

Pharos Care Limited

Sutton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sutton House is a care home which is registered to provide care to up to five people. The home specialises in the care of people with a learning disability and have behaviours that challenge others. At the time of our inspection there were five people living at Sutton House.

At the last inspection in November 2015, the service was rated as Good. At this inspection we found the service remained Good.

There was a registered manager in place. 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 continued to receive care and support from staff who understood how to keep them safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe. Staff were available to meet people's needs and understood how to best support people and the risks to their well-being. People were supported by staff to have their medicines as prescribed and checks were made to ensure staff supported people with their medicines appropriately.

People continued to receive effective care and support from staff that had the skills to meet their individual needs. Staff were supported by the management team through regular supervisions and staff meetings. Staff understood they could only care for and support people who consented to being cared for and throughout the inspection we saw people supported to communicate their choices. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice

People enjoyed mealtimes, menus were planned at the beginning of each week with the input of people living in the home and we saw people were encouraged to be involved in the preparation of food and drinks. Staff responded when people were unwell and arranged appropriate healthcare appointments in support of people's well-being.

People continued to receive support from caring staff who treated them with dignity and respect. We saw people were happy in the company of staff, who they looked to for support and reassurance when needed. People were involved in how their care and support was received and their choices were respected by staff.

The service remained responsive. Staff provided care that took account of people's individual needs and preferences. People and their relatives were listened to and felt confident they could raise any issues should the need arise and action would be taken.

The service was well led. At the last inspection of November 2015 a new manager was in place but they had not registered with CQC. At this inspection we found that there was a registered manager in place who, with

the support of the project manager had taken action to introduce new checks and processes to assure themselves of the quality of care being delivered.

Relatives and staff spoke highly of the management team and positively about the teamwork of the staff group within the service. Staff were supported through supervisions, team meetings and training to provide care and support in line with people needs and wishes. The quality of service provision and care was monitored and actions taken where required to improve people's experience of living at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service is well-led.

People had been asked about their views and quality checks were in place to review the service provided.

Staff told us the service was well run for the people who lived there; they were supported by the management team and felt able to approach them with any concerns they may have.

The management team had an action plan in place to further develop the service and care provided.

Sutton 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 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.

At the last inspection on 17 September 2015 the service was rated as good. This inspection was unannounced and took place on 23 August 2017. We arranged with the project manager to return to Sutton House on the 25 August 2017 to finish our inspection. This inspection was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During our inspection we met with four people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us. We spoke with two relatives of people living at the home following the inspection to share their experiences.

We spoke to the project manager, the operations manager, three senior support workers, two support workers and one night support worker. We looked at records relating to the management of the service such as, care plans for two people, the recruitment files for two staff, the incident and accident records, medicine administration records (MARS) and staff meeting minutes and quality assurance checks and records.

Is the service safe?

Our findings

People were supported to remain safe. Staff knew the risks to people's wellbeing and understood how to keep people safe. One relative we spoke with said, "They [staff] encourage [family member's name] to do things for himself but they ensure he remains safe."

Staff told us they had received safeguarding training to understand the types of abuse people were at risk of and what they needed to do if they suspected a person was at risk, which included recording and escalating their concerns to senior staff. One member of staff told us when they reported a concern the management team took immediate action. They told us, "I felt totally supported. They took action and the situation was resolved. They even did a follow up to ask how I was; the support was brilliant."

Staff we spoke with knew the type and level of assistance each person required. We reviewed two care plans and saw risk assessments that guided staff on the individual risks people lived with and staff we spoke with knew the support needed to minimise risks. One relative commented, "Without a shadow of a doubt they [staff] know the risks to him."

We saw that staff were available to people to provide care and support. Staff also confirmed there were enough staff to meet the needs of the people they provided a service to. They told us when staff were off work, cover was provided from within the team to minimise the use of agency staff. Where agency staff were used the management team looked to use the same staff to ensure consistency of care. Staff told us staffing levels were flexible to reflect the support to people. For example, staffing was increased to support people living at the home to attend a weekly disco together.

Recruitment processes demonstrated how checks were made on the suitability of staff before they commenced work at the service. We saw DBS (Disclosure and Barring Service) checks were completed to check the suitability of staff to work at the service. We checked two files and also saw that references had been taken up before the member of staff had commenced work.

People were supported to take their medicines when needed. We saw a member of staff gave people the choice of where they would like to take their medicines, gave people time to settle and offered them a drink to take their medicines with. One relative told us, "The medicines are spot on. Medicines are all sorted when [Family member] comes home. It's all done and sorted, it's a very good system."

Staff told they had received medicine training and the provider also made periodic observations of their medicine support to ensure it met the required standard. A colour coded system was used to show when medicines needed to be taken and medication administration records (MARS) included a picture of each medicine for ease of identification. Checks of the MAR sheets were made by the management team to ensure staff had correctly recorded the medicines they had given to people.

Is the service effective?

Our findings

People were supported by a staffing team that understood their needs and how to look after them. One relative commented, "They [staff] know what to do and the approach to take. I consider them to be very skilled." Staff told us training provided reflected the needs of people living in the home and confirmed the training had enhanced or embedded their current knowledge. For example, two members of staff told us they had received training to develop their awareness, understanding and skills to support people with autism.

All staff told us they were supported in their role, understood their responsibilities and felt able to access advice and guidance on people's care whenever they needed. One member of staff said, "I can ask any questions and I get answers."

We saw that staff supported people to make choices. We saw people were given time to communicate their decisions that staff then acted upon. 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Records recorded when people needed help to make more complex decisions. Staff told us best interest meetings including relatives, had been held to make decisions in people's best interest.

Throughout the inspection we saw staff support people to make and communicate their decisions. Staff ensured they gave people time to communicate their choices. Where people were not able to communicate verbally gestures were used, for example a thumbs up. We saw staff recognised people's individual gestures and responded to these. Staff had received MCA training and one member of staff told us how they had more understanding of the rights of people to make decisions following the training.

We saw that people were given choices at meal times and were supported to have plenty to drink throughout the day. A meal planner was agreed with each person at the beginning of the week, however if people wanted a different choice on the day an alternative would be offered. Fresh ingredients were used and people were encouraged to be involved in the preparation of meals. One person told us how they enjoyed fish pie that they had had the previous night and another person told us how they enjoyed a takeaway meal each week,

People were supported to attend medical appointments in support of their wellbeing. One relative told us when their family member had been unwell a medical appointment was made immediately to seek advice, they told us, "Staff couldn't have acted any quicker." Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One relative told us how much their family member enjoyed living at the home and said although they lived in several homes previously this was the first they referred to as home. We saw that people were comfortable in the company of staff and were keen to see staff coming into the home, to share with them what they had done earlier in the day and what they had got planned for the rest of the day. We heard and saw positive examples of communication throughout our inspection. For example, we saw staff joking with people who responded by laughing and smiling.

Relatives told us staff had a caring approach. One relative said, "It's not just [Family member's name], everyone gets good care I am witness to that." Another relative said, "They [staff] are very caring and supportive of us [the families] too."

Staff we spoke with had a good knowledge of people's individual needs, they were knowledgeable about the support people required and we saw they gave choices in a way that people could understand. For example, we saw when supporting people with their medicines the member of staff showed one person two medicines and asked them which they would like first.

Relatives complimented the 'homely' feeling of the service. One relative told us, "Staff are caring and the people are great. It's like one big happy family." Staff told us that the benefit of being a smaller home is they got to know everyone well. We saw that staff understood how people expressed how they felt. When one person showed signs of being anxious, a member of staff went to their side and talked to them and offered reassurance. As a result we saw that the person became more relaxed.

Staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "The people are so lovely, I love helping them and supporting them to develop their living skills." Another member of staff said, "I get on so well with the people that live here, I am passionate about my job, I love it and I'd happily let any of my family stay here."

Throughout our inspection we saw that staff asked people's permission before supporting them and that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could go whenever they wished. Relatives also told us staff treated people with dignity and respect. One relative commented, "Staff respect people. [Family member's name] spends time in their room; staff respect their privacy."

Staff supported people to retain their own level of independence, for example to make drinks for themselves and their own midday meal. One relative told us how their family member had been supported. They said, "They [staff] take time to explain things to [family member's name]." We saw one person had made a picnic lunch to enjoy in the park, which they showed pride in completing. We observed staff giving gentle prompting and praise where people completed tasks to acknowledge what they had done and also encourage them.

