

## Sutton Court Nursing Homes Limited

# Sutton Court

### Inspection report

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13 May 2016

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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

This inspection took place on 11 and 13 May 2016 and was unannounced. The inspection was carried out by one inspector.

Sutton Court provides support and accommodation for up to 10 adults with a learning disability or autism spectrum disorder.

A registered manager was in post when we visited. 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 we spoke with told us they felt safe. They knew what to do if they had concerns about their treatment or if they wished to complain. Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

People's medicines had been administered and managed safely.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe.

Staff knew how to identify and report potential abuse.

There were enough staff on duty to support people safely.

Medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to enable them to provide care skilfully and effectively.

When people did not have the capacity to consent to care and treatment, suitable arrangements had been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had been made lawfully to ensure people's rights were protected.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between people and staff.

Where possible people's care had been planned and reviewed with them to ensure that it met their needs and wishes.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive

People received person-centred care.

People's care had been planned and reviewed with them, or their relatives, to ensure it met their needs.

People, or their relatives, were able to share their experiences and concerns and knew that they would be listened to by the management of the service.

### **Is the service well-led?**

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure the quality of the service provided to people.

**Good** ●

# Sutton Court

## 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.

This inspection took place on 11 and 13 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, 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 any improvements they plan to make. We reviewed this and information we held about the service, including previous inspection reports to help us to decide which areas to focus on during our inspection.

During the inspection, we spoke with three people who used the service, the registered manager, the home manager and two staff who were on duty. We also carried out observations of the care and support provided to people over lunch time. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experience of people who were unable to talk with us. Following the inspection we contacted three health care professionals by email who visited the service to ask for their views. We received one response and confirmation that they were happy to be quoted in this report.

We reviewed records relating to the management of the home including the provider's quality assurance records, records related to the administration of medicines, the supervision records of two members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Sutton Court. We also reviewed the care records of three people.

The service was previously inspected on 2 November 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Sutton Court. They confirmed they were treated well by staff. They also told us they felt comfortable and would be happy to speak to them if they had any concerns. One person told us, "I feel safe here. I have never been treated badly." We observed that interactions between people and staff were positive, warm and friendly.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with local safeguarding procedures. The provider's PIR stated, 'All staff have undertaken safeguarding training...our policies and procedures reflect the Sussex safeguarding Adults policy and procedures of how to raise a safeguarding concern.' Records showed that staff had received training to ensure they understood what was expected of them and that the provider's procedures were in line with those of the local authority.

Individual assessments were in place which identified potential risks to people with regard to their needs. They included support with personal care, taking prescribed medicines, managing their challenging behaviours and support in the community. Assessments had been used to draw up care plans which gave staff the guidance they needed to help keep people safe. We found evidence that where necessary, advice had been sought from other professionals. For example, a specialist in managing behaviours which challenged had provided guidance and advice to staff when one person had been admitted with these specific needs. We contacted the specialist by email after this inspection. They told us, "From my experience, the service was able to safely support this person. They had appropriate guidelines in place and had the necessary staffing levels for the service user. They accessed support from other professionals i.e. myself, speech and language therapy and physiotherapy to ensure the individual was supported in the best way. I had no concerns regarding the safety of the individual I was working with."

Staff we spoke with described each person's needs and the support they required to ensure they had been met safely. Staff on duty were observed interacting and providing support that people needed as documented in care plans. The provider's PIR stated that care plans have, '... individual guidelines and risk assessments which reflect their support plans to ensure that they undertake activities that they want to do and can enjoy them in a safe way.'

The registered manager informed us that between 8am and 8pm each day, four members of support staff were on duty. In addition there was a domestic, who was responsible for cleaning the premises, between 9am and 12 noon from Monday to Friday. Support staff were also responsible for preparing and cooking meals. During the night, there was one member of staff who was awake and one person asleep, both of whom were on the premises. We were provided with copies of staff rotas covering a period from 2 May 2016 to 29 May 2016. They confirmed these staffing levels had been maintained throughout this period.

