

MGB Care Services Limited

Sutton House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected the service on 9 March 2016. Sutton House provides accommodation, personal care and support for up to six adults with learning disabilities. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were given the information they needed to ensure they knew what to do if they were at risk of harm and were supported by staff who knew how to protect people from the risk of harm. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff valued and listened to them. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred. People's potential was recognised and they were supported to develop their skills and knowledge. People were supported to enjoy a rich and active social life.

People lived in a service where they were educated in what standards to expect from the service and what to do if standards fell below what was expected. They benefited from an open and inclusive culture of leadership which placed people at the heart of the service and strove to continually improve. People were involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

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

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Outstanding ☆

The service was very caring.

People lived in a service where staff valued and listened to them. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred.

People's rights to privacy and to be treated with dignity was a fundamental part of the ethos of the service.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were in control of how their care and support was delivered and had ownership over this. People lived a fulfilling life which was enriched by the support given to develop their skills and independence which led to them having more autonomy. People enjoyed a rich and active social life.

People's potential was recognised and they were supported to develop their skills and knowledge. People were supported to enjoy a rich and active social life.

People were given education on how they could raise concerns both within and outside of the organisation.

Is the service well-led?

Good ●

The service was well led.

People lived in a service where importance was placed on them having the information about what standards of support they should expect what to do if standards fell below what was expected.

People benefited from an open and inclusive culture of leadership which placed them at the heart of the service and continuous learning would ensure continuous improvement.

People were involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service 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 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.

We inspected the service on 9 March 2016. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with five people who used the service and two of their relatives to get their views of the service. We spoke with two members of support staff, a team leader and the registered manager. We also spoke with two external health and social care professionals who had visited the service. We looked at the care records of two people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People told us they felt safe. They were given information on how to keep themselves safe and what to do if they did not feel they were. We saw there was guidance displayed in the lounge in a format people would understand detailing what abuse was and what people should do if they felt they or anyone else was being abused or was being bullied or harassed. People we spoke with were aware of the guidance and told us they had read it. We saw that abuse and keeping safe was also a standing agenda item on regular meetings people who used the service attended. The registered manager asked people each month if they felt safe and reminded them of the process they should follow if they did not feel safe.

Relatives also felt their relations were safe in the service. One relative told us, "There's no way they would put [relation's] safety at harm." Another relative said they felt their relation was safe and said, "[Relation] would be able to tell me if there were any problems."

People were supported by staff who understood, and where necessary followed, systems designed to protect them from harm. Each person had a support plan in place detailing what types of abuse they may be at risk of and how staff should protect them from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse. They knew how to report any concerns to the registered manager or to external organisations such as the local authority if they needed to. We saw from records that during regular supervisions staff were reminded by the registered manager of their responsibilities to report any poor practice and staff were tested to ensure they knew the process to follow. Staff we spoke with were aware of the policy on 'zero tolerance' of abuse and were confident that any concerns they raised with the registered manager would be dealt with straight away.

Risks people faced both within the service and when they went out into the community were assessed and staff had access to information about how to manage these risks. There was guidance for staff detailing how to support people to keep safe whilst supporting them to have independence. For example, one person was at risk of scalding themselves whilst making hot drinks and had a lack of road awareness. The risks around these were assessed and planned for so the person could safely undertake activities of this nature. There were assessments in place detailing what support people would need in the event of an emergency, such as a fire. People we spoke with told us they were regularly involved in fire drills to ensure they would know what to do in the event of a fire. Staff were trained to recognise risks to people's health and safety and what to do in the event of a fire.

People could be assured that any risks in relation to their support needs would be known by other healthcare staff in an emergency, such as admission to hospital. People had a 'hospital passport' assessment which contained detailed information about individuals, any risks around their safety and how they should be supported.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. We saw that staff files were organised and contained the relevant information the registered manager

needed to show staff employed were fit to work in the service. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received the care and support they needed in a timely way. People we spoke with told us there were staff available to support them and we saw this in practice on the day of our visit. Staff were available to support people when they needed or requested it and staff were also available to escort people into the community. The relatives we spoke with also told us they felt their relations got care and support when they needed it. The registered manager told us that due to risks one person had with their health a member of staff was with them at all times. We observed this support was given throughout our visit.

