspection.

- Staff received an induction that included shadowing longer term staff, reading records and spending time with people. This extended to agency staff who told us they shadowed other staff for the first few days and read notes as well as having the time to talk with people in shared areas before supporting them with personal care. There were enough staff on duty and we observed people having the opportunity to choose which staff they wanted support from.

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

At the last inspection the provider failed to ensure care and support was appropriate to meet people's needs. Care was not delivered in a person-centred way, some examples were, people were only able to have drinks in the dining room and only at set times of the day. People did not have communication or sensory assessments and staff had little knowledge of people's communication needs. Understanding people's communication and/or sensory needs is fundamental to planning and delivering good quality person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9. Communication was more detailed in people's plans and staff were demonstrating improved understanding of communication and some sensory needs. People had more choice and drinks were consistently available. Staff understanding of assessment of communication was to a basic level and this was acknowledged by the registered manager as an area which required further training and development.

- People's care and support plans were improved and had more personalised information which better reflected their needs and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Relatives told us they were kept informed; some relatives were more involved in support planning than others. One relative told us, "Support plans normally get sent to me." Another said, "(Home manager) has always kept me in touch I have a lot of time for Sutton Court, since (name) has been there he has been well looked after."
- It was evident that staff had worked to develop support plans since the last inspection, with clearer guidance for staff about how to better support people's communication needs. This was a work in progress and had not developed to the point where they promoted strategies to enhance independence or demonstrated evidence of planning and consideration of the longer-term aspirations of each person. The registered manager explained this work was ongoing and they were gaining information about people's longer-term wishes. This is an area that requires improvement.
- Staff received an induction that included shadowing longer term staff, reading records and spending time with people. This extended to agency staff. There were enough staff on duty who had the skills and training to support people.

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

- People with complex needs did not always receive support to eat and drink in a way that met their personal preferences as far as possible. We observed that one person had soup placed in front of them and were then told not to eat it yet as it was too hot. The person did not understand why they could not eat it and became distressed. The soup was then returned at the correct temperature. The same person was given an uncut sausage roll, which was immediately removed to be cut up as the person's support plan stated. This was raised with the registered manager, who explained this was done so the person could see the whole food first. The registered manager did understand that it was an avoidable distress and arranged for the approach to be changed.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed people preparing their own lunches. One person told us, "I make own sandwiches, staff help me." A relative said, "Cooking, making biscuits and decorating them is now a regular thing."
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. We observed the previous practice of people only being offered drinks at set times had stopped and we observed people freely making their own drinks or asking and being offered drinks and snacks throughout the inspection. One person said, "Sometimes, if I want, I make my own drinks, I'm a bit funny with the kettle the staff watch me." Another person told us, "I make it myself (drinks) and get biscuits and fruit." Relatives told us people has a good amount and choice of food. One relative said, "(Name of person) always gets a good choice."

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

- The interior and decoration of the service was not adapted in line with good practice to meet people's sensory needs. (For example, noise-reducing furnishings/ calm diffused lighting). The service had made referrals for sensory assessments and the registered manager advised they would be following any

recommendations that were made to adapt the environment. The building lacked orientation information, for example there was not a clock in any shared area and a person repeatedly asked the inspection team the time. This was raised with the registered manager and one was purchased during the inspection. A picture rota had been introduced since the last inspection and this was on the wall showing people which staff were on duty. People told us they liked this, and it was changed every day so they always knew who was working.

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People were keen to show us their rooms, which were personalised. One person proudly showed us their books and another football memorabilia of the team they support. Rooms were decorated on a rolling programme and people told us they chose the colours and furnishings. We observed that most people's rooms had been recently re decorated. One person referring to their newly painted walls said, "I chose this, do you like it."
- The registered manager told us they were having the previously unused and currently unrequired lift assessed to be able to return it to use if it were needed as people were getting older and mobility issues may arise in the not too distant future.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. We saw these plans were detailed in respect of people's health needs.
- People were supported so that any reasonable adjustments were made to meet their individual needs. For example, one person had difficulties with accepting inoculations or blood tests, staff were working with local nurses to slowly reassure the person.
- People played an active role in maintaining their own health and wellbeing. People told us about their health conditions and how they were supported. One person gave us detailed information they had received from their consultant about the management of their condition and said the home manager goes over it when they ask because "Sometimes I forget."
- People were supported to attend annual health checks, screening and primary care services. One person told us of their recent visit to the dentist.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One health professional told us, "During my previous appointment to gather information for a team initial assessment, the manager had everything to hand and seemed very keen to have any advice or recommendations from us as a team."

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

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.

