

Sutton Court Nursing Homes Limited

Sutton Court Nursing Home Limited - 19 Stone Lane

Inspection report

19 Stone Lane
Worthing
West Sussex
BN13 2BA

Tel: 01903693453

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22 October 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sutton Court Nursing Home Limited - 19 Stone Lane is a residential 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 home is registered to provide accommodation and care for up to six people who live with a learning disability and associated complex needs such as epilepsy. At the time of the inspection the home was full.

The home is located within a residential area in Worthing. Communal areas include a sitting room, dining room and games room. Bedrooms are of single occupancy and have en-suite facilities. People have access to a rear garden.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support an overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living with a learning disability using the service can live as ordinary a life as any citizen.

People were at the heart of the service. People received a high standard of person-centred care that was responsive to their needs. Staff went out of their way to provide support to people and worked additional hours to achieve this. Thought had been given to ensure that people's needs were met in a responsive and innovative way. Staff found creative ways of supporting people to live full and meaningful lives. People were supported to be part of the local community and there was a culture of social inclusion.

Care plans were detailed and provided clear guidance to staff on how to support people. Information was provided to people in an accessible format. Communication was good and staff communicated with people in their preferred way, such as with pictures or signs. Staff were trained in communication skills that met people's needs.

People were supported by kind and caring staff. Staff were observed helping and supporting people who became distressed or anxious in a calm and soothing manner. People were consulted and involved in decisions about their care and support; they were treated with dignity and respect.

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 in the service supported this practice.

Staff had a good awareness of the principles of safeguarding people from abuse. We observed staff supported people safely and in a way that encouraged their independence. Risks to people were fully assessed and there was guidance for staff on controlling risks to people. Sufficient numbers of well-trained staff were provided so people's needs were met. Checks were made to ensure newly appointed staff were suitable to work in a care setting. Medicines were safely managed. The premises were safe and well maintained. Accidents and incidents were reviewed to see if any changes in service provision were needed. The home was clean and hygienic.

Robust processes were effective for auditing and monitoring the quality of the service and complaints were responded to appropriately in line with the provider's complaints procedure.

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.

Sutton Court Nursing Home Limited - 19 Stone Lane

Detailed findings

Background to this inspection

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

This inspection took place on 22 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we checked information that we held about the home and the service provider. 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 information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met each of the six people who lived at the home. We spoke with people where they were comfortable to engage with us and observed people interacting with staff throughout the inspection. We spoke with the registered manager, the deputy manager and a support worker.

We looked at the care plans and associated records for three people. We reviewed other records including the provider's internal checks and audits, staff rotas, accidents and incidents, records of medicines administered to people and complaints. We looked at staff training records and staff supervision records, including staff recruitment.

After the inspection, we contacted two social care professionals, who had knowledge of the service, for their

feedback. We also spoke with three relatives. They have given their permission for their comments to be included in this report.

Is the service safe?

Our findings

The service was safe. There were systems to safeguard people from possible abuse and staff had completed training on this subject. Staff knew how to keep people safe and what action to take if they suspected abuse was occurring. One staff member explained their understanding of safeguarding and the types of abuse they might encounter. They said, "If we know something is happening, we reassure people and we will tell someone about it straight away. I would tell my line manager and she would report it. I could report it to the local authority myself, if my manager was away". Records were kept in relation to people's own money. When money needed to be paid out, this was signed for by two staff members to protect people from the risk of financial abuse.

Risks to people were identified, assessed and managed so they were supported to stay safe and their freedom was respected. We looked at detailed risk assessments within care records in relation to areas such as travelling in the community, support to healthcare appointments, personal care, healthy eating and activities. Risk assessments in relation to the management of one person's epilepsy were particularly detailed and provided good guidance for staff. For example, there was information in relation to the medicine to be administered, the severity and types of seizure the person might experience and what action staff should take if the person had a seizure whilst in the bath. Accidents and incidents were reported and actions taken as needed. Risk assessments in relation to the premises were satisfactory and all appropriate servicing and testing had been completed as needed. Staff completed training in fire safety and the evacuation of the building in an emergency.

Staffing levels were sufficient to support people to stay safe. During the day a minimum of three support staff were on duty, but this was flexible, depending on whether people went out during the day, when additional staff might be required. At night one waking staff member was on duty. The deputy manager said, "Yes, we have enough staff. If someone goes on annual leave, I do the rota in advance so I can ask staff to work here from other homes, so we cover the home all the time. There's never a problem when staff are needed".