The registered manager told us that staffing levels depended on the amount of staff needed for activities and appointments and this was regularly assessed. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service and that there were enough staff available to be able to support people to go out into the community at any time people requested it. The registered manager had a small number of agency staff who worked all of their shifts in the service and the agency staff were available to cover shifts in the event of unplanned staff absences.

People had been assessed to ascertain if they were safe to manage their own medicines. It had been determined that none of the people who used the service were safe to do this and so relied on staff to do this for them. The people we spoke with told us that staff assisted them with their medicines when they should. They were all well informed on what they took and why.

We looked at the systems in place to ensure medicines were managed safely and we found staff were following safe processes and people were receiving their medicines as prescribed by their doctor. Medicines were being stored safely and there were systems in place to continually assess if people received their medicines safely. Staff received training in the safe handling and administration of medicines and the registered manager assessed their competency on a monthly basis. A full audit of each person's medicines was carried out on a monthly basis and this included all aspects of medicines management such as the safe receipt, administration, storage and disposal of medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People we spoke with and their relatives told us they felt the staff knew what they were doing. One relative told us, "I Can't fault them." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely.

The registered manager told us that all staff completed mandatory and service specific training to ensure staff had the knowledge and skills to develop person centred practice. Staff we spoke with told us they felt they received training which was appropriate in giving them the skills and knowledge to support people safely and records we saw confirmed the training was given. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were supported by staff who had the skills and knowledge they needed when they first started working in the service. The registered manager told us that she had supported all staff working in the service to gain the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Records confirmed staff were supported to gain this qualification and staff we spoke with told us they had learnt a great deal whilst completing it. The registered manager told us that she had a small group of long term agency staff who had been working regularly in the service for the last two years. We saw the agency staff had also been supported to gain this qualification and the registered manager told us she felt this was important as she wanted all staff who were supporting people to have the same skills and knowledge.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the deputy manager or the registered manager and were given feedback on their performance. We saw evidence of the supervisions taking place and saw these were structured to include development needs, reminders of legislation and good practice as well as discussions of any improvements staff could make and suggestions for improvements staff felt could be made in the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions on a day to day basis. We observed people decided how they spent their time and people we spoke with told us they were supported to make decisions and choices about everyday life.

Each person had a 'decision making profile' in their care plan to inform staff how to support people with their decision making. There were reminders for staff that people had the right to make decisions and that staff should recognise people may sometimes make unwise decisions but that these should be supported, unless the decision placed the person at risk. If this was the case there were clear instructions detailing that an MCA assessment should be completed to assess if the person had the capacity to make the decision.

We found staff that we spoke with had an excellent understanding of the MCA and their role in relation to this. The registered manager understood the need for capacity assessments to be completed and had completed the required assessments to ensure where people lacked the capacity to make certain decisions; these were made in their best interests. These had been done with the involvement of external health professionals involved in people's support and with people's relatives.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation to show these were necessary in the person's best interest.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in a positive way. There were plans in place informing staff of what may trigger people's behaviour and how staff could avoid these triggers. For example we saw in one person's care that they responded positively to certain words and the plan detailed when staff should use these words to promote positive behaviour in what could be a situation which may trigger negative behaviour. Staff were given training in relation to responding to behaviour using the least restrictive methods and this was detailed in people's care plans. The registered manager told us this strategy was effective and led to very few incidents in the service and records showed this to be the case.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they could eat whenever they wished to. They told us they enjoyed the food available to them. One person told us, "It's nice." Another said, "I get what I want." A third person said, "They make it nice and hot." A relative commented on the food and said that there was a, "Large variety in the food and they get a take away once a week."

Our observations supported this and we saw people had access to the kitchen at any time and could help themselves to food and drinks. We saw people regularly making drinks and getting snacks and at lunchtime people chose what they wanted to eat and were supported to prepare this. People had second helpings if they chose to.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw people had been supported to gain a qualification in healthy eating and this had given them knowledge of the effects of not eating healthily.