- It was evident that staff were trying to empower people to make their own decisions about their care and support. A relative said, "(Name of person) choses themselves." When referring to their family members choices about food and clothing decisions.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. One person told us they had an advocate and they were having their next meeting the week following the inspection.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For example, one person wanted to eat in the sitting room, they used a Makaton sign to tell the staff, the staff understood and responded then explained they needed to sit in upright position to eat and why. The person was given time to process the information, then got up calmly to go to the dining room. The staff, who knew the person well, told us, "(Name of person) knows what they want, and you have to go with them and inform and encourage them."
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. People had an authorised DoLS and the registered manager had a system to follow up with the local authority when it was due to expire. Some people told us they knew their DoLS assessor and understood why a DoLS was in place. Records demonstrated staff clearly recorded assessments and any best interest decision. Manager knew about people's authorised conditions and records showed the conditions were followed.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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, respecting and promoting people's privacy, dignity and independence

- Staff were not fully aware of individual's sensory perception and processing difficulties. Referrals had been made for health professionals to undertake sensory assessments with people. Some staff, who knew people well, now recognised more visible sensory and processing difficulties but guidance had not been recorded in support plans. This meant that new or agency staff may not understand the importance of supporting people's sensory needs. For example, we observed a staff member, offering a person a choice between drinks in a quiet area. Staff told us it was because the person became overwhelmed if they were being asked to choose in a busy part of the house. This is important information that would not be available to new or agency staff because it had not been documented.
- People had the opportunity to try new experiences, develop new skills and gain independence. The service had started to work on support approaches to move towards active support. Active support promotes people's independence and supports people to take an active part in their own lives (Bild) People told us they were doing more for themselves, comments included, "I do cooking and tidy my room myself." And "I like cleaning and doing my clothes." One relative told us, "Recently they have been helping (name of person) prepare their own tea, put tea bag and sugar and milk in a cup, (named relative) loves it."
- The registered manager told us they were aware the positive improvements in addressing people's sensory and communication needs still required improvement to develop fully and they were working towards achieving this. The registered manager also showed us how support plans had started to be developed to ensure each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff members showed warmth and respect when interacting with people. One health professional told us, "The support that my resident received from the manager during their mealtime was caring. They wanted to take her hand at points throughout the meal suggesting a trusting relationship."
- Staff supported people to maintain links with those that are important to them. One person was going out to spend the day with their mother during the inspection. Relatives told us staff support their relatives to keep in touch, sometimes visiting them and sometimes going to the family home as well as short visits in local cafe's and video calls.
- People told us they had monthly group meetings with managers to express their views and talk about changes in the house. One person told us, "If I want to say something, I can talk to the home manager."

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Meeting people's communication needs

At the last inspection the provider failed to ensure care and support was appropriate to meet people's needs. Care was not delivered in a person-centred way, some examples were; support plans were held electronically and did not have detail nor were they accessible for people. Communication tools such as photographs were not used to support people who did not use verbal communication and people had limited activities, which relied on people going out in groups and enough staff being available. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9. Communication tools had been introduced to people, support plans were now accessible to staff and work was ongoing to improve accessibility to all the people living at Sutton Court. Opportunities for people to participate in social activities of their choice as well as joining more formal group activities had improved.

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.

- Some people had photograph books to help them make choices and communicate with staff. This was a recent development and the home manager told us it needed more work to find the right way to use them with individuals and to get staff consistency. Communication is an area which has made positive progress since the last inspection but does require further improvement to embed into practice. For example developing the communication sections in some people's support plans to identify the use of augmented/other methods of communication such as Makaton and pictures and which signs or pictures the person uses at the current time and how this is being further developed, with steps for staff to follow.
- Staff were gaining confidence supporting people to express their views using their preferred method of communication. The staff were working on using Makaton signs with people. We observed several short conversations between staff and people using signs, where the person responded with smiles and appeared engaged and comfortable. The home manager explained that the work to help staff feel confident with

Makaton communication was on going and included daily new signs being introduced. Staff told us "We are all learning together, it's really helping."

- Staff were not consistently using person-centred planning approaches to discuss and plan with people how to reach their goals and aspirations. Support plans did not contain people's goals and aspirations or detailed guidance for staff to work towards them. For example, one person told us they wanted their own flat. Support plans did not recognise this as an aspiration or identify the skills a person may need to learn to achieve this.
- Staff had started to provide skills teaching some people but this was still quite randomly applied it was not recorded to give staff clear guidance or tailored for each person. For example, one person's support plan states, Staff are to teach the person to use a zebra crossing but it does not break that down into steps for the staff to teach. This meant the staff approach could not be consistent and could make learning more difficult for the person.
- Staff provided some people with personalised, proactive and co-ordinated support. For example, one person had a birthday coming up. We observed them going into office and used gestures and single words to tell the manager they wanted a calendar printed. The home manager spent time with the person using the computer and chose a calendar, added the person's birthday to it and printed it. The person was very pleased. The home manager explained that the person crossed off days to their birthday. Some years the person decided before the actual date they wanted to celebrate so would request to buy a cake. This was done and the birthday was celebrated on the date the person chose.