The registered manager explained how staffing levels had been determined. One member of staff had been allocated to work with three people, whilst one person required one to one support each day. We were also advised that the current care and support needs of people accommodated were reviewed daily to ensure there were sufficient staff on duty to meet their identified needs safely. When we arrived we found there were three support workers and the home's manager on duty. We were informed that there were 10 people accommodated. From our own observations we found that this level of staffing was sufficient to meet the needs of people accommodated. Staff told us there was enough staff on duty to provide the support people required. They also confirmed that, where there have been activities planned, which have required additional staff support, this has been provided.

Currently medicines for all people accommodated had been managed by the staff. People we spoke with confirmed they were happy with this arrangement. One person explained that they visited the office at the appropriate time, where they would take their medicines with the help of a member of staff. We observed medicines being given at lunch time. People were provided support in accordance with their wishes. Detailed guidance for staff were available in each person's care plan.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. Where people were prescribed when required (PRN) medicines there were clear protocols for their use. This detailed how and when the medicine should be given with the reason why it was required. One person attended a day centre. A portable dispensing system was in use to ensure the person continued to receive medicines safely. Records we looked at indicated staff had completed training in the safe administration of medicines and staff we spoke with confirmed this.

## Is the service effective?

### Our findings

People confirmed the care provided met their needs and that the staff understood them and how to provide support for them. One person commented, "The staff are very good. They definitely understand me and the support I need." We observed staff on duty who delivered care to people who were unable to communicate their needs easily. The staff clearly demonstrated they were skilled in understanding each person and what they wanted. According to their care plan, one person could communicate using basic Makaton signs. Makaton is a way of communicating with someone who is unable to speak by using simple hand gestures. We saw staff interacted well with this person during the day. The PIR confirmed, 'Each individual's preferred way of communicating is recorded and the staff are aware how each person wishes to communicate.'

Staff on duty confirmed they had received training which enabled them to perform their role effectively. They said training they had received included, first aid, how to identify and report abuse, understanding mental health conditions and dementia, and administering medicines safely. Records confirmed the training staff told us about. In addition, they confirmed staff had received training in health and safety, moving and handling procedures, and infection control. The records also included evidence of training specific to the needs of people accommodated such as, understanding and supporting people living with learning difficulties and autism, behaviours which challenge and epilepsy.

People who were able consent to the support provided confirmed their care plan had been discussed with them. One person told us, "The staff are very kind and caring. They have discussed my care plan with me and I am very happy with this." The registered manager demonstrated, where people were unable to give consent, they followed the principles of Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For example, a best interest decision was taken on behalf on one person who had no capacity to make a decision with regard to taking a particular medicine. Discussions took place between the person's GP, their relative, the social worker and the home manager and it was agreed that the medicine should be prescribed and administered. They considered the benefits of this along with the wishes and feelings of the individual, as far as could be determined.

Staff on duty demonstrated they understood their responsibilities under the MCA. They confirmed they understood the basic principles they were expected to put into practice when providing care and support to people who were unable to give consent. We were informed that, at the time of our visit, eight of the ten people accommodated lacked capacity to make decisions for themselves, and the same eight were also subject to Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Appropriate records were in place which confirmed how the person's liberty would be deprived and the length of time this would be in place until a review was required. They confirmed that identified people were unable to leave the premises



unaccompanied. Staff also demonstrated how the requirements for each DoLS that was in place should be put into practice to ensure each person had been appropriately protected from harm. Training records confirmed all staff had received training, and refresher training, to ensure they understood the implications of the MCA 2005 and DoLS when working with people accommodated.

People told us they enjoyed the food provided. We observed six people who sat down in the dining room together to eat their lunch. Three people had chosen to eat their meal in their own rooms or in the lounge whilst one person was attending a day centre. This meal was prepared by the staff. People were offered a choice of sandwiches, salad, or pasty with baked beans. The dining area provided a warm, homely environment for people and staff to sit down together. Staff on duty confirmed that no one required physical assistance to eat or drink. However, support was required to remind or encourage some people to eat and drink enough to maintain their health. Care records confirmed the level of support some people needed. We observed a member of staff sitting with one person to provide this. The atmosphere was relaxed and encouraged people to acknowledge and to enjoy each other's company over the meal.

The PIR advised, 'Each service user is involved with the menu planning and they will choose what they want to eat throughout the day. This recorded in the menu book or on individual diet sheets if this required.' Records we looked at confirmed how people had been involved in making choices about the food they wished to eat.

