

Sudbury Care Homes Ltd

Sudbury Care Homes Limited

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Sudbury Care Homes Limited on 16 and 20 October 2014. This was an unannounced inspection. Sudbury Care Homes Limited is a care home and provides care and support to five people with learning disabilities. The home is a converted house in a residential street, similar to the family houses in the neighbourhood. There were five people living at the home when we visited.

At our last inspection in August 2013 the service was meeting the regulations we inspected.

There was a registered manager at the time of our inspection. 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.

We observed that the home was clean and that an appropriate standard of hygiene was maintained in the kitchen and bathrooms. However there were no single

Summary of findings

use paper towels available at the hand wash basins to reduce the risk and spread of infection in line with guidance from the Department of Health. We have made a recommendation on the procedures for hand washing.

There were enough qualified, skilled and experienced staff to meet people's needs. People told us that they felt happy and secure, and that, "I have enough staff to help me." Staff had access to the information, support and training they needed to do their jobs well. Medicines were administered safely.

People were involved in writing and reviewing their support plans. Each person had an allocated member of staff as a key worker, and they had monthly one to one meetings to set and review goals and plans.

Each person who used the service had their own bedroom and shared two bathrooms. There was a communal kitchen, lounge and dining room. We observed that the communal rooms were small and the kitchen had space for only one person to prepare drinks or food with staff support. One person said, "There are too many people here." However another person showed us their bedroom and told us that they enjoyed the hobbies and activities they could practice there. They said that they could watch TV and meet visitors in private in the lounge.

People told us that staff supported them to do "lots of things." Each person had a daily timetable for their choice of activities, using pictures so that they could make their choices and understand what they were doing and when. People told us that staff understood how they communicated and always asked them what they wanted to do, and how staff could support them. We saw that staff understood and communicated with people well, and supported them to make decisions and to be independent.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

The staff we spoke with were aware of the nutritional needs of the people they supported, and of the signs of possible malnutrition. People with specific dietary needs such as diabetes and high cholesterol were supported to understand their condition and to plan their meals.

Information on making complaints was provided with pictures to enable people to understand. The complaints record showed that people had raised concerns about a light not working and the need for a new freezer. These were addressed, and people's views on the outcome were recorded.

Staff told us that the registered manager provided good leadership and support. They said the manager kept them informed of any changes to the service provided or the needs of people using the service. There were regular staff meetings where they were able to express their views. One staff member said, "We can say anything to the manager and it is genuinely listened to."

Arrangements were in place to monitor the quality of the service. People gave their views on the service at residents meetings, monthly one to one meetings with their key workers, and at reviews of their care. We saw that their views were listened to and acted on. For example people were involved in choosing colours and furnishings for redecoration of their bedrooms. We saw the annual development plan for 2014, with dates for actions to be completed for redecoration, polishing the flooring, replacing net curtains with shutters to the bedroom windows. All these were recorded as completed.

Summary of findings

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 consistently safe. Paper towels were not available to ensure that hand washing was effective in controlling the spread of infection.

There were processes in place for safeguarding people from the risks of abuse and staff understood how to safeguard the people they supported.

The provider had staff recruitment and selection processes in place to ensure that the staff they employed were fit to work with people whom used the service. There were appropriate staffing levels to meet the needs of people who used the service.

Medicines were administered and recorded properly, to show that people received their prescribed medicines as prescribed and safely.

Requires Improvement



Is the service effective?

The service was effective. Staff received training and support to ensure they could meet the needs of people who used the service.

People were supported to choose and maintain a healthy diet. Staff were aware of how to monitor people for risks of malnutrition.

People using the service were supported to maintain good health and to have access to appropriate healthcare services.

Good



Is the service caring?

The service was caring. People told us that staff knew how to communicate with them. Staff were aware of each person's methods for communication so that they could support people to make decisions about their daily activities and support needs. The support plans we viewed contained information that was important to people and how they wanted to be supported.

Good



Is the service responsive?

The service was responsive. Support plans were centred on the person and provided staff with information and guidance on how they wished to be supported.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately in line with the complaints procedure.

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff were supported by their manager. There was open communication within the staff team and staff felt able to raise any concerns in the knowledge that these would be taken seriously and addressed.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



Sudbury Care Homes Limited

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.

We inspected Sudbury Care Homes Limited on 16 and 20 October 2014. This was an unannounced inspection.

The inspection team consisted of an inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience for this inspection had experience of using services for people with learning disabilities. They were accompanied by a supporter who assisted them with recording their observations.

We spoke with two people living at the service and two members of staff including the deputy manager. The registered manager was not present during the inspection. We looked at three people's care plans, staff duty rosters and training records and two staff recruitment files as well as a range of records about people's care and how the service was managed.

Before we visited the home we checked the information we held about the service, including notifications of significant events that the provider had sent to us. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 30 August 2013. The provider 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.

Is the service safe?

Our findings

People told us that they felt happy and secure, and that, “I have enough staff to help me.” Staffing rosters showed that there were sufficient staff available to support people with their care needs and with individual activities. Staff told us that they were allocated to assist people with specific activities and that additional staff were available if required to support people with individual needs such as attending medical appointments.

Checks were undertaken before staff were employed, to show that they were fit to work in a care setting. We looked at the files for two members of staff. They held evidence to confirm that appropriate checks were carried out, including written references, criminal record disclosures and proof of identity.

Staff had received training in safeguarding adults. Staff told us they knew the procedures for reporting any concerns, and they were knowledgeable about the signs of any potential abuse. Staff were aware of their responsibilities for whistle blowing if they had any concerns about the safety of people using the service.

Staff knew how to respond to people’s behaviour when it challenged the service. Support plans for each person included guidelines for managing behaviour which described any potential triggers, a description of the behaviour and the measures for supporting each person. For example staff could provide distraction for one person by offering an activity that they enjoyed.

Individual risk assessments were completed for people who used the service, and provided guidance for staff on how to manage the risks and ensure that people were protected. These included using the service’s transport, holding keys for bedrooms, receiving medicines and going to work. The guidance included details of the actions staff should take to minimise the risks and keep people safe. Risk assessments were also in place to ensure safety in the

premises, including a fire risk assessment, guidelines for visitors, and the use of safety equipment such as window restrictors and safe lighting. There were guidelines for lone working to ensure the safety of staff in the premises.

The home had a policy and procedure for infection control that included daily cleaning schedules and the procedures for hand washing. Staff told us that they followed procedures for handling laundry that ensured that the risks of spread of infection were minimised. We observed that the home was clean and that an appropriate standard of hygiene was maintained in the kitchen and bathrooms. However there were no single use paper towels available at the hand wash basins to reduce the risk and spread of infection in line with guidance from the Department of Health. We discussed with the deputy manager replacing cloth hand towels with paper towels.

People received medicines as prescribed and safely. We checked the medication records for two people. They showed that medicines were given as prescribed. There were regular audits of medicines and medicines administration records to show that they were administered properly.

Staff counted and recorded all medicines every day, to ensure that any possible errors could be noted and addressed without delay.

Each person had a list of medicines with the reason for taking the medicine and any side effects. Guidelines were in place for medicines that were prescribed to be given when required, for example for pain control or to assist with anxiety or behaviour that challenged the service. We saw an example of when a medicine had been given following continued aggressive behaviour. The description showed that other techniques for managing the behaviour were tried first, including allowing time to calm down and offering alternative activities. The medicine was then given when other techniques were not successful in supporting the person to manage their aggressive behaviour.

Is the service effective?

Our findings

Each person who used the service had their own bedroom and shared two bathrooms. All bedrooms were on the first and second floors and were not suitable for people with limited mobility. However we saw a list of adaptations that had been made in order to comply with the Disability Discrimination Act 2005. These included handrails in all hallways and in the bathrooms. All staff had signed the provider's disability discrimination policy to show that they had read and understood it.

The ground floor of the premises contained a communal kitchen, lounge and dining room, with access to the garden. We observed that the communal rooms were small and the kitchen had space for only one person to prepare drinks or food with staff support. One person told us that they did not like to go to their bedroom if they wanted to be alone, and there was nowhere in the house that was quiet. They said that their bedroom did not provide privacy as they could hear people in other rooms when they were there. They said, "There are too many people here." However at our second visit to the home another person showed us their bedroom and told us that they enjoyed the hobbies and activities they could practice there. They said that they could watch TV and meet visitors in private in the lounge.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. We observed a good relationship between staff and the people they were supporting, which showed that staff understood each person's needs and how to communicate with them. Staff told us that they received regular training to ensure that they could meet the needs of people who used the service. The training records showed that all staff had completed training to ensure they had the knowledge and skills to look after people safely. Training was provided to meet the specific needs of people who used the service, such as epilepsy, autistic spectrum disorder and challenging behaviour.

Staff received regular one to one supervision of their work, and annual appraisals of their progress and any training needs. We saw examples of supervision records that showed that they discussed work and training needs, and the specific needs of individual people who used the service, and how to address and concerns.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and how to make sure that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. We noted that capacity assessments were carried out when required and decisions made in the person's best interests. One person had a capacity assessment for deciding on dental treatment, which showed that they were able to understand and make their own decision about the treatment.

CQC is required by law to monitor the operation of the MCA Deprivation of Liberty Safeguards (DOLS) for care homes, and to report on what we find. Where there is a deprivation of a person's liberty DOLS requires the provider of the care home to submit an application to a 'Supervisory Body' for authority to do so. Staff were aware of the 2014 Supreme Court judgements which widened the scope of the legislation, but told us that no one using the service was subject to any restriction of their liberty.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

The staff we spoke with were aware of the nutritional needs of the people they supported, and of the signs of possible malnutrition. People with specific dietary needs such as diabetes and high cholesterol were supported to understand their condition and to plan their meals. Everyone in the home was assessed regularly for the risk of malnutrition. The assessments included records of weight to assess if people were losing weight and therefore not receiving appropriate nutrition to maintain their health. Most of the examples that we saw showed that people maintained a stable weight.

Support plans provided clear information on each person's health care needs. Each person had a separate health file with records of the involvement of appropriate healthcare professionals. We saw evidence of regular checks for people with specific conditions such as diabetes and epilepsy. There was pictorial guidance on maintaining a healthy diet and gentle exercise so that people could understand and follow what was needed.

Is the service caring?

Our findings

The people we spoke with told us that they staff understood how they communicated and always asked them what they wanted to do, and how staff could support them. Support plans included guidelines for staff on each person's communication needs. For example, one person rubbed their hands together to show that they were happy, and used pictorial aids for communication. The guidance was for staff to encourage the person to slow down so that they could understand staff and be understood. We observed a staff member talking with one of the people who used the service. They checked that the person understood their questions and was able to answer their questions. One person said that they were able to choose when they went to bed and when they got up, and there were no restrictions on their activities.

We saw records of monthly house meetings where people gave their views on any changes they wished for the home, and on activities they wished to do. The minutes of the meeting recorded how each person showed their agreement, for example by rubbing their hands, tapping their hands, and laughing. At the most recent house

meeting, people discussed the redecoration of their rooms and how they had chosen the colours they wanted. They also talked about shopping for new furnishings for their rooms. Two people requested a new clothes airer so that they could dry their laundry more quickly. It was recorded that this had been purchased. Most people had family members who visited and were able to assist them with making decisions. Mencap provided an advocacy service if required, and the contact details for the advocate were displayed in the home.

Support plans for assistance with personal care provided guidelines for supporting each person to be independent, safe and to maintain personal hygiene. People told us that staff supported them when they asked for assistance. The daily handover record showed what people wished to do and who would support them. Staff told us that they knew each person's specific wishes and needs, and took time to ensure that they were supporting people as they wished.

Staff told us that they respected each person's need for privacy and supported them with all personal care in their own room or in a bathroom behind closed doors. We observed that staff were caring and treated people with respect.

Is the service responsive?

Our findings

People told us that staff supported them to do “lots of things.” Each person had a daily timetable for their choice of activities, using pictures so that they could make their choices and understand what they were doing and when. One person told us, “I like a lager, I like horse riding” They showed us their programme with an outing to the local pub. Other activities recorded included swimming, bowling, shopping and trips to the zoo and the fun fair. People attended day care or a college or a work placement during the day. One person was currently choosing college courses they were interested in, including crafts and personal development. Another person had a programme for learning to use public transport to go to college so that they could travel independently.

Staff told us that they knew each person’s history and their current needs and wishes, and we saw that these details were recorded in their support plans. People were involved in writing and reviewing their support plans. We saw that people’s views were recorded. For example, in the record of a review, one person’s words were recorded. “I go to doctor and I want staff to come with me.” “(Person’s name) choose menu. (Person’s name) likes cooking, I do.” Each person had an allocated member of staff as a key worker, and they

had monthly one to one meetings to set and review goals and plans. One person had a current goal for gardening. Previous goals to arrange a day trip to the zoo and to plan a birthday party were recorded as completed. They also had a long term goal to eat healthy food and weigh less, and the person checked their progress at the monthly one to one meetings. They noticed that, “My jumper is too baggy” and discussed going shopping to buy new clothes. They showed us how they chose meals they would like from pictures, and understood which were healthy meals.

People knew how to raise a concern or complaint if they wished to. Information on making complaints was provided with pictures to enable people to understand. We noted that the record of the last residents meeting in July 2015 had included discussion of how to make a complaint. People showed that they understood the process, and one person went to the hallway to get the complaints book to show that they knew how to raise any questions or concerns that they had. The complaints record showed that people had raised concerns about a light not working and the need for a new freezer. These were addressed, and people’s views on the outcome were recorded. Staff supported the person who complained about the freezer to look at catalogues and search on the internet to choose a new freezer and arrange for delivery.

Is the service well-led?

Our findings

There was a registered manager for the service. They were not present during the inspection, but staff told us that they visited the home every day and provided good leadership and support. They said the manager kept them informed of any changes to the service provided or the needs of people using the service. Staff understood the values of the service. When new staff were recruited the induction included an assessment of their understanding of essential standards such as the provider's values, communication techniques and their role in supporting people to be independent.

Staff were supported through regular one to one supervision meetings with the manager or deputy manager. There were regular staff meetings where they were able to express their views about the service. One staff member said, "We can say anything to the manager and it is genuinely listened to." The provider

Arrangements were in place to monitor the quality of the service. People gave their views on the service at residents meetings, monthly one to one meetings with their key workers, and at reviews of their care. We saw that their views were listened to and acted on. For example, one person was supported to buy a new freezer for the home and people were involved in choosing colours and furnishings for redecoration of their bedrooms.

The managers carried out regular monthly audits of care and of health and safety in the premises. We saw that care plans were regularly reviewed to ensure that they provided the latest information and guidance on people's needs. There were monthly audits of medication records and of fire precautions and water temperatures to ensure the safety of people using the service.

We saw the annual development plan for 2014, with dates for actions to be completed for redecoration, polishing the flooring, replacing net curtains with shutters to the bedroom windows. All these were recorded as completed.