Adjuvo (North) Support for Living Ltd

Sutton House

Inspection report

Sutton House
154 Dick Lane, Tyersal
Bradford
West Yorkshire
BD4 8LJ

Tel: 01274668808

Date of inspection visit:
20 November 2017

Date of publication:
22 December 2017

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

Our inspection of Sutton House took place on 20 November 2017. We gave the service short notice since the service operates a domiciliary care agency.

At the last inspection in June 2016 we found breaches of legal requirements relating to medicines management and good governance. At this inspection we found improvements had been made to meet the relevant requirements and the service was no longer in breach of regulations.

This service provides care and support to 19 people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was a registered manager in position. 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 told us they felt safe living at Sutton House. Staff were trained to recognise and report signs of abuse and understood their role in keeping people safe. Accidents and incidents were documented with actions and analysis to mitigate the risk of recurrence. Risks to people were assessed and associated plans of care put in place.

Sufficient staff were deployed to keep people safe and people told us care and support visits were made in line with their care needs. They said staff generally arrived on time and stayed for the correct amount of time. Staff gave examples of where they visited people on top of regular calls to offer extra care and support if people were upset or to remind them of cultural fasting times. A robust recruitment process was in place and staff received regular training, supervision and appraisal.

Staff used gloves and aprons when carrying out personal care tasks to help reduce the spread of infection.

People were supported with their health care needs. We saw a range of health care professionals visited the service when required and people were supported to attend health care appointments in the community. This was reflected in people's care plans.

People were supported with shopping, preparing and cooking meals and cultural needs were respected. An emphasis was placed on retaining as much independence as possible and people were supported to maintain links with the outside community.

People's needs were assessed prior to commencement of the service and people were involved in the

planning and review of their care. Personalised care plans were in place and these were regularly updated or when care and support needs changed. The service had accessible information in place and had plans in place to increase this with new care plan structures.

The service was compliant with the legal requirements of the Mental Capacity Act and the registered manager understood their responsibilities under the Act. This helped to ensure people's rights were protected.

People told us staff were caring and supportive. Staff respected people's privacy and dignity, knocking on people's apartment doors prior to entering and asking consent before care and support tasks. We saw the service respected the diverse interests and cultures of the people living at the service and saw no evidence of discrimination during the inspection. We saw good relationships had developed between people and staff and staff knew people and their care and support needs.

An easy read complaints procedure was in place and people told us they knew what to do if they had any concerns. However, people told us they had not needed to complain about any aspect of the service. We saw the registered manager and deputy manager had a good relationship with people and had an 'open door' policy to discuss any day to day worries.

There was an open and transparent culture at Sutton House. People respected the management team and found them approachable. Staff told us they felt supported in their roles and their views were listened to through surveys and team meetings.

People were involved with the service through questionnaires and regular meetings. We saw they had been involved in discussions about the future direction of the service and improvements to be made.

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.

Assessments were completed to mitigate risks to people's safety. People at Sutton House told us they felt safe.

Medicines were safely managed. People received their medicines as prescribed.

Sufficient staff were deployed to keep people safe. Staff were safely recruited.

Is the service effective?

Good

The service was effective.

The service was acting within the legal requirements of the Mental Capacity Act 2005. Staff sought people's consent prior to care and support tasks.

Staff had received a variety of training to equip them for their role. People told us staff understood their care and support needs.

People's healthcare needs were supported with intervention where required from a range of health care professionals.

Is the service caring?

Good

The service was caring.

People's independence was supported and people were encouraged to maintain links with the outside community.

Staff knew people and their care and support needs. Staff respected people's dignity and treated them with respect.

People were comfortable in the presence of staff and good relationships had developed.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to using the service and personalised plans of care put in place.

People were involved in the planning and reviews of their care and support.

The service used technology to assist with people's care and support.

People told us they had not needed to make a complaint but understood how to do this if required.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff were complimentary about the management of Sutton House. They told us the management team were open, supportive and approachable.

A range of quality surveys were in place to drive improvements within the service.

People's opinions of the service were sought and actions put in place as a result of these.

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 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.

This inspection took place on 20 November 2017 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager was available.

The inspection team comprised two adult social care inspectors 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. The expert-by-experience used on this occasion had experience of older people and people with learning disabilities.

Prior to the inspection we gathered and reviewed information about the service from a number of sources. This included notifications received from the provider and contacting the local authority safeguarding and commissioning teams. As part of the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had been returned in a timely manner and we took the information within the PIR into account when making our judgements.

