

Sainthill House Ltd

Sainthill House Care Home

Inspection report

Cowick Lane
Exeter
Devon
EX2 9JG

Tel: 01392436042

Website: www.sainthillhouse.co.uk

Date of inspection visit:
30 March 2019

Date of publication:
29 April 2019

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

About the service: Sainthill House is registered to provide accommodation for 19 people who require accommodation and personal care. The service provides care and support for up to 14 older people who may have physical and/or mental health needs. The service includes Sainthill Cottage, attached to Sainthill House, which provides care and accommodation for up to five younger people who have a learning disability. On the day of our visit fifteen people lived in the service.

People's experience of using this service:

People were not all able to fully verbalise their views therefore they were not able to tell us verbally about their experience of living there. Therefore, we observed the interactions between people and the staff supporting them.

The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.

People and staff told us the service was well managed. People said they were treated with kindness and compassion and felt respected. Staff showed a true fondness for the people they cared for and there was a warm, friendly and welcoming atmosphere. People's wellbeing was promoted.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for social interaction and activity with staff.

The environment was safe and people had access to equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

There were positive working relationships with external professionals and a passion for continuous learning and improvement.

People were kept safe and protected from avoidable harm and abuse, and people had their medicines safely managed. New processes had been put into place to ensure a more robust oversight. People lived in an environment which was fully assessed for safety.

People received personalised care and support, and had their human rights protected. Staff were competent in their roles and were well supported. Quality monitoring systems had been further developed. Rating at last inspection: Good (Report published 13 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this

inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sainthill House Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted on one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

Service and service type: Sainthill House Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was currently without a manager registered with the Care Quality Commission. A registered manager, like the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a manager in post who had started the process of registration with CQC.

Notice of inspection: This inspection was unannounced.

What we did: They provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records held on the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We used all this information to support our planning of the inspection.

During the inspection we spoke with ten people and one relative. We looked around the premises and observed staff interacting with people. We also spoke with the provider, manager, the cook and six other members of staff. We also spoke to one professional after the inspection.

We looked at four care plans in detail and we also reviewed four people's medicine administration records (MARs), staff duty rosters, and other records relating to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in respect of safeguarding were in place. Staff received training and had a basic understanding of what action to take if they suspected someone was being abused, mistreated or neglected.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People told us they felt safe. Relatives and visitors also confirmed they felt confident when leaving their loved ones. Comments included; "I feel safe" and "I feel secure and safe."

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify indicators, so they could respond quickly.
- People were protected in the event of a fire. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.

Staffing and recruitment

- Staffing levels were satisfactory to meet people's need.
- People told us there were enough staff. Comments included; "If I had a problem and I rang my bell, they would be here."
- The provider had robust procedures in place to ensure recruitment was safe. Where agency workers were used the agency provided information, so the management team were aware of the staff members knowledge and skills. Staff told us the management team also actively listened to their views about staffing within the service.

Using medicines safely

- The management team undertook weekly and monthly audits. Any actions needed were identified and completed to improve medicines management at the service.
- There were reporting systems for any incidents or errors.
- People's medicines were managed safely. Systems were in place to check the safe administration of people's medicines.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed.

Preventing and controlling infection

- The service was odour free. Bathrooms had a good supply of paper towels and soap.
- Staff were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and this was worn appropriately.
- Staff received training in infection control.

Learning lessons when things go wrong

- Management were keen to develop and learn from events. Risk assessments were reviewed following accidents and incidents to mitigate the risks of it occurring again.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at Sainthill House Care and a good quality of life.
- Assessment of people's needs were completed, expected outcomes were identified and care and support, was regularly reviewed.
- Checks of staffs practice helped to ensure people received a good standard of care and support.

Staff skills, knowledge and experience.

- Staff were knowledgeable and carried out their roles effectively.
- Staff received an induction which was in line with national standards.
- Staff undertook training to meet people's specific needs, such as dementia and diabetes. Staff said training had improved under the new management of the service.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People told us meals were of a good standard and choices were offered every day. One person told us; "Food is lovely, no complaints" and "Plenty of food, if hungry you can have anything you want."
- People's care plans were detailed to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Those who needed assistance were sensitively supported with their drinks and meals.
- People who had dietary requirements based on their own cultural wishes were flexibly catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- A monthly GP visit ensured that changes to people's needs were managed effectively.
- New systems had been introduced to ensure that referrals were made promptly to external professionals and people's care plans were updated as required.

Adapting service, design, decoration to meet people's needs

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The conservatory/dining area was a popular place for people to mix and chat. The service had disability access.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Some dementia design principles had been used in some bathrooms and shared areas to help orientate people who may be living with the onset of memory loss.

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- People were supported to access external health and social care services as needed.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Mental capacity assessments were completed appropriately.
- People were encouraged to make decisions for themselves and staff ensured people were involved as much as possible in decisions.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- Staff had a basic understanding of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and patient with people. They had time to sit with them and actively listen to them. People told us staff were kind and caring. Commenting, "Staff are a mixture of friendliness and calm" and "Staff are lovely, they're my friends."
- People's relatives and friends were warmly welcomed, with one relative telling us, "We have even taken her (their relative) out and got back after midnight and someone has been there to welcome her back."
- People were kind towards each other, and respectful of each other's differences.
- Staff spoke fondly of the people they supported.
- Personal histories in people's care plans had been documented to enable staff to have meaningful conversations with people.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service. For example, resident and staff meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff told us how they encouraged people to do as much for themselves as possible, whether it was helping them to button up their own cardigan, or by finding equipment to help facilitate ongoing independence, such as specialist cutlery and crockery.
- People's independence was encouraged. People were empowered to be part of their 'own home', by helping with some tasks including making cakes.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. One person became anxious. Staff were discreet when supporting them, offering gentle reassurance without drawing unnecessary attention to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. They were reviewed regularly or in response to changing needs.
- People's wellbeing was promoted by the variety of social engagement and activities available. ● Two activity co-ordinators were employed to support people to take part in a broad range of activities.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- People, as needed, had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- Some staff had received training in end of life care. Staff understood people's needs, were aware of good practice and guidance in end of life care.
- There were positive links with external professionals, such as GPs and community nurses.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Though there was a manager in post they were not currently registered with CQC in post. They had started their application to register with us.
 - There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. The manager and provider had an oversight of what was happening in the service. A professional said they were very pleased with the new management of the service and the improvement and engagement with them.
 - The registered provider was visible in the service and took an active role in the running of the service.
 - The manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere.
 - Staff told us the service was well managed and they felt valued.
 - There was a person-centred culture which kept people at the heart of the service.
 - The management team and provider admitted when things went wrong. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete regular questionnaires to obtain their views. Feedback was used to help positively improve the service.
- Regular engagement meetings took place with all stakeholders of the service. This gave people an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. There was an open-door policy.

Continuous learning and improving care

- The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored Sainthill House Care. These included, medicines, care records, the environment and infection control. This demonstrated improvements could be made to continue the home to develop and provide a good service for people who lived there.

- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.