People were supported with their day to day healthcare. People told us they were supported to attend routine appointments and records we saw showed that people were supported to attend appointments

such as to the hospital and the doctors.

Staff sought advice from external professionals when people's physical or mental health needs changed. For example one person been referred to a psychotherapist when they had started to display signs of a change in their mental health. Another person had been referred to a mobility specialist when their mobility needs changed. We saw people had regular reviews with their doctor to assess their healthcare needs. We saw there were plans in place guiding staff in how to monitor healthcare needs. Staff we spoke with were aware of how to monitor people's health conditions and how to recognise signs of deterioration.

Is the service caring?

Our findings

People felt happy and content in the service and one person told us, "Staff are nice to me." Another person told us, "I like all the staff here. They are really helpful to me." Relatives were equally positive in their comments and they both told us they were confident their relations were happy living at the service. One relative told us, "[Relation] seems very happy here."

People lived in a service where positive relationships with staff were developed. We observed staff interacting with people who used the service and we saw there was friendly banter, laughter and fun in the service throughout or visit. There was a vibrant and fun atmosphere and people welcomed us and were excited about our visit and wanted to share stories with us about the positive lives they led. For example one person wanted to share a recent achievement where they had gained a certificate at college. We saw the service was centred on this being people's home where they lived life as they wished to. The health and social care professional we spoke with told us that one person who used the service had improved since moving into the service. They told us the person now said, 'Time to go home now' which showed they had settled well.

We saw that staff and people who used the service had developed an inclusive environment where people and staff acted as equals. People who used the service and staff all wore slippers, as they would at home, and when people who used the service made themselves a drink they asked staff if they wanted one and vice versa. People who used the service, the registered manager and staff sat together and generally spent the day much like a family would, chatting and working together in a relaxed way. One person spoke of a dog kennel they had made for the registered manager's dog, who was a regular visitor at the service. The person told us they loved the dog visiting and had been pleased to be able to make something for it to use. We observed staff being kind and patient with people and staff clearly had a good understanding of people's aspirations, preferences and abilities.

Staff spoke positively about the people they supported and we observed people responded positively to staff's approach. The staff we spoke with told us how much they enjoyed working at the service and the registered manager told us that most staff had been there for a number of years. We saw there was a special bond between the staff and people who used the service, where staff were happy to go above and beyond what was normally expected of them to ensure people were provided with individualised care and support. The registered manager undertook a wide range of learning and development in relation to providing individualised care and support to people and disseminated this learning throughout the team of staff to ensure they recognised the importance of person-centred care.

One person had been supported to achieve their aspiration of taking a long haul flight, without a member of staff accompanying them, to have a holiday with their relatives. Staff had supported the person to achieve this by working with them and their social worker over the period of a year. The person had been given goals to aim for which in turn would lead to them being in a position to manage a long haul flight without the support of staff who worked in the service. The registered manager described how the person had achieved the goals and plans had then been made for staff to drive the person to Manchester airport and meet a

learning disability specialist member of the flight team who would chaperone the person on the flight. The person had then made the long haul flight and been met at the airport by their relatives and achieved their goal of having a holiday with their family. Staff we spoke with commented on what an empowering experience it was for the person and they had noticed this had a positive impact on the person. One member of staff told us, "We are all so proud of [person] and we are planning to make this an annual trip."

People were provided with a sense of belonging and inclusion. We had a discussion with one person and a member of staff and they spoke about all the other people who used the service going to stay with their relatives each year during the festive period but this person did not have any relatives to stay with and this made them upset. In response to this the member of staff had taken the person home for a number of years to celebrate Christmas with their family.

Another person was provided with the support they needed to grieve and show their respects following bereavement. The person was supported to take flowers to the grave of a relative each fortnight where they could show their respect and recall special memories. The support the person needed was detailed in their care plan and we established that this took place as planned.

People were provided with the support they needed to reassure them when faced with unknown situations. The registered manager described how one person had been admitted to hospital and the registered manager had made arrangements for a member of staff to stay at hospital with the person until they were well enough to return home. The registered manager told us the person would have been anxious and found it difficult to communicate with hospital staff who the person did not know. This arrangement ensured the person was supported by someone who knew and understood them. She told us that this would always be done for any person who used the service if they were admitted to hospital and needed familiar faces to support them.

