

Sutton Court Associates Limited

The Corner House

Inspection report

10 Exmoor Crescent
Worthing
West Sussex
BN13 2PL

Date of inspection visit:
18 April 2017

Date of publication:
15 May 2017

Ratings

| | |
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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

The Corner House is a residential care home registered to provide accommodation for up to three people with a learning disability and complex behaviours and needs. The home does not provide nursing care. At the time of this inspection there were three people living at the home.

The property is a detached bungalow in a residential area of Worthing. It fits in with the local neighbourhood and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community. Each person living at the home has a large bedroom of their own that includes ensuite bathing facilities.

At the last inspection on 3 November 2014, the service was rated good. At this inspection we found the service remained good.

The registered manager provided good leadership at the home. Quality monitoring checks ensured people received a consistently good service. Records were well organised and up to date. Appropriate checks of the building and maintenance systems had taken place to ensure health and safety was maintained. A clear process for handling complaints was in place. As at the previous inspection, the service continued to meet all relevant fundamental standards.

People were protected from the risk of abuse and supported to take risks in a safe way. Staff understood their roles in keeping people safe. There were enough staff to keep people safe and meet their needs. People were protected by the provider's recruitment procedures as staff were carefully vetted before commencing employment.

People's healthcare needs were monitored effectively and medicines were managed safely. Staff worked co-operatively with other professionals to provide the care people needed. People enjoyed the food provided and were consulted about the menu.

People received consistent care from staff who knew their needs well. Staff told us they enjoyed working at the home and felt supported by the registered manager. Staff had access to appropriate support, supervision and training. People 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 at the home support this practice.

People had positive relationships with the staff that supported them. Staff treated people with respect and maintained their privacy and dignity. They also supported people in a way that promoted their independence.

People received care that reflected their individual needs and preferences. They had access to activities they enjoyed and were involved in their local community. People were encouraged to give their views about the service they received, were involved in planning their care and their views were acted upon.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Corner House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 18 April 2017 and was unannounced. One inspector undertook the inspection.

Before the inspection we reviewed evidence we held about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted two health and social care professionals to obtain their views of the service provided to people.

During the inspection we spoke with all three people who lived at the home, the registered manager, one senior support worker and a care assistant. We also spent time observing the care and support that people received in the communal areas of the home. Two people also invited us to view their bedrooms.

We looked at the care records of three people, including their care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service, policies and procedures and accident and incident reports.

Is the service safe?

Our findings

People told us they felt safe at the home and that staff were always available if they needed them. One person said, "Very safe, staff are lovely." We observed that staff were friendly in their approach and people were happy spending time with staff. A social care professional told us, "I have had no concerns about the safety of the service users at The Corner House. Staff are well aware of the needs and behaviours of the three service users and work hard to minimise the impact that they may have on each other."

People were protected from abuse because staff understood their roles in keeping people safe. Staff knew the various forms of abuse, signs to recognise them and what actions they should take to protect people. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice.

Potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to behaviours that could be viewed as challenging and accessing the community. When incidents and accidents occurred the registered manager reviewed these to ensure any actions identified as necessary to prevent them occurring again had been implemented. Staff knew how to support people to minimize incidents and accidents; we saw this knowledge put into practice during our inspection.

Checks on the environment had been completed to ensure it was safe for people. Staff had attended fire training and were able to explain the procedures they would follow in the event of a fire. The fire alarm system and fire fighting equipment were professionally inspected and serviced at regular intervals. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

There were enough staff to keep people safe and meet their needs at all times. People received one to one support during the day when in the home and two people received two to one support when in the community. Staff told us there were sufficient staff on duty for people to do the activities they wanted to do or to go out into the community. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

There were systems and processes in place for the safe management of medicines. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. A member of staff responsible for giving people their medicines was able to explain in detail how they supported people to have their medicines safely. Medicines were stored, recorded and disposed of appropriately.

Is the service effective?

Our findings

People were happy with the support they received. One person said, "They (staff) do their best. They take me to the hospital and make sure I have my tablets." A social care professional said, "The support [named person] receives is very effective at minimising triggers to their behaviour and is also effective at responding to behaviours when they occur. Since [named person] has moved to The Corner House they have made considerable progress in many areas around skill development and managing emotions and has been very settled."

Staff said they were fully supported to undertake their roles and responsibilities. They received one to one supervision as well as an annual appraisal. This allowed them to discuss their performance and training needs. A training programme was in place that helped to ensure staff knowledge was current and relevant to the needs of the people who lived at the home. Staff attended an induction when they started work and had access to on-going training thereafter. Specialist training had also been completed for behaviour that challenges and this training had an emphasis on the approach of positive behaviour support. In addition staff had received condition specific training such as epilepsy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and we observed them gain people's consent to their care throughout our inspection.

People's best interests had been considered when decisions that affected them were made. The registered manager involved all relevant people, such as families and health and social care professionals, to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. One person said, "Staff help me, they make pasta and we have lots of tomatoes and vegetables." People were involved in choosing meals and had a choice of when and where to eat. The kitchen was accessible to everyone who lived at the home and people were observed entering the kitchen and making drinks with support from staff. Staff knew people's likes and dislikes without having to refer to their care records.

People were supported to maintain good health and access external healthcare support as necessary. People told us staff helped them make a medical appointment if they felt unwell. People who had on-going conditions, such as epilepsy, were supported to see specialist healthcare professionals to regularly monitor

this condition. The registered manager also ensured referrals were made to other specialists as required. The advice and guidance given by professionals was known and followed by staff.

Is the service caring?

Our findings

People spoke positively about the care and support they received, and described staff as kind and caring. They said they had good relationships with each other and with staff. One person said, "It's home sweet home here. They (staff) are my mates." A social care professional said, "Whenever I have visited The Corner House staff have always demonstrated a very kind and compassionate approach to the people they support. Staff are always positive and friendly and have learnt the most effective ways of communicating with people. Service users are always treated with dignity and respect."

We observed that staff and people had developed strong and meaningful relationships, and staff were able to tell us about people's backgrounds, preferences and interests. Care records had information about people's histories and background including education, family, social network, and individual preferences. We saw staff interacting with people in a caring and friendly way. Staff provided people with reassuring touches and hugs and used friendly facial expressions and smiled at them throughout the day.

Staff understood people's preferences and respected them. Staff addressed people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs. We saw staff communicate with people using signs, facial expressions and body language as well as verbally.

People were supported to maintain relationships with their friends and families. The registered manager helped foster relationships by ensuring birthdays were always celebrated and families and friends invited. Staff assisted people to make and receive telephone calls and to send emails to family members. One person told us they had visits with their relatives twice a week.

Staff respected people's privacy and dignity and promoted confidentiality. Staff ensured people had their personal space and were able to enjoy quiet time as they wished. People said they could have privacy when they wanted it and that staff respected this. When people went out during the day staff prompted and encouraged them to consider their personal appearance, for example with footwear and their hair.

People were encouraged to be independent. People were involved in the life of the home and were supported by staff to manage aspects of their own cleaning and laundry. For example, one person brought their clothing to the laundry and a member of staff supported them to press the button on the washing machine.

People were supported to express their views and to be involved in making decisions about their care and support. Monthly meetings took place where people's views were obtained and acted upon. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Support plans were reviewed to ensure they continued to reflect people's needs and wishes. People and their relatives were able to contribute their views to this process.

Is the service responsive?

Our findings

People received care that was personalised to their needs. For example, one person had been supported to increase their daily living skills. They now were able to put their plate in the dishwasher. Another person had been supported to increase their personal care skills. They were now able to brush their teeth and shampoo their hair with minimal staff support. One person told us, "They (staff) help me to have a shower but I do my teeth."

People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. People's needs were kept under review and support plans were updated if their needs changed. A person-centred plan had been developed for each person, with their input. Some effort had been made to provide care documentation in accessible formats. The registered manager said priority would be given to expanding this further in line with the Accessible Information Standard. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff worked with other professionals in order to meet people's behavioural needs. This included making referrals and seeking advice from psychologists. Behaviour support plans were in place based on the advice and recommendations received. Staff were able to tell us about the strategies that were in place and we observed these put into practice during our inspection. Staff responded effectively when a person became agitated and the situation was resolved with the person returning to a calm state of wellbeing.

People were supported to access activities they enjoyed. One person told us, "I go for walks; love them." The home had its own vehicle to enable people to take part in activities and to access local shops, restaurants and the wider community. On the day of inspection each person took part in activities they preferred. One person went to the cinema, another to a local charity shop and a third for a walk.

Monthly residents' meetings were held where people were asked if there was anything they were unhappy about or anything they would like to change. People were encouraged to give their opinions about the food, the activities they took part in and about the staff who supported them. Relatives and people who lived at the home received an annual satisfaction survey. The findings from these were collated and included evidence of actions taken in response to feedback.

People were routinely listened to and their comments acted upon. There were appropriate procedures for managing complaints. Each person who lived at the home was given a copy of the easy read complaints procedure when they moved into the home. During monthly residents' meetings people were encouraged to speak up if they were unhappy with any aspect of the service provided and action was taken to address concerns.

Is the service well-led?

Our findings

There was a positive culture at the home that was supported by a registered manager who took steps to ensure this was inclusive and empowering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said that the home was well-led and that the registered manager was approachable. One person hugged the registered manager and told us, "She's nice." People referred to the registered manager by her first name and it was apparent that they were at ease in her presence.

Staff said that the registered manager was a good role model. Staff were motivated and told us that they felt fully supported and that they received regular support and advice. A member of staff said, "The manager is good. The way she talks. I don't feel scared to talk to her as she explains things in a good way." Staff meetings took place where staff were given the opportunity to share their views. Management also used these meetings to keep staff updated with any changes within the home and to provide guidance on changes in procedures.

The registered manager demonstrated understanding of her responsibilities to ensure legislation was complied with. She was aware of the legal requirement to report significant events. Notifications were submitted to the Commission in a timely and transparent way. Information at the home was stored securely and in accordance with data protection. The information in the Provider Information Return (PIR) was accurate and identified areas for future development. This demonstrated a commitment by the registered manager to be open and transparent in working towards continuous improvement.

There was an established system of quality monitoring that ensured people received good quality care and support. Internal audits were completed for areas that included medicines, care records, complaints and incidents. External audits were also completed by agencies that included West Sussex County Council contracts and commissioning team and the home's medicines supplier. The latest audits found no issues that required further action. People's views were obtained and used to drive improvements. As a result of one person making a comment about the colour of their bedroom walls arrangements were made for this to be changed.

There were whistle blowing procedures in place which were discussed with staff during induction, supervision and staff meetings. Staff were able to explain how the whistleblowing procedures offered protection to people but did not understand that they could raise concerns anonymously. The registered manager said that she would discuss whistle blowing procedures again with staff so that everyone understood what these were.