People were supported to maintain good health by having regular access to health care services. The staff would contact the GP on their behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Sutton Court, or, if the person wished, appointments would be made to visit the GP at their surgery. The manager confirmed arrangements would be made to accompany the person if this was required. The manager also confirmed, where necessary, access to specialist services for people living with autism and learning difficulties would be arranged via the GP. We saw that visits made by the GP to people had been recorded together with any treatment prescribed.

The provider's PIR confirmed, 'All service users have annual health check ups with their GP or the nurse and this is recorded in their notes. All of our service users are registered with a dentist, optician and we record visits in their files. Service users that are under the care of consultants at hospital receive regular appointments to maintain the care that is provided.'

Each person had a 'care passport' within their care records. This accompanied the person when they required care and treatment in other settings such as hospital. The document contained information about the individual including, their likes and dislikes important people who should be contacted. It also included a section entitled 'Things You Must Know.' This detailed the care and support each person required with regard to taking medicines, eating and drinking, how to communicate with them, how to keep the person safe, and things which cause them anxiety.

## Is the service caring?

### Our findings

People we spoke with told us the staff were very caring. We observed interactions between staff and the people living at Sutton Court were kind and caring. They had clearly developed caring relationships with people and spent time with people talking and listening to them. We observed the care and support provided over lunch. People were relaxed and engaged with the conversation over lunch. Even though some people were unable to take part in the conversation, the staff ensured people were included. This was achieved by staff talking to people individually and translating smiles or gestures they made so that everybody understood what the individual wanted to say.

One member of staff explained how they had developed good, positive relationships with people and said . "New staff are introduced to people as part of their induction. We are expected to shadow experience staff and also read care plans to find out more about each person. We are advised to be open and honest with people and try not to rush them. If we have any problems we can discuss them during our supervision sessions."

A visiting health care professional informed us, "I spent quite a bit of time at Sutton Court and found all the staff to be very caring in their approach at all levels from support workers to management. Staff appear to be genuinely fond of the individuals they are supporting and they were all very positive in regards to the individual I was supporting."

One person told us that they had been involved in drawing up their care plan. They explained they liked to keep busy and listed the activities they took part in each day. This included going to the gym, horse riding, attending a workshop and going to coffee mornings. Care records we looked at indicated that, where possible the person, or otherwise their relative, had been involved in drawing up care plans. There was also evidence that, within this process, each person's personal preferences had been taken into consideration. As the majority of people did not have capacity to make decisions about the care and treatment they received we found evidence of best interest decisions which had been made on their behalf. We discussed this within the EFFECTIVE section of this report. Evidence of other decisions made in this way included the management of medicines and the provision of dental treatment.

We observed staff addressing people in a respectful and dignified manner. A member of staff informed us how they respected people's privacy and dignity. "We make sure doors are shut when we are providing personal care. We knock on doors before entering. If they say we can't come in we respect this." We were advised that one person is unable to tolerate using the shower room unless the door is left open. Their privacy and dignity had been maintained by having a second member of staff stand outside in the corridor to advise people not to pass by until they were finished.

## Is the service responsive?

### Our findings

The provider's Statement of Purpose (SoP) states the aim of Sutton Court is, 'To provide a "Home" for people who have a learning disability. A home which reflects the values and aspirations of society a home which is safe, provides support to develop independent living skills as well as providing emotional comfort and opportunities to self-actualise.' Our findings indicated that the provider had been successful in providing a homely environment where people enjoyed activities and lifestyles of their choosing.

People we spoke with were unable to tell us if the care they received had been personalised to meet their needs. However, from our observations staff delivered person centred care. For example, people had different routines for the day. One person told us about the activities they liked to participate in. This included undertaking voluntary work in the community, going to the gym and social clubs. Another person preferred to spend time outside in the garden and appeared to enjoy their own company. One person spent the majority of time watching films of trains on a tablet while others enjoyed jig saw puzzles and colouring pictures. We saw staff on duty respected people's wishes and worked with each person to maintain their own routines.