Staff recruitment procedures were robust. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed and weekly audits were completed to support this. Records showed that people received their medicines as prescribed and medicines were safely stored. Staff were trained in the administration of medicines. We observed the deputy manager administering a medicine to one person at lunchtime. This was done safely and the associated Medication Administration Record (MAR) was signed by the deputy manager in confirmation.

The home was clean and hygienic and there were no offensive odours. Staff had completed training in infection control and knew how to prevent the risk of infection.

Lessons were learned and improvements made when things went wrong. We discussed a particular incident with the registered manager. She demonstrated a sound understanding of her responsibilities under the Duty of Candour. She said, "It's about all staff understanding, being honest, transparent and clear with people, relatives and professionals". Appropriate action had been taken as needed to mitigate the risk of the incident reoccurring. Staff were aware of what had occurred, the incident had been discussed and any identified improvements had been made.

Is the service effective?

Our findings

People's needs and choices were assessed so that their care and support was delivered to a high standard. Any cultural or spiritual needs were catered for. We asked the registered manager about their understanding of Equality, Diversity and Human Rights (EDHR). She demonstrated her knowledge in this area in relation to people being treated equally and not being discriminated against because of their disability. At lunchtime, we observed one person pointing to what they wanted to eat as they had limited verbal communication. They were responded to positively by staff. Another person enjoyed going to church and the deputy manager attended with them. The registered manager said, "[Named person] is treated with respect by church members and she loves singing".

Staff had the knowledge and skills to deliver effective care and support to people and our conversations with staff demonstrated this understanding. The registered manager told us that she used the Skills for Care Common Induction Standards when new staff were recruited. The Induction Standards set out the first things staff need to know for their work in providing care or support to people. The registered manager added that she would discuss each module with the member of staff to check their understanding and provide any support that might be needed. New staff shadowed existing staff as part of their induction.

Staff completed training considered mandatory by the provider in areas such as safeguarding, food hygiene and nutrition, medication, epilepsy, health and safety, infection control, mental capacity, awareness of learning disability and equality and diversity. Additional training was also provided on topics such as Makaton and positive behaviour support. One staff member said, "Training helps you to learn and refresh your understanding. You may have learned something three months ago and need an update and we can do that". Staff were encouraged to study for vocational qualifications related to health and social care.

Staff were supported by managers to do their jobs to the best of their ability. Staff had regular supervisions with either the registered manager or the deputy manager. Records showed that staff had received at least four supervisions during 2018 to date. Staff told us they felt supported in their work and that their welfare was important to the managers. One staff member said that they were always asked how they felt the job was going, whether they felt happy and whether they wanted to change anything. The deputy manager explained that supervisions were not limited to formal meetings and said, "We supervise staff every day because we work on the floor and see staff". Handover meetings took place and enabled staff to receive regular and current updates about people's care and support needs.

People were supported to maintain a healthy diet and had a choice of food available to them. We sat with four people during the lunchtime meal. This was a sociable occasion and staff also sat with people, engaged them in conversation and provided any support needed. The deputy manager said they were involved with food preparation, as were other staff, and did the food ordering. He said, "We ask people individually what they want to eat". On the day of our inspection, people had a choice of sandwiches and one person said they wanted lentil soup; which was prepared for them. The main meal of the day was served in the evening, since many people went out during the day. Special diets were catered for.

People received support from a variety of health professionals according to their medical needs. Staff supported people to attend healthcare appointments. Health action plans provided information about people should they need to be admitted to hospital for example. We saw that healthcare professionals had contributed to these plans, providing information following people's appointments. For example, a chiropodist made regular visits and recorded when these had taken place within people's health action plans, together with any additional information for staff. Health action plans had been completed in an accessible format and Makaton symbols were used to aid understanding.

People's individual needs were met by the adaptation, design and decoration of the premises. One person showed us their bedroom and they were clearly pleased with the décor and furnishings. The provider had made improvements to the premises in recent months, with the installation of wooden shutters and window frames. The driveway had been resurfaced making it safer for people to mobilise.

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). Where it was believed people did not have capacity to consent to any aspect of their care and treatment, a mental capacity assessment had been completed. These were decision specific. Information relating to consent and decision making had been written up for people in an accessible way, so they could understand the concept. Staff demonstrated a good understanding of legislation in relation to MCA and DoLS. Two authorisations relating to DoLS had been granted by the local authority and others were awaiting decision.

Is the service caring?