During our inspection we used a number of different methods to understand the experiences of people who used the service. We spoke with 16 people who used the service, two relatives, five care staff, the registered manager, the deputy manager and the area manager. We looked at elements of three people's care records, some in detail and others to check for specific information, medication records and other records which related to the management of the service such as training records and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at Sutton House. Comments included, "I feel safe here. The staff wear ID badges. I have no concerns, all the staff are very good. They arrive when they should and they've never missed a call. I don't think that they've ever even been late", "I am comfortable here. I feel safer than other places. Safer than anywhere else I've been actually. The staff do good help. They come at different times of the day, morning, dinner, tea and night. They do wear their ID. They are occasionally a bit late but they always get here. There are all different staff but I don't mind that", "They lock up when they leave at night, because I'll never be going back out", "I do feel safe. It's a good place to live and the staff are supportive and talk to me on calls" and "I feel safe, it's a lot better than out there on the streets, in the real world."

Relatives we spoke with commented, "My [relative] is safe here, very much so" and "It's a safe place and [relative] is happy here." One relative commented, "Although [relative] keeps getting eggs thrown at [relative's] window, it's hard to control as [relative's] flat faces the street outside and isn't under the home's area. Luckily though, they have told us that security will be stepped up when all the refurbishment work is completed."

Staff had received training in safeguarding vulnerable adults. They were able to give examples of how they would identify and act on abuse. They said they were confident people were safe and well protected using the service. Safeguarding procedures were in place and we saw they had been followed to help keep people safe. Incidents were correctly reported to the Local Authority and actions were put in place to prevent re-occurrence.

Where the service managed finances for people we saw appropriate documentation was in place which provided a full audit trail of any money held and spent. This helped reduce the risk of abuse.

Risks to people's health and safety were assessed and used to create risk assessment documents for staff to follow. These covered areas which included the environment, medication, falls and moving and handling. These were subject to regular review. The service helped support people to take positive risks, for example in accessing the community independently to help promote their independence.

Staff demonstrated they knew how to report incidents and said incidents they reported were always investigated by management. There was a low number of incidents with no concerning themes or trends. We saw there were no reported missed calls. We saw where concerns had been raised by staff these were robustly investigated to help ensure people were kept safe.

Incidents and accidents were recorded and investigated. Following each incident such as behaviours that challenge, the registered manager reviewed the incident to determine whether any lessons could be learnt to improve and enhance service delivery. We concluded through reviewing incident data, care reviews and speaking with people that the service was committed to learning from people's experiences to drive improvements to the safety of the service.

The building was occupied by care staff 24 hours a day. This improved the safety of the service as it meant staff were on hand to respond to any emergencies or requests for assistance during the night. We saw the results of the 2017 questionnaire completed by people living at the service highlighted the security they felt with having a member of care staff on duty at night time. Staff we spoke with told us they were able to get through to a member of the management team should they experience an emergency outside office hours. Personal emergency evacuation plans (PEEPs) were in place which showed what support people required in an emergency situation or in the event of a fire.

At our last inspection, medicines were not always managed in a safe manner. For example, handwritten medicines administration records (MARs) did not contain required information, medicines were not always in stock and documentation was inconsistent. At this inspection, improvements had been made which meant the service was no longer in breach of Regulations. Our observation of the administration of medicines confirmed people were receiving their medicines when they needed them and as prescribed.

Staff said they had received training in medicines management and we saw their competency to safely administer medicines were checked. A medicines policy was in place and staff had signed when this had been read. They were aware of people's medicine regimes such as when to administer time specific medicines. A review of daily records and the MAR charts showed these times were adhered to.

Most medicines were administered via a dossette system and medicines were stored in locked cupboards in people's apartments. Risk assessments had been completed with people giving consent for medicines administration. We saw some people were responsible for their own medicines and other people administered their own creams. Documentation was in place to support this. MAR charts were kept in people's care records within their apartments. We saw these were all printed with key areas highlighted such as dose time and description of the medicine. For example, one person received a sleeping tablet on alternate nights. We saw the MAR was 'greyed out' when the tablet was not to be administered. We also saw information in the medicines record contained a description of the medicine, dosage, additional information and what the tablet looked like. This mitigated the risk of medicines errors and meant medicines stock could be checked easily. We saw MARs were completed with information documented on the rear of the form if the person had gone out and medicines given for the person to take independently during this period.

We saw the service had a system in place with the local pharmacy for booking medicines in and out of the service which meant stocks were available as required. Stock levels were recorded and checked at this time and a weekly stock sheet check completed including dossette and boxed medicines. In addition, MARs were audited monthly to show if these were correctly completed, any gaps were noted and actions taken. For example, disciplinary action was taken if required. This showed a robust system for medicines monitoring was in place. Our review of the medicines management concluded medicines were now being managed safely.

Staff said there were enough staff deployed to ensure that people received timely care and support. They all said that two care workers during the day and one care worker at night was enough to meet people's needs. We reviewed staff rotas which showed consistent staffing levels were achieved and extra staff deployed if visits out such as shopping trips with people had been arranged. Daily records of care showed people received a consistent and timely service indicating there were enough staff deployed. The registered manager told us there were no staff vacancies although they were recruiting two bank staff to cover sickness, annual leave and where extra staff were required. People told us they received care visits on time, or staff would always inform them if they were going to be late.

Safe recruitment procedures were in place. Candidates were required to complete an application form, attend a competence based interview and have their character explored through references and a Disclosure and Baring Service (DBS)criminal record check. New staff we spoke with confirmed these checks had been carried out before they started work.

We saw staff had access to equipment designed to reduce the spread of infection such as gloves and aprons. We saw staff used these when carrying out personal care, administering medicines and assisting with food preparation.

Good

Is the service effective?

Our findings

People we spoke with told us staff knew what they were doing and understood their care and support needs. Comments included, "The staff know how to care for me. I see different people each day too. There are sometimes agency staff, but not very often. They come at times that I choose, apart from the set medication times. They're good if you say 'can you come an hour later or earlier' some days. I feel comfortable talking about my health with them", "The staff know my needs. They come when I want them to. They check that I've taken the right meds. They help me with my reading. They also check when I've gone to my [relative's] that I'm safe and can get home and things" and "The staff are really good. All the staff know what they are doing. They call four times a day plus meals. I can chat to them about everything." One relative told us, "When I've been here, the staff have always seemed very professional and they take care of my [relative] well."

People's care needs were assessed prior to using the service. The assessment was based on information provided by the Local Authority alongside the provider's own assessment of need document. This information was used to formulate a comprehensive plan of care. The assessment considered people's diverse needs and beliefs and helped to ensure they were not discriminated against. This helped ensure staff provided appropriate and person centred care that met people's individual needs.

We saw a range of training was in place, booked or planned, including service specific training such as epilepsy training and mental health awareness. Staff new to care were enrolled on the Care Certificate. This is a government recognised training programme designed to equip staff with the required skills to provide effective care and support. Staff we spoke with said they received appropriate training. They said they had recently received face to face training in a number of subjects which had been of good quality and worthwhile.

Staff records showed staff received an induction to the service, its policies and ways of working and a period of shadowing so they knew and understood people's individual needs. Staff were subject to a three month induction process which was then signed off by the registered manager if the staff member was successful.

Staff said they received regular supervision and appraisal and staff files we looked at confirmed this was the case. We saw the registered manager had systems in place to facilitate these. Staff told us these were an effective way to discuss any concerns, developments and training requirements.

People said staff knew how to prepare food correctly and gave them a choice at each mealtime. We saw people's nutritional needs were assessed as part of care planning with information recorded on how they liked their food and drinks. This included the type of cereal they liked and how many sugars in their drinks. This helped staff provide personalised and appropriate care. Daily records of care provided evidence support with food and drink was consistently provided and choice promoted. We saw people were encouraged to do as much as possible for themselves or help with aspects of food preparation and shopping, such as preparing a shopping list. People told us, "Staff do my cooking. If I'm not well, they will do

my shopping for me, but the biggest part of the time I go with them", "They cook for me as I have poorly hands," and, "They do come and cook at the times that suit me. They are good about things like that. It's improved a lot since I first came here."

The service co-ordinated care with other agencies, this included NHS healthcare support for people with learning disabilities. The provider had already identified a need for hospital passports and was in the process of introducing them. Hospital passports can help people with learning disabilities to have a successful hospital visit, providing key information on their needs and how to care for them.

People's healthcare needs were assessed as well as any support people needed to manage medical conditions. We saw the service worked with a range of professionals including district nurses and GP's to help meet people's healthcare needs; for example, when people's health deteriorated. We saw contact with these professionals was documented on the service's computer system to provide a record of any interventions and/or advice provided. One relative told us, "I know that when [relative] has been unwell that the staff were very good at keeping an eye on [relative] and calling in extra times to make sure [relative] was warm enough and had the correct dosage of medicine and things. They're good when I mention about times to call if they change as well."

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. 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 the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made with most people using the service having capacity to consent to their care and support arrangements. People reported no restrictions placed on them by staff and a number of people told us how they accessed the community independently. Our discussions with the registered manager led us to conclude that the service would act appropriately should people lack capacity and was aware that capacity assessments should be completed and best interest processes should be followed.

Care records showed people had consented to their care and support plans. Consent forms were in an easy read format to improve accessibility. Daily records of care showed people's consent was regularly sought and people were given choices on a daily basis. We observed this to be the case during our inspection with people offered choices about what they wore, what they ate and how they spent their time.

Good

Is the service caring?

Our findings

People said staff were kind and caring. Comments included, "I like the staff", "There has never been a time when the staff haven't been kind and caring. They help when I need them. I do my own cooking and cleaning and washing, but last night, [staff member] did my washing for me as I was late back from a trip to London to see the Lion King; it was brilliant!", "The staff have gotten to know my likes and dislikes. I have had to prompt them on some things but they've gotten better", "They listen to me and they take me shopping on Tuesdays. They help me to be independent" and "The staff have always been very pleasant." However, one person commented, "Sometimes the staff don't listen to me when I explain things, but they do try to help me be independent."

During the inspection people were comfortable with the management and staff. There was banter and lots of interaction when staff were offering care and support to people.

Staff demonstrated good caring values and a desire to make people feel involved and part of the local community. One staff member told us how they often came in early for their night shift so they could spend time with people and offer additional care, support and occupation to people. Staff gave examples of how on occasions, they went to obtain takeaway food for people such as fish and chips and pizza, to enable them to have a change from their regular microwave meals. Staff had provided additional care and support calls to people if they needed reassurance or became distressed. For example, one staff member told us they had spent their break with a person who had become anxious and needed reassurance and checked on them at the end of their shift. This showed staff truly cared about people.

Staff demonstrated they had regard for people's privacy and dignity when delivering care. For example, staff told us they ensured people were covered up during personal care and curtains and doors were closed. During the inspection, we saw staff knocking on people's doors before entering their apartments. We heard staff asked people questions such as, "Is it okay if I do that for you?" and "Can I help you with that?" One person told us, "The staff do show us respect and they respect that me and my [partner] have a relationship." One person's relative told us, "The staff are respectful and they keep an eye on [relative], even though [relative] self medicates. They check up that [relative's] had the dose [relative] should each day which is great as I am only here on Mondays and Thursdays."

Information on people's life histories was sought by the service to aid in the provision of personalised care and support. Staff we spoke with had a good knowledge of the people they were supporting. This gave us assurance they had developed good positive relationships with people.

The service supported people to feel listened to and air their views in relation to their care and support. Resident's meetings, care plan reviews and regular informal contact with staff and management helped people do this. A number of people had Independent Mental Capacity Advocates (IMCAs) which the service supported them to access. This helped ensure people were represented to ensure their views and feelings were fully communicated.

The service recognised the importance of promoting people's independence. This was evident through our review of care planning documentation. For example, care plans listed the tasks people could do for themselves and how staff should support them to do this such as locking their own doors and undertaking elements of personal care themselves. Staff were able to give positive examples of how they promoted and improved people's independence. For example, through the work of staff one person was now able to self-medicate. Staff had worked with another person to improve their confidence and they now enjoyed going out in the community and had been on a trip to London.

People's individual care records were stored in their own apartments to aid confidentiality and promote independence. A copy of key information was securely stored in the main office.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw staff respected people's diverse needs and backgrounds. For example, one person was supported to purchase halal food when out shopping. Staff also supported the person to observe their religious festivals. One staff member told us, "We went to a specialist shop during Eid. We support [person] with Asian festivals; we make sure [person] knows when they are. We do a chart for [person] about the fasting times for when [person] needs to fast. [Person] sticks to it." Another staff member told us they had called to the person's apartment to remind them of the fast times, even though this was not a regular call time. They said, "It wasn't her call time but it was promoting her religion." We saw another couple with learning disabilities had been supported to live in an apartment together and one of the partners had been additionally supported to access to another apartment when they required separate time. This showed us the service was working within the requirements of the Equalities Act 2010.

Good

Is the service responsive?

Our findings

People's care needs were assessed prior to using the service. This assessed needs in a comprehensive range of areas which included personal care, mobility, nutrition, cultural and religious needs. This information was then used to populate a detailed and person centred plan of care for each visit. These provided good information for staff on the exact nature of each task to ensure consistent care. People were asked what time they preferred visits and this was recorded in care plans. We saw people received calls at the times they wanted them.

People we spoke with said they received appropriate and timely care. They said staff generally arrived on time and stayed for the allocated amount of time. Staff we spoke with confirmed they had the time to ensure they stayed with people for the full call length. They said they chatted with people once care and support tasks were completed. We reviewed daily records of care which confirmed this and that timeliness of the service was good.

We saw a person centred approach to care and support. For example we saw examples where people had been out and had returned late in the evening. Staff had then provided a visit later in the evening so they did not miss out on care and support. People told us staff were flexible with call times according to their needs. Another person liked their morning call at 06:00 so the night staff member undertook this prior to the day staff starting.

Care records contained the required level of information to provide personalised care and support. Support plans were regularly reviewed with people and people were involved with the planning of their care. We saw their comments were recorded which were then used to make any changes to plans of care. All the reviews we looked at showed people were happy with the care and support provided. One person told us, "I have a care plan. I have agreed things in it and they stick to them. They do the things I want them to do and they don't do it without my say so." Another person told us, "Yes, I've a care plan; we agreed it when I moved in a few weeks ago. I felt listened to and my opinions seem to count with them." One relative told us, "They do involve me in [relative's] care. They phone me up regularly and keep me up to date with [relative's] care plan and if any of [relative's] needs change. The staff are caring to [relative] and I am relieved [relative's] got somewhere where [relative] has settled down so well."

The registered manager gave examples of how the service was using technology to meet people's needs and develop the service. For example, pressure mats had been used where people were at risk of falls and if people pressed a buzzer in their own flats, staff were informed through their mobile phones that they needed support. The service was in the process of introducing an electronic care monitoring system. This would provide staff with real time information on people's needs and allow the service to monitor call times and lengths in real time, to further develop the responsiveness of the service. The registered manager told us they were also exploring alternative call bell systems for a person with a form of epilepsy.

The service made an effort to ensure information was presented to people in an accessible format. For example, documents such as resident meetings, the complaints policy and care consent forms were

presented in an easy read format to promote understanding. People's communication needs were assessed as part of care planning with regard taken as to whether they needed any adjustments or adaptions; for example, to see or hear clearly. We spoke with the area manager who told us of plans to introduce further easy read formats within care records and other documentation. This showed the service was working within the requirements of the accessible information standard.

People's social needs were assessed as part of care planning and used to develop personalised plans of care. Staff gave examples of how they helped meet people's social needs for example through providing companionship and playing games. A member of night staff said that in the evening, between care calls they entertained people in the communal lounge playing games such as bingo and dominos' and having film nights. We saw pumpkin carving had taken place for Halloween; fish and chip Fridays and weekly coffee mornings had also taken place. At the time of the inspection the lounge was closed due to refurbishment work but was planned to be re-opened again before Christmas which would allow these activities to continue. The registered manager told us of their plans for Christmas festivities and they had booked a local venue for a Christmas meal. One person told us, "At Halloween we had a party. We made pumpkins, had a takeaway. On Thursdays we have coffee mornings." Another person commented, "It's better when the communal areas are open; we've missed socialising, but we do go to each other's flats. We do activities; bingo, movie nights and we have fish and chips every Friday."

The service supported people to maintain links with the local community. Many people accessed the community independently with some working locally in a voluntary capacity. Staff also assisted people sign up and attend support groups for people with learning disabilities to enable them to socialise with other people outside of the service.

A complaints policy was in place. This was presented in an easy read format to aid understanding and was on display in the communal areas of the flats and in the service user guide given to people. We saw there had been no complaints received from people who used the service. A staff complaint had recently been received and we saw this was in the process of being fully investigated to help ensure people were kept safe. One person told us, "It's a very good standard of care. I am happy with everything. They have explained how to complain, but I haven't needed to once." Another person commented, "I think it's a hundred per cent good place and I've never had to complain."

People were asked whether they had any end of life wishes or preferences as part of care planning. However, at the time of our inspection there were no people who wished to discuss this as part of their care planning. We saw this was documented in care records.

