Care Quality Commission

Sutton Court Associates

The Corner House

Inspection report

10 Exmoor Crescent, Worthing
West Sussex BN13 2PL
Tel: 01903 206869

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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

Overall summary

The inspection took place on 4 November 2014 and was unannounced.

The Corner House registered with the Care Quality Commission in January 2014 to provide accommodation and care for up to three females with a learning disability and complex behaviours and needs. There were two people living at the service when we inspected, with a third person due to move in.

The service has a registered manager. 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 were safe because staff had been trained in safeguarding adults at risk procedures and knew how to recognise potential signs of abuse. Risks to people were managed appropriately and comprehensive assessments had been undertaken to mitigate risk. People understood how their risks had been identified and person-centred planning reflected this. Accidents and incidents had been recorded and dealt with appropriately. There were sufficient levels of staff in place to keep people safe and staff had been recruited in line with safe recruitment practices. Medicines were ordered, managed, recorded, administered and disposed of safely. Only staff who had been trained in this area were allowed to give out medicines.

Summary of findings

Staff received training and were required to complete a Level 2 Diploma in Health and Social Care as a minimum standard. New staff completed an induction programme supported by a national training company. Staff received regular supervisions with their team leader and an annual appraisal. They had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and put this into practice. Staff supported people to make decisions and make everyday choices. People had sufficient to eat and drink and they chose weekly menus. They helped with food shopping and in the preparation of their meals. People's health care needs were met by a range of healthcare professionals and they were supported to maintain good health.

People were supported by staff who knew them well and genuine friendships had been formed. They were encouraged by staff to express their views and were actively involved in making decisions about their care. Care plans were comprehensive and written in a person-centred way that promoted people's independence. Their privacy and dignity were respected and they were encouraged to maintain links with relatives and people that mattered to them. Care was delivered in a personalised way that was responsive to people's needs. Detailed care records provided information for staff and personal communication passports were drawn up, which gave information about how to support people who could not communicate easily. Accessible communication systems were in place so that people could communicate effectively and in a way that suited them. People were supported to access activities in the community and to follow their interests. They knew how to make a complaint or who to talk to if they had any concerns.

Monthly meetings were organised between people and staff so that they could express their views on things that mattered to them, like activities and food choices. Staff had been asked for their opinions on the management of the service and training. They knew what was expected of them and had regular staff meetings to facilitate this. Knowledge and information was shared across the service and this enabled a joined-up and collaborative way of working. Relatives had been asked for their views of the service. Quality assurance systems were in place, although the service had not yet had sufficient time to develop and embed these systems, having opened early in 2014.

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?

Good

The service was safe. People were supported by staff who recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place so that staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed.

Medicines were managed, stored and administered safely and only staff trained in this area could give out medicines.

Is the service effective?

Good

The service was effective. People had sufficient to eat and drink and were involved in weekly food shopping and menu planning. They chose recipes and were supported by staff in food preparation.

People's healthcare needs were met by a range of healthcare professionals who supported them to maintain good health.

Staff were trained to at least Level 2 in Health and Social Care and all training was up to date. They had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and their responsibilities to people. They received regular supervisions and an annual appraisal.

Is the service caring?

Good

The service was caring. Warm and caring relationships had been developed between people and staff and they were supported to express their views about their care.

People were encouraged to be as independent as possible and their privacy and dignity were respected.

Care plans were written in a person-centred way and people were asked for their consent in delivery of their personal care.

Is the service responsive?

Good

The service was responsive. People's care records provided information that was person-centred and personalised to them. Accessible communication methods were used to enable people to communicate with staff.

People were encouraged to follow their interests and participate in activities in the community.

The service had an accessible complaints policy in place so people knew how to complain. Complaints were dealt with in a prompt and timely manner.

Is the service well-led?

Good

The service was well-led. People were involved in developing the service and regular meetings took place with staff so that they could share their views.

Summary of findings

Staff views had been sought and results co-ordinated through an employee satisfaction survey. Relatives had also been asked what they thought about the service.

There were open and transparent communication systems in place between management and staff and information was shared across the service. Regular staff meetings took place.

The Corner House had systems in place to measure the overall quality of the service.

The Corner House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 4 November 2014 and was unannounced. Two inspectors undertook this inspection.

Before the inspection, we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We looked at records including three care records (these included a care record for one person who was joining the service imminently), two staff files, two medication administration record (MAR) sheets and other records relating to the management of the service. We contacted two social care professionals, who had involvement with the service, to ask for their view. We also spent time observing care.

We met with two people using the service. However, whilst they were happy to meet with us, they did not wish to engage in conversation and we respected their wishes. We spoke with the registered manager, a senior care assistant and two other care assistants. After the inspection, we spoke with one relative and received feedback from a social care professional.

The Corner House registered with CQC in January 2014. It had not been previously inspected.

Good

Is the service safe?

Our findings

People were protected from abuse and harm. Staff knew how to recognise potential signs of abuse and what action they should take. One member of staff told us, "I would talk to another staff member or talk to a senior manager". Another staff member confirmed that they would take similar action. Safeguarding adults at risk training had been received by staff and this was updated annually. The provider had a policy and procedures in place for safeguarding and these had been read by staff and signed off. The service followed West Sussex County Council's Multi-Agency Policy and Procedures for Safeguarding Adults at Risk. Physical restraint was only used as a last resort and the service had arrangements in place that described the actions staff should take when people became anxious and at risk of hurting themselves or others.

People's risks were managed appropriately and, as far as possible, they were involved in making decisions about risks that affected them. Care records showed that risk assessments were in place in areas such as bathing and personal care, dietary needs and fluid intake and the support people might need when someone rang the front door bell. Risk assessments had been completed using a person-centred approach. Person centred planning is a set of approaches designed to assist someone to plan their life and support. It enables people to make day-to-day decisions about their lives and increases independence. For example, one risk assessment described what might happen if people locked their bedroom door from the inside. The assessment gave information about what could happen to that person, what could go wrong and how serious this might be. There was information on how to reduce the risk and each step of the assessment was clearly described. The assessment had been explained to the person and they had signed the document to confirm this. A relative told us that they were, "Very confident in staff's ability to manage her [family member]".

The service used the ABC model for understanding and managing people's behaviour that might challenge. This model incorporated the use of 'Antecedents' – what occurs before the behaviour and triggers, 'Behaviour' – what happens during the behaviour and what it looks like and 'Consequences' – the immediate and delayed reactions from everyone involved. The model is a technique designed to take emotions away from challenging behaviours, analyse the behaviour and implement effective responses. This enabled staff to take action that minimised risks to themselves and people they supported.

Accidents and incidents had been recorded and detailed what had occurred, the action taken and the final outcome. Incidents primarily related to people who displayed behaviour that might challenge and recorded the distraction techniques that had been employed by staff. The service had taken steps to look at the pattern and sequence of incidents and to identify particular trends. This information was then used to re-assess people's care needs and include any additional action that might be needed to ensure people were safe.

When needed, staff had been brought in from the provider's other services to ensure there were sufficient numbers of suitable staff in place to keep people safe and meet their needs. For example, people needed 1:1 support when they were out in the community. A relative felt that there were sufficient staff and told us, "Yes, she gets the right levels of support". The registered manager told us that she was currently recruiting new staff. The service followed safe recruitment practices. Staff records showed that two references had been sought for new members of staff. Disclosure and Barring Service (DBS) checks had been obtained to ensure new staff were safe to work with adults at risk. Appropriate identity checks had been carried out.

Medicines were managed so people received them safely. Care records included the medicines that had been prescribed for people, the required dose and the reason why the medicine had been prescribed. Controlled drugs were kept securely and the controlled drugs register completed accurately, with stock levels recorded. Weekly medication audits took place and these ensured that people had sufficient stocks of medicines to meet their needs without a break of continuity. A leading pharmacy company also completed an annual medication audit at the service. There was a sheet that showed staff specimen signatures and these tallied with the medication administration records (MAR) signed entries. MAR charts had been completed accurately and administration of PRN medicines (medicines that were taken as needed) was recorded appropriately. Medicines were not given covertly, nor were they used inappropriately to control people's behaviour. Medicines were ordered, administered and

Good

Is the service safe?

disposed of appropriately. Only staff that were trained in the administration of medicines were able to give out medicines. Staff confirmed they had received training in this area and staff records showed this.