People's needs in relation to their culture and religion were respected and staff ensured their needs around this would be met. For example one person's relatives wanted them to attend a family wedding. This person needed the support of two staff when they were out in the community and so the registered manager and another member of staff had supported the person to attend the wedding, which was being held in a different county. The registered manager told us they had liaised with the person's relatives to gain an understanding of the clothing staff would need to wear, which would show respect to the person's culture, and how they should conduct themselves.

We saw the person's cultural needs were recorded in their care records and the person was supported to follow their cultural preferences, for example they required a diet which would enable them to adhere to their cultural requirements and we saw this was given. The person told us they were given the diet they should have and we observed this in practice on the day of our visit. We saw the registered manager had also explored local takeaways that provided a cultural menu and recorded in the person's care plan where takeaway food could be purchased to ensure this person could have takeaways along with other people who used the service. The religious festivals the person had chosen to participate in were detailed in the person's care plan, along with pictures of them attending these.

People told us they chose how they lived their life and what they did each day. Staff confirmed this to be the case and said that support was given in a way which placed people in control of how they lived. We observed this to be the case and saw that people chose what they did, when they ate and where they went. People's preferences were recorded in their care plan so that staff would know how people wished to be supported.

We saw from the two care plans we looked at that people's methods of communication were clearly detailed and staff were aware of these communication needs. The communication plans detailed what people may be trying to tell staff, based on their behaviour. For example one person found it difficult to communicate if they were in pain and there was guidance in place to tell staff how to recognise the person may be in pain so they could respond to this.

People were supported to access advocacy services when they needed to. One person had recently been supported to access an Independent Mental Capacity Advocate (IMCA) when they needed support with a decision. We saw there was information displayed to inform people what an advocate was and how they could contact one. This was written in a format people would understand, displaying pictures and symbols. We saw that a discussion about advocacy was also a standing agenda item in monthly meetings held for people who used the service. Advocates are trained professionals who support, enable and empower people to speak up.

The involvement of people's relatives and friends was seen as a fundamental part of people's lives and people were supported to have visitors whenever they liked. People told us their friends and relatives came to visit and that they were supported to go and visit friends and relatives regularly. One person had wanted to spend the day with their relatives but needed the support of staff to do so and staff regularly accompanied the person to their relative's house and stayed with them for the day. Relatives told us they were always made to feel welcome and one relative told us, "We can turn up at any time." In between visits we saw the registered manager regularly communicated with relatives via the use of a smartphone application. This was used to communicate people's achievements and share news of what people were doing.

People's right to privacy and dignity was embedded throughout the service. People told us that staff treated them with respect and afforded them privacy when they wanted it. We saw there was information displayed in a prominent place relating to the 'dignity challenge' which described the 10 areas of dignity values that people should expect from staff. This was written in a format people would understand, displaying pictures and symbols and people we spoke with told us they had read the dignity challenge.

We saw that people's right to have their privacy and dignity valued was discussed each month at meetings held for people who used the service. People were asked about the different values and if staff were applying these values when they supported them. We saw from the records of the meeting that people understood the values and felt staff were respecting them whilst supporting people. Relatives told us they felt staff respected their relations' rights and one relative told us, "They treat them with the utmost respect; they don't treat them like a baby, but as an adult. They treat them fairly."

Staff we spoke with were able to name the dignity values and described how they used these to ensure they supported people as individuals in their own right. We saw that the dignity values were discussed with staff each month during their supervision sessions and that staff had received training on the values. The registered manager was a dignity champion and described her role of ensuring staff worked within these values by continually observing practice and testing staff on their knowledge.

Is the service responsive?

Our findings

People lived in a service where staff used innovative ways to empower people to achieve their full potential, undertake further education and develop their skills. All of the people who used the service had been supported to enrol at a local college which specialised in providing further education to people with a learning disability. People told us about certificates they had achieved for various qualifications and it was clear people were proud of their achievements. One person was excited about a certificate they had recently achieved and retrieved this from their care plan to show us.

People had gained an array of certificates which staff used to support them to reach achievements which they aspired to and this was used in a person-centred way. For example some people had expressed a desire to have a garden and grow their own vegetables. Staff had sought information to enable them to do this and they had been supported to attend college to gain skills and had all achieved a certificate in gardening. The garden had been discussed at recent meetings held for people who use the service and people were being supported to start a project to renovate the area at the rear of the service to include a vegetable garden. People had shown great enthusiasm for this and had discussed being able to grow and eat their own vegetables.

Two people told us they had completed a college course in woodwork and joinery and had gained a certificate for this. Staff had empowered people to put this skill into practice following the college course and people had made various pieces of furniture to use in the service, such as a bedside table. One person showed us a bird table they had made in the service and they were clearly very proud of this achievement. Two people had wanted to have more education in relation to technology and staff had supported them to enrol in technology studies which this had given them the skills they needed to be able to use the computer in the service. We spoke with one of these people and they told us that this had increased their confidence in research on the internet and said, "It did help me lots. I am learning lots, yes I am." Another person had gained a certificate for drama and had put on a performance for other people in the service.

Other goals people had expressed a desire to achieve were fulfilled through them being supported to follow their interests and enjoy an active social life. People's goals and aspirations in relation to their social life had been recorded and records showed they had been supported to achieve these. For example one person had wanted to go horse riding and they were now regularly having horse riding lessons. The registered manager told us people had been supported to enter competitions and records showed some people had won swimming competitions and had medals for their achievements in football and cricket. Staff recognised people's diverse needs in developing and achieving their social ambitions. For example we saw that people were supported to increase their confidence and social skills in relation to areas of life such as dining out and social etiquette. This had been developed as people expressed an interest in dining out with friends or potential dates.

The registered manager told us that she strove to continuously improve the service and to ensure people were provided with individualised care. She described the ways she sought out best practice from attending consultations and developing her knowledge. She had attended workshops to seek out best practice in

developing the staff team such as the care certificate which incorporated training and understanding in all aspects of delivering person centred support. She told us she passed all of her learning on to staff to ensure they had the same knowledge and skills and we found this to be effective with staff having exceptional knowledge of how person-centred care should be delivered. Staff recognised the importance of embracing and valuing people's diversity and empowering people to live their life in a way they preferred.

People were instrumental in planning their care and support and had ownership over their care plans which were written in a format people would understand, including the use of pictures. People had written their care plans with the support of staff and knew they had full control over them. People told us they could access their care plans when they liked and we saw this happen in practice on the day of our inspection when one person wanted to show us a college achievement in their care plan. The person quickly accessed their plan and showed us the documents without needing to ask anyone for permission to do so. People's diverse preferences to how they were supported were extensively detailed so that staff would be aware of how people wanted to be supported. Where people needed support to achieve their goals and aspirations, extensive plans were formulated to guide staff in how to support the person to achieve these. We saw this had resulted in one person going overseas to visit relatives and another person to attend a family wedding in another County.

People had control over their treatment and support. One person needed to undergo minor surgery but was anxious about it. Staff had worked with the person to help them recognise the importance of this and empowered them to make the ultimate decision whilst coaching them through what the process would involve and what the outcome would be. The person had the surgery and the health professional we spoke with described the support staff had given to this person and told us, "This was a major achievement for [name]." The health professional told us they felt the service delivered person-centred care and this had resulted in the person they had been involved with to achieve life to a fuller potential.

Staff knew what was important to people and were able to describe what worked well for individuals and how they supported them to achieve their full potential. People had extensive care plans in place which contained detailed guidance for staff in relation to each area of need. These were person-centred and guided staff in how to meet people's needs in a safe and individualised way. For example it was important to one person that they had control over making their meals and drinks and there were detailed plans in place to ensure staff knew this was important and how they needed to support the person safely to maintain and develop these skills.