Our findings

The service was caring. People were treated with kindness and respect. We observed numerous occasions when staff demonstrated their understanding of people's emotional and care needs. For example, one person was reluctant to go and have some lunch in the dining room. The registered manager explained gently and quietly why it would be a good idea for the person to have something to eat before they went out. After a while, with the registered manager continually chatting with the person in a soothing manner, the person agreed to have some lunch and went off happily to the dining room.

People were relaxed in the company of staff and positive, caring relationships had been established. One person said, "I love it here. Staff are very nice and kind to me". Where a person became fixated on a particular topic of conversation, we observed staff talked patiently with them, giving them time and space to express their point of view. If it was felt the person was becoming anxious or distressed with a particular conversation, then staff used distraction techniques to good effect. The offer of a cup of tea was often accepted by the person, as they loved tea. A member of staff told us, "I would talk to him calmly when he becomes upset. I offer him a drink, because he loves a drink. There used to be a problem with talking about one of his relatives and he got upset, so we talk to him and try to calm him down".

People were supported and encouraged to express their views and were actively involved in decisions relating to their care. We observed one person used signing to communicate with staff and that staff understood what the person wanted, responding positively. Some people communicated verbally and staff were observed to be patient and kind in their responses, using humour to good effect. The deputy manager explained the importance of involving people with their care and in any activities. He said, "We ask people what they would like to be done or to do, like being involved in activities. People might say they don't want personal care. One person will often refuse, but later will agree to it. People want personal care when they want and we fit in with that. It's people's choice. They might want a lie-in for example".

People were treated with dignity and respect and had the privacy they wanted. One person often chose to eat in their room since they found the noise and bustle of the dining room difficult to cope with. One staff member said, "We respect people's wishes, privacy and their beliefs. We give people personal space if they want. We don't just go into people's rooms, we knock on the door". Staff encouraged people to be as independent as possible, for example, with their personal care or in tidying their bedrooms.

Is the service responsive?

Our findings

People received care which was responsive to their individual needs and preferences. Staff demonstrated a compassionate, sensitive approach to the job and sometimes worked extra hours because they were keen to offer additional support to people when required. An outstanding example of this was when, one person was admitted to hospital unexpectedly. Anticipating that this person would become unduly anxious or distressed at being in pain and in a strange environment, the registered manager arranged for staff to be with this person round the clock. On the first night the person was in hospital, and at short notice, one staff member volunteered to stay with the person, despite it being their day off. Staff freely volunteered their time to be at the hospital. The acute liaison learning disability nurse at the hospital was contacted and advised about the person being admitted. Support staff from the home liaised with hospital staff to ensure they understood the person's specific needs, so that the person would not become overly anxious or worried. The person's relative sent a note to staff at the home which read, 'To everyone who supported ... and sang to [named person] whilst he was in hospital and continue to care and support him at Stone Lane. Here's to his continued recovery. A special thank you for those staff who spent many hours with [named person]'.

Actions had been taken to provide what was needed when the person was discharged from hospital, including equipping a room on the ground floor not usually used as a bedroom. When the provider, who was abroad on holiday, was informed about the person being admitted to hospital, he immediately made arrangements to support the person to leave hospital as soon as they had sufficiently recovered. The person's relative told us, "Staff that went to the hospital were fantastic. Sutton Court as an organisation is great because the provider took time out from holiday when it happened to make sure [named person] came home as soon as possible. The consultant said he has done amazingly well in the short-term.

We saw staff were particularly responsive to a person's dietary needs. Because of a health condition, this person needed a strictly controlled, calorie limited diet. The person understood why their calorie intake was carefully monitored and managed, but occasionally found it difficult to eat sensibly. Portions of foods were measured, but there had been occasions when the person thought staff had underestimated portions, particularly at breakfast time. The person could then become distressed. To enable the person to understand about measuring and portion control, staff had taken an innovative approach and prepared some laminated sheets which were placed on the kitchen wall. One sheet, for example, showed a picture of muesli and that the person could have five spoonfuls of this cereal for their breakfast. The picture showed five empty spoons. When breakfast was being prepared by staff, the person counted each spoon on the picture with staff as they put the muesli into the bowl. This technique meant the person was now happy with the amount of food they had been given. It enabled them to understand how the food was measured into the bowl and empowered them to become involved in the preparation of their meals.

Care plans provided detailed information and guidance to staff so that they knew how people wanted to be supported. Information was also provided in an accessible format to meet people's communication needs and to aid their understanding of what had been written about them.