Good

Is the service effective?

Our findings

People were supported to have enough to eat and drink. Weekly menus were chosen by people and they helped with food shopping, recipe choices and food preparation. People had put together a cookbook with recipes they had selected from magazines. There were pictures of various types of food and meals that people could choose from. Breakfast and lunch comprised a number of choices and people opted to have their main meal of the day in the evening. One person had written up the menu for the day on a blackboard in the kitchen. Healthy food options were available and people were supported by staff to eat a healthy, balanced diet. Everyone had opted to have a roast dinner on a Sunday. One person liked to have a takeaway meal which they chose every week and they enjoyed having picnics in the summer. People were encouraged to eat independently and, where necessary, their risk of choking had been assessed to ensure they ate safely.

People had their health needs met and care records showed that they visited a range of healthcare professionals, for example, GP, dentist and optician. Visits were also arranged for people to attend a 'Well Woman Clinic' so that continual monitoring of their healthcare needs took place. Care records logged people's visits with healthcare professionals and there were hospital passports in place. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information about them and their health when they are admitted to hospital. People's weight was taken and recorded with their consent and one person had been involved in putting together a healthy diet as they wished to lose weight. We saw that referrals were made quickly when people's needs changed. For example, one person had been referred promptly to a specialist when their behaviours had changed.

Staff received essential training to deliver care and support to people effectively. All staff were required to undertake training to at least Level 2 in a National Vocational Qualification and worked towards attaining a Diploma in Health and Social Care. There were opportunities for staff to achieve higher level qualifications if they wished. New staff were required to complete a set of induction standards which were delivered by a national training company who assessed and supported staff through the process. Training sessions were delivered to staff every four weeks via training consultants. Staff received a range of training including safeguarding adults at risk, health and safety, food and nutrition and challenging behaviour. Policies and procedures relating to these areas were read by new staff as part of their induction. Staff records confirmed that staff training was up to date. Staff felt supported by the management team, one said, "I like the atmosphere, the staff and the morale – yes, I like my job". Staff had the necessary knowledge and skills to look after people's specific needs.

Staff told us that they received regular supervisions with their team leader every two months and an annual performance appraisal. Supervision records showed that areas discussed included people's needs and staff learning and development. One member of staff said, "People around me are there to help out" and referred to her team leader and the registered manager.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. People's capacity to consent to care or treatment was recorded in their care records; these showed that people were involved in reviewing their care on a continual basis. People were assessed on their capacity to consent in a range of areas, for example, consent was given by one person that she wanted assistance to manage her finances. There were guidelines in place for staff on how to support someone who displayed physically challenging behaviour, including information for staff about the justification for intervention. Behaviour support plans were in place for people and an analysis of these was undertaken by the registered manager and submitted to a psychologist on a monthly basis. This enabled staff to continually monitor people and enabled strategies to be put in place that supported people's most up-to-date needs.

Where people were unable to give their consent, a best interest meeting was held. This is where staff, professionals and relatives would get together to make a decision on the person's behalf. People were also able to attend these meetings if they wished. No-one at the service was subject to a 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. The registered manager had received advice on this from the local authority to ensure legal guidelines were followed. People were able to leave

Good

Is the service effective?

the premises, however, no-one was able to leave independently and they received support from staff whilst they were out. One person had been given the code to the key safe by the front door and this enabled her to open the door independently.

Good

Is the service caring?

Our findings

Warm and caring relationships were evident between people and staff. A relative referred to staff and said, "I think they're wonderful". At the time of our visit, one person did not want to go out and this was acknowledged by a staff member who said, "You don't have to go out if you don't want to". People chatted easily with staff and the atmosphere was homely and comfortable. People had the right to privacy and were able to say by whom and how their personal care would be delivered. Staff knew people very well and supported them in line with their personal preferences. For example, staff told us that people made everyday choices. One talked about someone they supported and said, "I give a choice of whether I dry her hair or she does it herself". Another said that she asked people what they wanted to do adding that one person "Loves her music and computer". People could choose when they wanted to get up and what they wanted to wear. The registered manager said, "It's a home, people can get up when they want".

People's cultural needs were recognised and acknowledged. Staff told us, "Everyone is offered choice around religion" and that they were, "mindful of food choices". Having two inspectors present at the service was stressful for people who may have felt their routines were being disrupted. However, staff were perceptive of the difficulties this presented to people and supported them in a sensitive and empathic way to provide reassurance.

People were supported to express their views and were actively involved in making decisions about their care. Each person had a keyworker who co-ordinated all aspects of their care and encouraged them to maximise their potential. Care plans were written in a person-centred way, helping the individual to plan all aspects of their life, with clear accessible information about their personal preferences and choices. Care plans had been signed off by people to show that their care needs had been discussed with them and that they understood how they would be supported. People were supported by staff and relatives to make decisions and could also access local advocacy services from an independent organisation. Consent was sought from people in a range of areas, for example, consent for staff to manage one person's finances and consent for staff to administer medicines. People were encouraged to be as independent as possible, for example, to sort their laundry and help with cleaning and cooking. If they did not want to be involved in these tasks, they were able to refuse; the registered manager told us that choice and compromise were key.

People's privacy and dignity were respected. Staff told us that when they delivered personal care, the bedroom door was always shut. One staff member said that they would let people have, "five to ten minutes in the bath on their own", "have the towel ready" and "encourage her to dry her front". The service had an open door policy with regard to visiting. A relative said that they could visit their family member freely and would pick her up to visit the family home on a regular basis. They told us that they had twice weekly phone calls and that they would speak to staff first to find out what their family member had done as this aided the flow of conversation when the person came on the line. Staff told us that people were encouraged to meet with friends for meals and refreshments.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care records provided staff with comprehensive, detailed information about people. These were divided into sections about people's personal history, their preferences, their diagnosis and their support plan. Support plans were person-centred and gave information on areas such as morning routine and bathing, medicines and personal care. One record showed that the person had been involved in planning their care and understood the need to have a bath on a daily basis, which was their preference, how to maintain healthy teeth and a healthy weight. There was information for the person about what would happen if staff did not support them in this way and what their support plan would help them to do. Outside activities and outings were planned for. For example, one person attended college and was learning about gardening, sport, money management and cooking.

Personal communication passports were drawn up which are a practical and person-centred way of supporting people who cannot easily speak for themselves. These provided information about the person, 'What people like and admire about me', 'things I like', 'things I don't like' and 'support I need to work at my best'. For example, one passport showed that the person liked fish and chips, spaghetti Bolognese and salads. There was information about people's health needs and personal care, preferred daily routines and communication. Daily notes were completed by staff and these were dated and signed off appropriately. Care plans were reviewed at fixed intervals – four weeks after admission, followed by a case review after three months and planned yearly thereafter. The registered manager told us, "This helps us to ensure that outcomes are achieved". Emergency reviews could be arranged if needed depending on the individual needs of the person. A social care professional told us that staff worked pro-actively and in a goal focused way. He said that staff had introduced more social and interactive possibilities for his client and had 'gently pushed them to achieve more and enrich their lives'. He added that this was working well.

Methods of communication were in place that ensured people and staff could communicate effectively and in a way that suited them. For example, one person used the Picture Exchange Communication System (PECS) which is a way of communicating through the use of photos and pictures. Their plan stated, 'use simple spoken language and symbols and visual clues where possible'. The person was able to choose what they wanted to eat for breakfast by pointing to food examples such as cereal, toast, tea, juice or coffee. The service received support from healthcare professionals to use PECS effectively, whilst encouraging people to communicate verbally too.

People were supported to follow their interests and participate in activities in the community. For example, people could go horse-riding at a local country centre, swimming and trampolining. One person attended a day centre. Staff asked people what they wanted to do on a daily and weekly basis, so that activities could be accessed spontaneously or planned for. People were able to choose and take control over what they wanted to do and when they wanted to go out or stay at home.

People knew how to raise a complaint or who to contact if they had any concerns. There was an accessible complaints policy for people which described the different stages of a complaint using symbols and pictures. Complaints were acknowledged promptly and investigated within 15 working days and the complainant was updated at each stage of the complaints process. Contact details were also provided of CQC as well as contact details for the provider. The complaints policy was discussed with people or their advocates and their relatives. Complaints had been addressed and followed up promptly and lessons learned were used to drive improvement. A relative told us that if they had a complaint, "I would speak to the team leader, then the registered manager. If no joy, I would contact Social Services. But I don't imagine there will be any problems".

Good

Is the service well-led?

Our findings

Information from the provider stated, 'Corner House operates a family ethos, thus our clients are socialised in morals and values of society at large'. People were involved in developing the service through monthly meetings with staff. Notes from meetings were written up by people and available to all. Topics such as activities and menu planning were discussed. A questionnaire had been sent out to people in September 2014 in an accessible format. People were asked about meal choices, when they ate, what they liked and what they wanted to do. They were also asked their opinions about staff and whether they felt they could talk to them easily. Results showed that one person liked to be alone sometimes and that they wanted to change the layout of their room. Action had been taken to address these issues. A relative told us, "Her room is nice and they've adapted it to meet her needs".

An employee satisfaction survey had been sent out in October 2014. Fifty-nine surveys had been sent out in total and these covered the provider's other locations, including Corner House. Thirty-seven surveys had been returned and responses were completed by staff anonymously, thus there was no way of knowing how many responses were received from staff at The Corner House. Overall 48.5% staff were 'satisfied', 28.5% were 'very satisfied' and 22% were 'neutral' about working at the service. A large majority of staff (85%) felt that they received relevant training, although a small minority felt that training sessions were too busy, rushed or they were unable to attend. These issues had been discussed with management and ways of improving this were still being evaluated at the time of our inspection. The service had a whistleblowing policy in place and staff knew who to contact if they wanted to raise any concerns and that their identity would be protected. Staff meetings were held to gain staff's views about development of the service, with meetings held on a quarterly basis. Staff signed the meeting notes to show these had been read and understood.

The registered manager told us, "You should have open communication with your team and good relationships; they can ring me at any time. Trust your team". The registered manager was also registered at other locations, but told us that she visited The Corner House daily. She also felt that she had a good staff base at the service who were able to support her to manage the service efficiently.

Staff understood what was expected of them and they completed their everyday tasks in an unhurried, positive and confident way. Interactions between staff and people were friendly, calm and caring. The registered manager felt that she was supported by senior management to do her job well and that the service achieved its statement of purpose. This stated, 'Aim is to provide a home for people who have a learning disability and/or mental health. A home that reflects the values and aspirations of society … which is safe, provides support to develop and maintain independent living skills as well as providing emotional comfort and opportunities for each individual to self-actualise'.

The registered manager felt proud of people who lived at the service and said that she was pleased with, "How the girls have come on". She described staff as 'pro-active' and that they had developed under the leadership of a senior member of staff.

There was an open culture in that knowledge and information was shared and developed in a way that encouraged staff to work collaboratively across the organisation. It was clear that staff knew the people they supported extremely well and had worked hard to build a rapport with them.

Relatives had been asked about their views of the service. One relative had stated that they were extremely happy with their daughter's care and described the progress their daughter had made. They said, 'we are sure this comes from the care of the extremely dedicated staff members and the well-structured environment at the Corner House'.

There were systems and processes in place to measure the overall quality of the service. Data from accident and incidents reported was collated and trends identified that informed any changes that might be required, together with lessons learned. Three complaints had been recorded for the year and action had been taken to the satisfaction of people who had raised the complaints. Regular reviews had taken place, for example of, people's care plans, risk assessments, support plans and daily records. Audit checks relating to the upkeep and safety of the premises had been undertaken. Since The Corner House had only been operational for less than a year, the service was still in the early stages of developing and embedding quality assurance systems.