People lived in a service which was flexible and responsive in supporting people to live a full life and to have the right to develop and maintain independence and autonomy. The health and social care professional we spoke with described how one person who used the service had been empowered with more responsibility over their own life since moving into the service and that this had a positive impact with the person developing in confidence and trying new things which they would not have done prior to living at Sutton House. On the day we visited we observed people being valued in relation to their rights to independence and living their life as they wished. People had control over how they spent their day and we saw staff respond to people's changing plans such as people making the decision to access the community at short notice and staff responded to this quickly and naturally. We saw people chose what to do and where to go and when they were hungry they went ahead and prepared meals and snacks. People offered to make other people and staff drinks and it was clear there was a family type ethos through the service. People had developed independent living skills plans and their daily living skills were utilised and developed. The registered manager told us that daily living skills were an important part of promoting people's independence and autonomy.

People were empowered to maintain, develop and extend their hobbies and interests. People told us there were activities and opportunities to go out into the community every day. These included bowling, golf, going to the gym and martial arts. People were supported to visit different counties they were interested in and one person told us of a football team they supported in a different county and that they went there regularly. One person proudly told us, "I've got my own bus pass" and "I like to go out" and a relative told us, "[Relation] lives a full life."

There was a games room attached to the service and we saw this was enjoyed by people who used the service. There were computer games and a pool table as well as other activities for people to do. One person used the games room for a number of hours on the day we visited. The person had a special interest in a particular character from a movie and a book and they were enjoying playing a game which was based on this character. The person showed us their bedroom which had pictures of the character and they told us they regularly watched the movie and had been to a theme park based on this character. Another person had a love of a particular vehicle and the registered manager had liaised with the person's relatives and arranged for the person to drive this type of vehicle in different counties as it was not readily available locally.

We saw there was an activity schedule in place for each person detailing a range of activities and social engagements which matched their preferences and interests. The registered manager told us that if people did not want to take part in the scheduled activity then they could choose something different to do and this would be supported. Staff confirmed this was the case and one member of staff told us, "They (people who use the service) do what they want to do and we support this. If they ask to go out somewhere, we take them. We go to all different places that they like, snooker, bowling, they go out a lot."

Staff used innovative and individual ways of involving people so they were consulted, empowered, listened to and valued. There were a range of methods used to ensure people knew their rights to raise concerns if they wished to. We saw the complaints procedure was on display in different formats, including an audio version for people who may have difficulty reading the procedure. Ways to raise concerns were discussed with people at the monthly meetings held for people who used the service. People were instilled with the knowledge and empowerment to raise concerns with discussions held about the ways people could do this and to ensure people recognised their concerns would be dealt with in an open and transparent way. People's knowledge was tested at each meeting to ensure they felt this was a process they were familiar with and to see if they had any current concerns. We saw records of the discussions which showed people clearly knew the procedure including a range of internal and external contacts. The registered manager told us they had not received any complaints since we last inspected the service.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the service and felt it was well run. The relatives we spoke with also commented positively on the service and said they felt their relation was happy there. One relation was very enthusiastic about the support their relative was receiving and told us, "It's taken a big weight off of my shoulders." Another relative said, "We are very happy, it's just what we have always wanted"

People lived in a service which had an open and transparent culture. We observed the registered manager interacting with people and we saw she knew people well and engaged with them in an open and inclusive way, for example introducing each person to us and explaining why we were there. This energised people and they wanted to be involved in the inspection by sharing stories with us and showing us their achievements. Staff were also enthusiastic and wanted to share information about what they felt they did well.

People who used the service were supported to have a say in how the service was run through regular meetings and reviews of their care and support. They were also supported to complete an annual survey giving their views of the service and these were written in a format people would be able to understand. We saw the surveys most recently completed and the results were very positive. Meetings were held weekly for people to get involved in; to get people's views on what activities they would like to do the following week and to discuss any improvements they would like to see in the service. Records of the meetings showed that people were saying they were happy with the service and the support they were given.

There was a registered manager in post and she was aware of her responsibilities to notify us of events in the service. The registered manager effectively led a team of staff to have the skills to manage the service when she was not there. The registered manager told us she wanted all staff to have the same skills and knowledge that she had and so she supported them all to be, "Confident and competent." She told us she achieved this with regular communication with staff and by coaching and testing staff knowledge on areas such as making safeguarding referrals, responding to emergencies and understanding and following legislation such as the Mental Capacity Act 2005. We found this had been effective and staff had an excellent knowledge of the policies and procedures in the service and we observed staff carried out their role with autonomy and confidence.