People's care plans had been developed from assessments of their needs and risk assessments. Assessments had been carried out with the involvement of the individual or their representatives. They included details of each person's preferred routines during a 24 period of a typical day, the help they required and their preferred way of communicating. There was also information for staff with regard how the support identified would help the individual and what would happen if staff did not support them in this way. There was also evidence that care plans had been reviewed and updated to ensure they reflected peoples' needs. Staff we spoke with confirmed they were expected to consult each person's care plan to ensure the care they delivered was person centred. This ensured that people's physical, health and social needs were met.

We were informed that resident meetings took place on a regular basis and were facilitated by the staff. The registered manager told us, "Everything is discussed, from planned trips, to the food they want, and what activities they want to do. Although people can go by themselves if they wish, most people like to go on group holidays, which is usually to the local Butlin's holiday camp. We have also organised Hallowe'en parties, Christmas parties, Easter egg hunts and picnics during the summer." We saw photographs of outings and events which have involved people which have taken place over the last 12 months. Minutes of meetings confirmed the items discussed and that meetings took place each month. The provider's PIR confirmed, 'We hold monthly service user meetings and record these. There are times when we do this individually as service users will, at times, choose not to attend or make any comments.'

The PIR also confirmed, 'Each year we send out Quality Assurance Questionnaires, which are person centred, to the families. We have easy read questionnaires for our service users to complete. Some are able to complete these independently and some require support from staff. All responses are read and a report is written detailing the findings.' We were provided with a copy of this report which was dated November 2015 and responses were positive. For example, it confirmed that, 'All (people) were happy living at Sutton Court

except one.' The report advised that this person was being supported to find alternative accommodation as they had expressed a wish to move.

People had been provided with information in an appropriate format that advised them what to do if they wished to make a complaint. We saw the provider's complaint procedure in picture format on display in the front hallway. They explained how the provider would investigate complaints with timescales when they would complete their investigation. We were provided with documentary evidence that demonstrated complaints that had been received had been appropriately investigated.

## Is the service well-led?

### Our findings

The registered manager explained to us the arrangements in place for the day to day running of the service. The designation of the registered manager within the organisation was that of general manager. This meant she had overall responsibility and supervision for this and another registered service owned by the provider. The registered manager also advised that she made sure she visited Sutton Court every day. The provider had also appointed a senior member of staff, known as a home manager, who was responsible for the day to day management of Sutton Court. The registered manager and the home manager were present throughout our visit.

People we spoke with made positive comments about the registered manager and the home manager. People told us they liked each of them; people told us they were both friendly and approachable. People told us they felt at home at Sutton Court. The surroundings and the atmosphere was warm and welcoming and contributed to a homely feel.

The PIR provided information about the training the registered manager had received, 'Sutton Court has a registered manager with relevant qualifications for their role.' This included The Registered Manager's Award (RMA), and a National Vocational Qualification (NVQ) in Health and Social Care at Level 4. Staff training records we looked at confirmed that the registered manager had also completed the same training programme as other staff to ensure their own skills and knowledge. Please see the EFFECTIVE section of this report for further details on staff training.

Throughout the inspection we observed many interactions between people, the registered manager and the home manager. It was clear they both knew each person and addressed them in an appropriate manner. In turn, people greeted them very warmly and were clearly pleased to see each of them. During our conversations with people it was clear they were happy to approach either the home manager or the registered manager if they wanted to raise any concerns or wished to make a complaint.

We asked a visiting health care professional for their views about the leadership of the service. They had been involved in the admission process of a person with complex needs. They informed us, "Managers were very involved in the transition for the individual and were also very hands on at helping the individual to settle in and were able to model good ways of working with staff from the start. Managers were all very approachable, they attended the training and put in place our recommendations."

On the culture of the service, the registered manager explained, "We want to develop an open, honest and positive culture. Everyone can have their say and they will be listened. Any concerns will be acted upon. There is constant communication between everyone via resident meetings, staff meetings, and handover meetings." Staff on duty we spoke with clearly understood their role and confirmed they considered the culture of the service to be one of openness and honesty. They felt able to express their views and make suggestions to improve the service. They also told us they felt well supported by the managers, via staff meetings and regular supervision.

Documentary evidence we looked at demonstrated how the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately.