

Sutton Court Associates Limited

Homewood

Inspection report

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Date of inspection visit:
06 January 2023
09 January 2023

Date of publication:
07 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Homewood is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to six people; at the time of inspection six people were living at the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Right Support

Each person had their own room, which were personalised to meet their needs and preferences. People were being supported to be actively involved in their day to day lives, cooking and doing their own household tasks with staff support. People valued these opportunities and they helped to maximise people's independence.

The service had worked hard since the last inspection, with people, to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. Staff successfully did everything they could to avoid the use of restraint. The past year had seen no recorded incidents where people had needed emergency medication to help them when distressed. Improved staff knowledge and effective strategies had supported this positive improvement. Staff learned from those incidents and how they might be avoided or reduced.

Staff supported people to make decisions following best practice in decision-making.

Right care

People experienced an improved quality of care. People and their families told us staff were kind and supportive. We observed staff respecting people's dignity and ensured people had the right to have their say on their care and support. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. People's care, treatment and support plans mostly reflected their range of needs and this promoted their wellbeing. Staff and people worked together to assess risks people might face and were continuing to develop this area to encourage more positive risk taking.

Right culture

The formal governance system had been running for a year at the time of this inspection and was delivering assurances. There were areas which were identified at inspection the system had not picked up. Mainly some cleaning and maintenance shortfalls but the registered manager acted promptly to improve the areas the system looks at to avoid future issues.

People's opportunity to lead inclusive and empowered lives had improved since the last inspection. This is because staff knowledge and understanding had improved due to the investment in training and the development of a coaching and reflective culture. Managers understood that further work was needed to support more people to develop skills and have the opportunity to all voice their aspirations and plan towards meeting them. Managers and staff clearly tried to deliver person centred support, people and their families were listened too and consideration of their views were reflected in the service delivery.

People received good quality health care, support and treatment because trained staff and specialists could meet their needs. Staff knew people well and the staff team was consistent in both numbers of staff and staff approach.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 November 2021) and there were breaches in the following regulations. Safeguarding service users from abuse and improper treatment, staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned focused inspection based on the previous rating. We looked at the key questions of Safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Homewood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homewood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Homewood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, home manager and support workers.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider failed to ensure people were safe from abuse and improper treatment. Specifically, staff practice failed to demonstrate an understanding of their responsibilities for identifying and reporting concerns. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People and their relatives told us they felt safe. One person said, "I feel safe living here." And a relative told us, "He is very safe there."
- Staff were trained how to recognise potential signs of abuse and put this training into practice. They were able to describe to us what they would look out for and what may trigger them to raise a concern. A staff member said, "I would always report and would not hesitate to report up a level or to CQC."
- Any incidents of potential abuse had been reported appropriately to the local authority safeguarding team as well as CQC and there was evidence of the registered manager carrying out full investigations into these.
- Where people had accidents and incidents, these were recorded in detail. Records showed what had happened, what action was taken and the outcome of the incident. The registered manager reviewed and logged these incidents to look for themes and trends.
- When things went wrong, staff apologised and gave people honest information and suitable support. We saw that the service used reflective practice tools to help them identify, what happened, what went well, what didn't go well, what they could do better and what do they do next.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One staff said, "We discuss what has happened and look for ways to do better."

Assessing risk, safety monitoring and management

- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Actions from a fire safety visit and fire safety audit had been taken and new fire door fitted throughout the building. Fire drills took place and people were able to tell us what happens if the alarm sounds.
- Risk assessment for people had improved and covered a wider scope of topics. There were some risk assessments in place around some people's chosen activities, however the registered manager demonstrated these were being further developed to encourage positive risk taking.
- Assessment and monitoring practice around incidents where people became distressed had improved

and people were experiencing reduced frequency of incidents.

Staffing and recruitment

- There were enough staff working to ensure people were safely supported. People told us the staff were kind and helpful. One person said, "I like them (staff)." Then going onto naming two specific staff members the person said laughing "I like them best."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. The provider undertook recruitment checks including disclosure and barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they had regular meetings and supervision with the home manager and registered manager, received training and a robust induction. One staff told us, "I shadowed other staff until I felt confident when I first started."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Records showed medicine had not been used to control people's behaviour in the past year.
- We observed staff making sure people received information about medicines in a way they could understand. People told us staff discussed their medicine with them.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Only staff who had received training and competency checks administered medicines.
- Audits of medicine were carried out and issues identified and addressed, for example, minor errors had happened with signing for medicine given. These issues were addressed with additional staff training and coaching delivered by the home manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. People and relatives told us they were able to visit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

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

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The service used an Electronic Care Monitoring system (ECM). This was supported by paper records, detailing further guidance for staff. Plans had been developed to focus more on people's strengths, however the registered manager identified this was work that needed further development to clearly include goals and aspirations with steps to guide staff how to support people to meet them. This is an area which needs to be improved to ensure that people had clearly defined personal goals and aspirations to aim for.
- People were now supported by staff who had the induction, training, skills and experience to deliver care in line with the standards and current guidance. Staff had, or were working towards, the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had completed training to gain the relevant knowledge to meet people's needs. For example, staff had recently received training about the sensory needs of an autistic person. Staff training also included Positive Behaviour Support (PBS) training and this had been developed to become part of the culture of practice. One staff told us, "It opened my eyes to how wide Autism is, I have learned a lot." Another said, "Training has changed, more supported to get more knowledge, developing better strategies to support people."
- Staff were seen putting training into practice. One health professional told us, "I observed good examples of staff promoting choice and independence. For example; supporting the person I am currently working with to plan his weekly activities using visual aids and providing clear information around who would be supporting him when."

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

- During a tour of Homewood with the registered manager, we observed areas of the house were in need of

decoration. Paintwork was chipped or otherwise in need of repair and some flooring damaged. The registered manager told us the provider was aware and re-decoration was part of a planned programme of works. This is an area which needs to be improved to ensure people live in a physically pleasing environment.

- People were supported to personalise their rooms and this included choices about the decoration.
- Some adaptations were made, for example a ramp with handrails had been installed at the door to the garden. The registered manager told us it was to avoid people needing to use a short flight of concrete steps.
- People were able to use a second sitting room if they wanted to be in a quieter space other than their bedrooms.
- People told us they used the garden in the better weather.

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff considered people's preferences and people told us they were included in meal planning.
- People were supported to make their own drinks and cook, not everyone took up the opportunities offered. One person said, "I do cooking.", another said "I like the staff to do it."
- Relatives views were mixed. A relative told us, "He can go in the kitchen when he wants, he goes shopping with staff. I would like him to be supported to eat a better healthier diet as quite overweight." Another said, "He goes into the kitchen and helps out. The staff know of his likes and are very good with him."
- One person directed us to healthy eating posters and guidance on the wall and told us he knows the type of food he should eat to be healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence in people's care records of healthcare professional input which included the GP, speech and language therapy team and community mental health team. We also saw that people had received eye checks and dental checks. One relative told us, "He was supported well with everything and care was centred around his needs He is safe and they have sorted his shoes and slippers appropriate to his mobility issues. They inform me of any medication changes."
- We observed a person who had returned from a hospital appointment on the day of the inspection, being supported to understand the outcome of the visit. This included printing pictures and talking things through. Staff members did this with patience and kindness. Later in the day the person was then able to tell us, "I have to go back to get a blood test."
- Health professionals told us they felt the staff engaged with enthusiasm and offer ideas to try to support people better and people were supported to attend appointments and be included in their health care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff were clear about their roles to support people to make their own decisions where they could. For example, one staff said, "I always ask him where and when, if we are going out, people make their own decisions unless very complicated and they had all the information they would need."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The provider had improved language used when recording information about people, this was much more respectful and person centred. The registered manager showed us the training aid they were using with staff to guide their use of positive language, however they told us this was still a work in progress and needed more time to fully embed into everyday practice.
- Governance processes had considerably improved following the implementation of a formal quality assurance system which was rolled out in January 2022. The auditing demonstrated improvements made to incidents and accidents, medicine, training and some health and safety and infection control monitoring. However, we found some areas of record keeping such as dates on risk assessments and missed cleaning from the cleaning schedules. The audits also failed to pick up a dirty and possibly damaged extractor fan in the kitchen. This meant there were still improvements to be made to the quality assurance system. These issues were immediately addressed during the inspection.
- The provider had worked to ensure training appropriate to meet people's needs was delivered to all managers and staff and had checked staff understanding of the training they had received. For example, PBS, autism awareness, learning disability, communication and sensory processing training had been provided to staff and staff were able to talk with confidence on these topics. However, there were still gaps and staff told us they felt they would benefit from more in-depth training particularly around further development of communication tools and how to develop skills for people to cope better when experiencing emotional distress. This is an area that needs to continue to be improved and developed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff sought feedback from people and those important to them and used the feedback to develop the service. People told us they were involved in planning and review of their care and support. For example, people had said they wanted new garden furniture and a TV in the dining area. Both things were put in place.

- People were observed to be asked their views by staff throughout the inspection. We saw on a number of occasions where people were clearly confident to raise issues with staff and people told us staff would help them. One relative said, "They (staff) do run things past me and ask my opinion."

- People and relatives told us they knew how to complain if they needed too. One person said, "I tell (name of registered manager) and they sort it out."

- Staff told us they were supported and the home manager and the registered manager were approachable. Staff told us they felt valued and they had the opportunity to comment on the service delivery and were encouraged to make suggestions to improve practice.

- Health professionals told us, they found it easy to make appointments and obtain information from managers and staff. One professional said, "I found the service to be very responsive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and relatives confirmed they were kept informed when issues arose. One relative told us, "The manager always rings me if there is an issue. I would approach the manager if I had a concern. The staff are all good There is nothing I would change." Another said, "They keep me informed when there are any changes."

Continuous learning and improving care

- The provider had quality assurance systems to protect people's safety. This included reviewing and updating audits in relation to how incidents were being managed. As a result of auditing an issue was identified and addressed. Staff were using reflective tools to understand where things went wrong and what to do better.

- Audit actions recorded any issues found. Actions were clearly documented and followed-up. For example, an audit identified people had not been asked their permission to use their photographs. This was then asked of people with consideration to each person's capacity to make the decision to give consent.

- The registered manager kept a tracking document of incidents and accidents which identified lessons learnt. For example, audit had identified the need for more active support for some people. A plan was devised to encourage this.