

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sutton House

57 Kirkby Road, Sutton In Ashfield, NG17 1GG

Tel: 01623555900

Date of Inspection: 24 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	M G B Care Services Limited
Registered Manager	Miss Justyna Ewa Pawlaczyk
Overview of the service	Sutton House provides accommodation, personal care and support for up to six adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

A single inspector carried out this inspection. We talked with four people who used the service and observed how people were being cared for. We spoke with the registered manager and three members of staff. We looked at the care and support records of four people who used the service and the records of staff training and quality audits.

This helped us to answer the questions below.

Is the service safe?

People's care records contained risk assessments and action plans to ensure the care provided was safe and appropriate for their needs. Support plans were reviewed in conjunction with the people who used the service, to ensure care was provided in accordance with their wishes.

Safeguards were in place to ensure that when people lacked the ability to make decisions about their care and treatment, mental capacity assessments were carried out and action taken to ensure best interest decisions were made. Staff had undertaken training in adult safeguarding, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and understood the implications of these for their practice.

Safe systems were in place for the management of people's medicines and staff had completed training and competency assessment in medicines administration to ensure their knowledge and skills were up to date.

Is the service effective?

Full assessments of each person's support needs were undertaken and support plans were reviewed regularly and updated as necessary to ensure the support provided was appropriate to each person's individual needs.

An advocacy service was available for people if they needed it and information was provided in easy read format to enable people to understand how an advocate could

provide them with additional support. There was a range of other information provided in accessible formats within the home to enable people to raise concerns and ensure their voices were heard.

We saw there was involvement from a range of professionals in each person's care, ensuring care was effective and specialist input obtained where necessary.

There was a structured approach to training and appraisal of staff to ensure staff were supported to function effectively in their job roles.

Is the service caring?

People who used the service were happy with the care and support provided. They told us staff were kind and protected their privacy during care activities. We saw staff encouraging people to express their views and taking time to make sure they understood their wishes.

People's preferences, interests, and diverse needs were recorded and care and support was provided in accordance with their wishes.

People were encouraged to participate in activities they enjoyed thus promoting their well-being.

Is the service responsive?

People were engaged in a wide range of activities in the local community and when they identified a change in their preferences this was listened to and alternatives explored with them.

Feedback was sought from people who used the service and we saw a number of examples of improvements which had been implemented as a result of this feedback.

People told us they had had no reason to complain but they knew how to make a complaint if necessary and who to contact if they were not satisfied with the response. However, they told us they were confident their concerns would be dealt with by the staff and manager.

Is the service well led?

Systems were in place to monitor and assess the quality of the service and records showed that quality audits had been carried out regularly. Issues for improvement identified from the audits had been acted on.

There was a planned approach to education and training and staff had received the training they required to deliver safe and effective care. Staff received regular supervision and appraisal. They told us they felt well supported by the manager and encouraged to undertake further development.

Key areas we looked at such as medicines management were supported by policies and procedures which identified the standards and practices expected.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During the inspection, we observed staff interacting with the people who used the service in a very positive way, encouraging them to communicate their views and supporting them sensitively. Staff respected people's privacy by knocking on their bedroom door before entering the room and closing the door and curtains whilst attending to their personal needs. The staff we talked with told us they checked with people before providing care and support and described the ways in which they protected people's privacy and dignity during everyday activities. We saw records that indicated all staff had attended a training course on Dignity in Care. This meant that steps were taken to promote the dignity of people receiving care.

Some of the people who used the service had communication problems and found it difficult to express their views but they were clearly comfortable and relaxed in their surroundings and with the staff caring for them. They showed us photos of events they had taken part in and were enthusiastic about their hobbies and activities.

Staff told us they encouraged people to be as independent as possible and to engage in activities in the local community. This was evident from the people themselves who told us of a wide variety of activities they were engaged in. Most of them had undertaken courses at the community college and some were involved in local charities.

People who used the service told us their support plans had been discussed with them and were reviewed regularly. We saw they had signed or marked the plans to indicate their agreement and involvement. We saw the plans contained pictures of the person and the activities they had engaged in. There was also a record of their major achievements and copies of certificates from courses they had attended or awards they had been given. The manager told us they had done this to encourage people to look at their support plans and become more involved in decisions about their care. This meant people were encouraged to understand their care and express their views.

People's wishes in relation to their care at the end of their life had been discussed with them and recorded in their support plans to ensure they could be respected when the time

came.

All the bedrooms were single occupancy and had en-suite facilities. They were decorated individually according to people's preferences and interests. One person had recently chosen their new bedroom furniture and decorations and there were lots of examples of people's interests and hobbies within their rooms. This meant people were offered choice and treated as individuals.

There was information on the notice board in the lounge about advocacy services and what an advocate is, in easy read format. There were also contact details for the advocacy service. There was useful pictorial information for people who used the service about abuse and the types of abuse. The people we talked with were able to identify what they would do, and how they would seek help if they had concerns. This meant people had the information they needed to enable them to access independent support if they needed it.

Where people lacked the ability to make decisions about specific aspects of their care and support, mental capacity assessments had been carried out. There was excellent documentation related to this and of how decisions had been made in the best interests of the person involved. This meant the rights of the people who used the service were protected and where people lacked the ability to give informed consent, decisions were made in their best interests.