A relative told us, "It's a wonderful place and my nephew is very happy there. They're great in all aspects of his personal care. He was very unsettled in his previous placements, but he's done really well there. I get involved in reviewing his care. I can pick up the phone to [named registered manager] and she will manage any concerns he might have. Any incidents that happen, we will be kept informed. Communication with the family is very good".

A range of individual and group activities supported people to lead fulfilling and meaningful lives. Activities were planned with people and they chose what they would like to do and when. On the day of our inspection, a couple of people were preparing to go out to a local centre where they were taught the ukulele. One person showed us their instrument and demonstrated how they played it and sang us a tune. Later on in the day, a couple of people were asked if they would like to go out in the car and then staff accompanied them on a walk on the South Downs, which they enjoyed. Plans were being made for a Halloween event and a Christmas party at a local leisure centre.

Thought had been given on how people living at the home took a key role in their local community. The registered manager was experienced and passionate about inclusion. She explained how important it was for people to be included in the local community. She said, "It's about community presence. Our guys access things that are for everybody. It's important we promote people with a learning disability in the community". A social worker, when asked for their feedback about the service, wrote, 'I would be happy to recommend this service to others. I believe the residents have a good quality of life and are well cared for'.

Complaints were managed in line with the provider's policy; one complaint had been received in 2018 and this had been dealt with to the satisfaction of the complainant. The complaints policy was available for people to understand in an accessible format.

If people's needs could be met appropriately, and if it was their wish, people could continue to live at the home until the end of their lives. Where people were comfortable to talk about their wishes for their end of life care, these had been documented in their care plans. Some people had experienced grief after relatives had passed away. Staff were sensitive to people's emotions and provided the support they needed in a way that encouraged people to express their feelings and sadness.

Is the service well-led?

Our findings

The service was well led and a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The findings of our inspection reflected that people received consistent person-centred care where their rights to a good standard of care and for accessing community facilities were promoted. The registered manager had a good understanding of Registering the Right Support (guidance published by CQC regarding the new registration of services supporting people with a learning disability and/or autism who display behaviour that challenges).

Staff were supported by the managers to deliver high quality care. Staff working patterns were flexible in line with their preferences. For example, one member of staff followed a particular religion which meant they would fast at certain times of the day for religious festivals during the year. The deputy manager told us this staff member would be offered flexible working hours to enable them to fast. Staff who were studying for exams were given the time they needed to prepare. Staffing rotas reflected that people were supported as needed whilst staff worked the shifts that fitted with their lifestyles and preferences. Staff said they were happy working at the home. One staff member told us, "I've been here for several years and I enjoy coming to work here. It's convenient for me and I know people very well. I don't have any problems".

Statutory notifications which the provider was required to send to the Commission by law had been completed satisfactorily. The ratings awarded at the last inspection were on display at the home. Records were extremely well ordered and meticulously maintained. The registered manager was aware of the need to protect information about staff and people. The registered manager told us that all policies had been reviewed as needed. There was a new policy in relation to keeping information and data confidential in line with the General Data Protection Regulation (GDPR) which came into effect from 25 May 2018. An example of this was when a local authority representative rang a staff member at the home to ask for information about a person. The staff member refused to share this information until they had verified that the enquiry was genuine.

People were involved in developing the service and their views and suggestions were encouraged at residents' meetings. Relatives were asked for their feedback through annual surveys. The survey for 2018 was about to be sent out and this had been developed by the provider. The registered manager said, "We have developed a new survey this year and I have an open-door policy; people and relatives can see me anytime". Staff meetings and residents' meetings took place and records confirmed this. When residents' meetings took place, information was recorded in an accessible format for people who had difficulty reading. We spoke with three relatives after the inspection and all were very complimentary about the provider, the managers and the staff. One relative said, "The staff are really good and they're always really friendly. [Named family member] always looks so well turned out. There's things we've suggested and they will always listen. We feel reassured by staff standing by who can support us quickly if needed when we

visit". Another relative referring to their family member said, "They've done wonders with him over the years. Holidays have been organised which he's loved".

The quality and safety of the service were audited on a regular basis. Audits were detailed and comprehensive and included health and safety, the safety of the premises, staff records and care plan reviews. This meant that systems were effective and the provider worked hard to identify any issues and to drive continuous improvement.

The registered manager and staff worked with other agencies to provide co-ordinated care to people. A social care professional said, "The manager has a good understanding of the residents and is always well informed at meetings. They have good, thorough paperwork in place. The manager has a good relationship with the staff and residents from the times I have observed this".