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

- Support had started to shift to focus on people's quality of life outcomes, something staff told us they had learnt about from the PBS training they had received. People told us they were doing much more than at the time of the last inspection and their hobbies and interests were being considered. For example, one person said they liked arts and crafts and had been painting and attending a session locally. They also said that leisure activities had improved and said, "I am seeing the Spiderman film next week and going swimming."
- People who were living away from their local area and for everyone during the COVID-19 restrictions were able to stay in regular contact with friends and family via telephone/ skype/ social media. Relatives told us people were supported to keep in touch. People confirmed they have regular contact with people who are important to them.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us they have a positive relationship with the home manager and feel they can talk freely. Relative said, "(Home manager name) Keeps us informed, nothing can be improved."
- Staff explained to people when and how their complaints would be addressed/ resolved. People confirmed they knew how to raise concerns and who with. One person said, "I talk to "(home manager name), she helps me sort it out."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. We saw notes of people meetings which evidenced people's views were sought. Relatives confirmed their views were regularly sought and acted upon. One person said they told the home manager they didn't like the Covid-19 tests. They then explained that the home manager showed everyone again why they were important and how they worked in a meeting with all the people. The person said that was a good thing.

End of life care and support

- Staff were not supporting anyone with end of life care at the time of the inspection. Managers understood

who to contact for support if end of life care were needed and knew people's wishes and their families would play a key role in planning.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider failed to ensure there was a robust quality assurance which meant people were at risk of receiving poor quality care. The provider had failed to ensure that all managers and staff recognised and reported abuse or restrictive practices.

Governance processes were not effective and did not always keep people safe, protect their human rights and provide good quality care and support. The provider had not ensured managers and staff had the information and training they needed to provide safe and effective care and follow best practice for supporting autistic people and people with a learning disability. Incident audits were not effective and did not identify trends or actions to reduce the frequency of incidents. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. It was evident that staff had received training and gained knowledge about safeguarding people and understood what constituted restrictive practice. Incidents were now being audited and showed evidence of identifying trends and actions taken to reduce reoccurrence. Medicine audits were being carried out. Staff had received training about learning disability and autistic spectrum condition. The provider had engaged an external consultant to set up a formal quality assurance system and this was rolled out in January 2022. Whilst the breach has been met, this is still an area that requires improvement. Further and more detailed training about the support approaches of people with a learning disability and autistic people, specifically in the areas of communication tools and sensory needs to build knowledge and further improve practice. The new quality assurance system had not yet been tested to demonstrate its effectiveness and needed time to develop and embed.

- Managers have implemented a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. This was a significant improvement since the last inspection. We observed people being open and conversational with staff. Staff told us they were listened too. One staff said, "Managers listen to us and take things on board."
- People were doing more for themselves as staff developed their understanding of active support. We observed people taking pride in ordinary tasks such as preparing their own lunch and cleaning their rooms.
- The registered manager demonstrated their understanding of the importance of achieving good

outcomes for people and while this was a work in progress it was evident it had started.

- The provider invested in the service following the last inspection, embracing change and delivering improvements. It was evident that there had been a significant investment in training and staff told us they felt better equipped to support people.
- The registered manager showed us how they were using reflection tools to learn from incidents. One person confirmed they "Had a good chat." Following a time, they experienced distress, this related to an incident recorded on a reflection tool.
- The provider embraced the actions they needed to take following the last inspection and worked with other professionals to achieve them. The provider told us they had taken the issues raised in the last report to, "Look at ourselves and improve things for the people we support."
- Staff told us they received regular supervision with managers and they had spot checks on their practice. Records confirmed supervisions and some competency checks.
- Since the last inspection the registered manager and home manager had developed their skills, knowledge and experience improve their performance their role and a clearer understanding of people's needs and oversight of the services they managed. One staff said of the home manger, "They are amazing, really hands on and passionate."
- The provider had improved their governance processes, incident were recorded, analysed, actions taken and lessons learnt. For example, a person was becoming upset when they lost their keys, following analysis it was found that they were leaving them in the pockets of clothing they put in the washing machine. Support was introduced to help the person check their pockets which reduced the times keys were lost. Medicines were now audited by the registered manager more effectively and this meant the provider had greater assurance that policies were followed. The provider had invested in a new and detailed quality assurance system, this started in January 2022, but had not been in place long enough to be fully tested.

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, engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others.

- Staff encouraged people to be involved in the development of the service. There were monthly meetings with people. Staff told us this was a developing area. People who used speech to communicate had a more active role than those who did not, staff told us the improved use of Makaton sign was helping them get more people's views.
- The service apologised to people, and those important to them, when things went wrong. Relatives told us they were informed, for example, one relative told us how the home manager contacted them to tell them of an incident involving their family member.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. Records confirmed the registered manager was now appropriately reporting to the local authority and CQC as they are required to do.
- The service worked well in partnership with advocacy organisations other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. It was evident that referrals were being made to health professionals and the provider was taking up training opportunities provided by the local authority. The provider was engaging with CQC and the BILD to keep up to date with current practice. One person had an independent advocate and told us this was important to them.