People were supported to maintain relationships with friends and relatives. Relatives we spoke to said they felt welcomed at all times and people were supported to visit relatives too. On the day of our inspection people living at the home were attending a weekly disco, which they told us they enjoyed. They attended the disco together with people from the two other homes; staff told us people from the other homes had become friends and were invited to social events at the home including people's birthday celebrations.

Is the service responsive?

Our findings

Relatives told us staff were responsive and people received the care they wanted. One relative said, "People are treated as individuals, they [staff] do not patronise people, they encourage them to be involved. They know just what works for [family member]." Another relative told us staff supported their family member to, "Broaden their horizons." They told us, "They [staff] encourage them to try new things and keep trying. If it doesn't work at first they will go back and revisit it another time." They told us their family member had made great progress since being in the home and as a result of this support.

Staff we spoke with told us they understood people's needs from supporting them, understanding their behaviour and sharing their understanding with other staff. For example, staff told us their knowledge of people was shared within the staff group, individual support plans were developed and specific training provided to the staff team for each individual. All staff spoke positively about the individual support plans and training and the positive impact on people's wellbeing. This was also confirmed by relatives we spoke with, one of whom said, "I would never have believed that [Family member's name] would be able to do things they are achieving now."

We saw that staff shared information as people's needs changed, so that people continued to receive the right care. This included information shared at staff handover, where the support required for individual people was discussed. It was evident that staff had a good insight into people's personal routines and preferences. One person told us how they were working with staff on a new picture planner of weekly activities to incorporate new activities they were enjoying.

A relative we spoke with told us families were encouraged to be involved in important meetings affecting their family member's care. They told us it was important that they were consulted and contributed to the process and also to understand their family member's changing care needs.

The provider had a complaints process in place should they need to record any complaints. We saw that where a complaint had been received action had been taken and the person involved to find a suitable outcome. We saw information on how to complain was available to people in suitable formats for people living at the home. Relatives we spoke told us that had not had reason to complain but felt able to speak openly to staff and were assured action would be taken if needed. One relative said, "There's no need to fix what's not broken." The provider collated information on complaints received across all services to share learning and good practice across their homes.

Is the service well-led?

Our findings

People told us they enjoyed living at the home. One person said, "It's really good" and another person gave us a thumbs up to indicate they were happy living at the home. Relatives told us the home was well managed. One relative commented, "I would recommend the home without a shadow of a doubt, it's brilliant." Another relative said, "It's well managed. The [project] manager knows what she is doing; she's very knowledgeable."

There was a registered manager for the service. 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. There had been a recent change in the management of the scheme. A new registered manager was in place and responsible for managing two different homes, to support this arrangement there was a project manager in place at the home.

Staff we spoke with told us the home was well organised and run for the people living there. Staff told us they felt able to tell management their views and opinions at supervisions and staff meetings. One staff member said, "Staff are supported by the managers because they listen. They are open to discussion and listen to what we've [staff] got to say." Another member of staff told us how the management team had actioned a suggestion they had made, which had made them feel valued.

All staff we spoke with were very complimentary about the staff team as a whole. One member of staff told us it was a particular strength of the service and said, "It's a supporting team, we learn from each other and I respect them." The project manager confirmed this and told us, "It's an excellent team; it's a caring team everyone offers each other support."

The registered manager was not available on the day of our inspection so we met with the project manager. They told us they had good support from the provider. They said the provider supported them through supervision and supported further professional training opportunities. They told us the management team was supportive and they felt able to approach the registered manager with any concerns they may have.

The care people received was checked and updated regularly by the management team. We saw there were systems in place to ensure people received the care they needed. The project manager told us the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. The provider also made monthly visits to the home to complete checks and observations of the care provided. In addition they received weekly updates via email.

The management team had sent questionnaires to all people living in the scheme in June 2017 asking for their feedback and opinions on the care provided. Responses showed that people were happy with the care provided and where suggestions for improvements or comments had been made these had been addressed or discussed further with each person.

The registered manager and the project manager had an action plan in place to further develop the service. For example, the project manager told us they were developing the staff supervisions going forward to include quizzes on topics such as medication and the MCA, to ensure staff knowledge was up-to-date and reflected the support to people living in the home.