We saw the Service User Guide which included useful information about the facilities and services available. This meant information was provided for people to facilitate choice.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

We talked with four people who used the service and they all told us they were happy with the support provided and liked living there. One said, "Staff are very kind." Another said, "Everyone gets on." People indicated they needed some help with daily activities such as shaving and they received the help and support they required.

We looked at the support plans for four people who used the service. These contained a detailed profile of the person with information about their likes and dislikes, family relationships and social support in addition to their support needs. The support plans were written in a person centred style and had detailed information about the best approach in dealing with individual issues such as a person's reaction to crowded places, or a lack of road safety awareness. This meant people's care and support was tailored to meet their individual needs.

Each support plan contained a range of risk assessments and action plans to reduce the risks. They had all been reviewed monthly and updated as necessary. These were comprehensive and demonstrated an understanding of the specific needs of the people who used the service. This meant that steps were taken to protect people against the risks of receiving inappropriate or unsafe care and maximise independence.

The people we spoke with, and the support plans we saw, indicated that people had access to other professionals such as family doctors, specialist nurses, social workers, opticians and dentists. There were inter-agency notes within each support plan. We saw there was a "hospital passport" for each person that provided important information about the person in the event they needed to access health services. We were told if a person required admission to hospital a member of staff would stay with them to support them through their admission. This meant people were supported to access appropriate health and social care support.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

There was a medicines policy in place and also a policy for the use of "homely remedies", providing staff with clear guidance on the safe ordering, storage, administration and disposal of medicines.

We saw all the medicines were stored in a locked cupboard in the office and controlled drugs were stored appropriately. Most of the drugs were supplied in blister packs for each person with some exceptions for drugs with specialist requirements and medicines that were only given as needed. We examined the medicines administration record (MAR) for four people and saw that they had been consistently completed. There was a photograph of each person at the front of their medicine administration record to facilitate correct identification of the person and reduce the risk of errors occurring. We carried out checks on the stock balances of the only controlled drug in use and this tallied with the controlled drug record. This meant that systems were in place for the safe storage and administration of medicines.

The people we talked with told us their medicines had been explained to them and they understood why they were needed. This meant people had been given information about the medicines prescribed for them. People also told us that their medicines were administered regularly by staff at the same time each day.

We saw records of formal staff training in medicines management and records of their competency assessments for all staff. On-going monitoring and assessments were carried out for all staff by the manager. This meant staff had the knowledge and skills to undertake medicines administration safely.

We saw that medicines audits were carried out every two months by the provider and checks of medicines administration records were carried out fortnightly within the quality monitoring checks undertaken by the manager. The community pharmacist carried out independent medicines audits annually. We saw the results of these audits and compliance with the standards was good. This meant that systems were in place to ensure the safe management of medicines.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

We talked with two staff and they told us they felt equipped to provide the care and support people required. They told us they were well supported by the manager and the deputy manager. One member of staff said, "I enjoy working here, everyone works as a team and if I need help I know there is always someone I can ask." Staff said they had been given the opportunity to attend lots of training courses and they were positive about the quality of the training and its relevance to their practice.

All the staff either had a nationally recognised care qualification or were currently undertaking one. The manager kept a training matrix which listed all the mandatory training courses, the dates they had been completed by each member of staff and training booked for staff. We saw they covered an extensive range of topics relevant to the needs of the people using the service. All staff were up to date with their training. Copies of the training certificates were kept centrally. This meant staff were provided with the training necessary to deliver safe and effective care.

The manager and the staff we talked with told us staff had supervision every two months. During supervision they had the opportunity to raise issues and concerns and ask questions. They told us their performance was discussed and they were given constructive feedback. Supervision was also used to discuss training needs and cover topics such as adult safeguarding procedures, the Mental Capacity Act and other important topics. When asked how useful staff found it, one said, "100%", but we don't have to wait for supervision, if there is an issue we can talk to (the manager or her deputy) at any time." This meant staff had access to support and appraisal to enable them to further develop their skills.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked the manager about the steps taken to monitor and assess the quality of the care and service provided. We saw records of two weekly monitoring of a range of issues including medicines records, daily report records, finances, food charts, kitchen checks, accidents and incidents and complaints. We were also shown records of the quality audits which were carried out independently every two months by the provider. These were based on the CQC outcomes framework. Compliance was good with all the audits. An example of a change which was initiated as a consequence of audit was the introduction of photos and pictures within the support plans, in order to make them more personalised and easy to access by people who used the service. We found that systems were in place to monitor and assess the quality of the service.

Monthly residents meetings were held to obtain feedback from the people who used the service and discuss future plans and developments. We saw the minutes of the recent meetings and saw they were well attended. The meetings covered feedback from the people who used the service, future plans and activities, and topics such as complaints and advocacy, and dignity. We were told of changes which had been put into place as a result of feedback such as additions to the menu. This showed the views of the people who used the service were listened to and utilised to improve the service.

Staff told us they felt confident to identify any concerns they might have in regard to the care and support provided. They were aware of the provider's whistle blowing policy and they told us they were confident the manager would act on any concerns they raised and would take action to address the issues. This meant processes were in place for people to raise concerns and act on them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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