The registered manager told us that she worked hard to ensure the service was tailored around the individual needs of the people who used it. We found this was effective and that people were kept involved and informed. We saw there was a wealth of information displayed for people who used the service to help them understand their rights, what they should expect from the service and what to do if the service did not deliver what was expected. All of the information was written in a format people who used the service would understand. The information was used in a meaningful way with clear pathways for people to understand legislation such as safeguarding and the Mental Capacity Act and DoLS. The use of this information was embedded in the culture of the service with people regularly discussing legislation at meetings held for people who used the service. It was clear from our discussions with people that they had a good knowledge of the information which would ensure they knew what to expect from the service and what to do if

standards fell below what was expected.

The registered manager had attended workshops and meetings in relation to new ways of developing staff such as the care certificate and following the workshops had undertaken further learning and research. This resulted in her recognising the value of the care certificate and ensuring any staff working in the service would also recognise its importance. She had attended recent workshops to learn about the new ways the CQC inspected and in 'making The Care Act a reality'. She continuously developed her skills, knowledge and qualifications and had achieved recognised qualifications in health and social care and was in the process of completing a Diploma in Leadership in Health and Social Care. A health and social care professional we spoke with told us, "The way she manages the home is excellent. She is a hard worker and committed to her job. Everyone seems to respect her."

The registered manager was clearly passionate about the service and how she could improve the lives of the people who used it. She told us she had completed training which would authorise her to become an autism instructor and said, "This helped me to develop a much better understanding and knowledge of autism, environment and sensory needs. I believe it supported me to create a better care home and staff team who has a very good understanding on how to efficiently and positively support adults with autism and learning disabilities." We saw the registered manager's learning was used to support people to shape the service. For example, the recognition of people developing skills which would empower them to develop the service through gardening projects and using joinery skills to build items for the service. People's views were captured and used to shape the service to fit what they would like. The service had undergone refurbishment and people and staff described how people had been involved in choosing the furnishings and decorations for the refurbishment. People told us they had chosen how their bedrooms were personalised with their choice of furniture and possessions and staff told us they had supported people to make choices from a catalogue and then go out and purchase what they had chosen.

The registered manager recognised the value of research and sharing knowledge and learning so that the service could continuously improve. She was involved in Skills for Care, an organisation aimed at providing practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. She had volunteered to work with skills for care and they had taken this up and she had shared good practice used in the service such as staff induction and training and how this could be improved to create a positive environment at work within the care sector. The registered manager had attended forums to share positive practice with other registered managers and providers after implementing the good practice in Sutton House, such as ensuring all staff, including agency staff undertook the Care Certificate. Staff told us they were able to raise issues or put forward ideas with the registered manager and felt they were listened to. They told us they felt supported and said the registered manager was approachable and they felt she would take concerns seriously. Staff were given an opportunity to have a say in how the service was running through regular staff meetings. We saw these meetings were used to give information to staff and ensure they had a good knowledge of important processes. They were also used for staff to raise any issues or suggestions for improvement. Staff told us meetings were also used to discuss what was working well for people who used the service and that if staff felt the daily life of people could be improved this was listened to and acted on.

People could be confident that the service was monitored and any improvements identified were implemented. We looked at the systems the registered manager used for monitoring the quality of the service and we saw they were in-depth and robust. There were audits being carried out in relation to areas such as medicines management, staff recruitment files and care planning. We saw the systems were effective in monitoring the service to ensure it was running safely and effectively.

We saw there had been an annual quality assurance visit undertaken by the provider and this visit included speaking with people who used the service, observing staff interactions with people, speaking with staff and looking at all aspects of the running of the service. The visit incorporated assessing how well the service was

meeting the needs of people who lived there and looked at themes such as advocacy, nutrition, medicines and staff competency. The report of the visit was shared with the registered manager and we saw the report was very positive.