Good

Is the service well-led?

Our findings

People told us they had confidence in the management of Sutton House and found them approachable. Comments included, "I know the managers, [registered manager] and [deputy manager]. They are lovely, brilliant. They listen to my needs. I don't bother them if they're busy but they don't usually mind people going. There's always a queue at the office in the mornings. I think there is a very good atmosphere here. When everything is finished, it will look nice. The staff and managers are a very good team; they work well together", "I know [registered manager], she is very approachable. She gave me her work phone number as she knows that I'd only use it in a dire emergency", "[Registered manager] and [deputy manager] are ever so good to me. The atmosphere is good here at home", "Tina is the manager and [deputy manager] helps. If I have something on my mind, I can tell them my problems. If they are not here, I will wait, but mostly they are here. I am quite happy with the service that I get. I get more support here, definitely" and "Staff and managers are great; they help us a lot."

One relative spoke positively about the new provider. They said, "This new lot seem a lot better at addressing [relative's] issues. They are more pro active and they get things done." Other relative comments included, "The managers do seem to care and I have spoken to them occasionally. They are always pleasant when they let me in" and "The management have been very helpful with everything since [relative] moved in."

Staff spoke positively about the service. They said they thought people received high quality care and would recommend the service to their own relatives should they need care. They said the service was well organised and they had well defined roles and responsibilities. The management team were described as friendly and approachable. Staff said they felt able to raise any issues and concerns with the registered manager or deputy. Comments included, "I can go to the management team if I need any support. They don't judge you", "I like the work environment. It's a good team. I can go to the manager if I'm unsure or if I've any queries. The management team is approachable. I would definitely recommend it" and "I love it. I find them (management team) supportive. Any worries, I can go to them. We are a good team. Staff have been here a while. We've all stuck together."

During our inspection we found the management team to be open and genuinely keen to improve the service and the lives of people who lived at Sutton House. Through our observations and discussions, we concluded they knew people's care and support needs and saw they were approachable for people living at the service. Staff morale was good and staff gave extra support to people in addition to regular care visits on occasions, such as reminding people of cultural fasting and checking people who were upset.

At the last inspection systems and processes were not established and operated effectively to ensure the quality of the service provided was assessed, monitored and improved. At this inspection we found improvements had been made. A range of systems were in place to assess and monitor the quality of the service. Each person who received support with their medicines had their medicines audited on a monthly basis. This looked at Medication Administration Records (MARs), medicines profiles and the medicines people had in their flats. Where concerns were identified these were flagged up with staff and disciplinary

processes followed where persistent issues were identified. Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system.

Audits took place of daily logs of care to ensure that appropriate and timely care was provided and of care plans to ensure the required documentation was present. In addition training and staff files were subject to regular audit and review.

Staff received spot checks on their practice. This looked at a range of areas including how they interacted with people, whether they completed care and support tasks correctly and if they of appropriate appearance. This helped ensure staff worked to consistent high standards.

The provider had recently taken over Sutton House and we saw they had plans for regular provider overview. They showed us a service development plan which included improvements to the service and consultation with people who lived there.

The service was supported by the provider and area manager who visited the service regularly. The registered manager told us they felt supported by the area manager and confident with the improvement actions they were implementing, such as easy read care records. The area manager showed us a detailed action plan for future service improvements which showed the provider was looking for continuous improvements to the service. The service had a statement of purpose with a clear vision for the service to include cultural and religious considerations.

Staff meetings were regularly held and as well as being a support mechanism for staff were an opportunity to discuss any quality issues such as the outcome of audit to help drive improvement. We saw staff had completed a satisfaction questionnaire and the provider had identified actions from this.

People's views were sought and used to make improvements to the service. People's feedback was sought through spot checks, care reviews and quality surveys. We saw the results of the recent survey showed people were happy with the care and support at Sutton House. Comments included, 'I am treated like an adult and not a child', 'I like that I feel safe and can come and go as I please,' and, 'I like that there is always a carer around should I need you.' Resident meetings were regularly held to discuss any issues or concerns people had. We saw people had been fully informed and consulted in these about service developments with the new provider.

We saw the service worked in partnership with other agencies. For example, some people had chosen to receive care and support from other agencies and staff liaised to ensure updates, concerns and relevant information about the person was shared with these agencies. The registered manager used the 'Skills for Care' forum and liaison with the local authority to keep up to date with best practice.