

# Sanctuary Home Care Limited

# Shaftesbury Court

# Residential Home

## Inspection report

Rectory Road  
Lowestoft  
NR33 0DQ

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Date of inspection visit:  
17 March 2016

Date of publication:  
12 May 2016

## 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

Shaftesbury Court is a care home providing care and support for up to 15 people with a physical disability. At the time of our visit there were 15 people using the service.

The inspection was unannounced and took place on the 17 March 2016.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are registered persons; registered persons have legal requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt that the service was a safe place, and that the staff made them feel secure.

People told us and we observed that there were enough staff available to support them. The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role.

Staff told us they felt supported by the management of the service and that the training they received was effective in providing them with the knowledge they needed. People made positive comments about the staff, the management team and the regional manager.

The service was complying with the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Assessments of people's capacity to make decisions had been made appropriately. The service had appropriately considered whether DoLS referrals needed to be made for anyone using the service.

There were effective systems in place to ensure that medicines were stored, managed and administered safely. People received appropriate support to take their medicines.

People were given a choice of food and drink and provided with the support they required to prepare and eat their meals.

People were supported by staff and the management team to engage in meaningful activity and live full and active lives.

People actively participated in the planning of their care. One person had been provided with specialist equipment which allowed them to write their entire care plan independently.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for

improvement. There was an open culture at the service. People using the service, their relatives and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren't happy.

## 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.

There were enough staff to meet people's needs. Recruitment procedures were robust.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind, caring and respectful manner.

People formed close bonds with the staff and a caring atmosphere was promoted by the management team.

### Is the service responsive?

Good ●

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan. People had input in the planning of their care.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

People were supported to pursue their interests and to access activities of their choice in the community.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff and people using the service encouraged to help develop and improve the service they received.

# Shaftesbury Court Residential Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 17 March 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with nine people, three members of staff, the manager and the regional manager. We looked at the care records for ten people, including their care plans and risk assessments. We looked at staff recruitment files, medicine records, minutes of meetings and documents relating to the monitoring of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe living at Shaftesbury Court. One person told us, "If I didn't feel safe I would not be here." Another person said, "It's a nice place, I've lived here for over ten years and I've been safe." Three people indicated non-verbally that they felt safe when we asked them.

There were detailed risk assessments in place for each person using the service, and these had been updated and reviewed monthly to ensure the risk did not change or increase. There were clear and concise plans in place detailing how staff could support people to reduce the risk of them coming to harm without limiting their independence.

Staff told us that most people were able to manage the risks to themselves independently, but that they supported them to reduce some risks. For example, staff said they ensured furniture was moved in the evening time in one person's bedroom to make it safer for them to access the toilet during the night.

Incidents, accidents and any safeguarding concerns were monitored and investigated thoroughly. Systems were in place to track these for trends. Staff had training in safeguarding and demonstrated to us that they understood their responsibilities in protecting people from abuse.

People told us and we observed that there were enough staff to meet their needs. One person said, "Like everywhere, there could always be more, but I think there is enough for what we need." Another person told us, "Yes, enough staff." Two other people indicated non-verbally that they agreed there were enough staff to support them when they needed help. Staff told us they felt the staffing level was appropriate to the needs of people. One said, "We have never run short. Recently we have had more on because of [person's] injury and that's been fine." Another told us, "We do have enough time for people. We aren't pushed for time."

There were robust recruitment procedures in place to ensure that prospective staff had the skills, knowledge, qualifications and appropriate character for the role. These checks included obtaining references from previous employers and ensuring the prospective staff member did not have any relevant criminal convictions which may make them unsuitable for the role.

People told us and records confirmed that they were involved in the recruitment of new staff and formed part of the interview panel. One person said, "At the end of the day I want to know who is going to be [doing my personal care]." Another person told us about how they showed new staff around the service when they came for an interview. They said, "We show them around, get to question them a bit, see what they are like."

People told us they had their medicines when they needed them. One person said, "Yep I get them." Another person said, "The staff look after them for me." Medicines were stored and administered safely. Where people were prescribed 'as required' (PRN) medicines, there was appropriate documentation in place to guide staff on why the medicine had been prescribed and when it would be appropriate to administer this medicine. Medicines were administered by suitably trained staff.

## Is the service effective?

### Our findings

People told us, and we observed, that staff asked people for their consent before supporting them. One person told us, "Yes they always ask my permission before they get involved. Or if the cleaners want to go in and clean my room they always come and check first." One person said, "They let me come to them to ask for the help I need." We observed that staff asked for people's consent to enter their personal bedrooms. For example, we observed one staff member ask a person if they could go into their bedroom to get their medicines. Staff we spoke with and the management team demonstrated a good knowledge of consent processes and why it was important to gain consent. One staff member said "It's their life and most people are still very independent even if they don't communicate through speech." Records showed that people signed their care records with a stamp to indicate they were happy with the contents. People had been involved in consultation about a planned move to a new purpose built building, and had been asked to consent to this move in writing. This empowered people and gave them choice and control.

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.

The manager and care staff were up to date with the changes in legislation around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been carried out to consider whether referrals to the local authority were required to ensure that any restrictions placed on people were lawful and in their best interests. Assessments of people's capacity had been completed appropriately and in line with legislation. Staff and the manager demonstrated a good knowledge of these subjects and how they impacted upon the people they cared for.

People told us the staff had the right skills, knowledge, experience and attitude to support them. One person said, "They get all the training." Another person told us, "I've been here a long time and they really know what they are doing." Two other people indicated non-verbally that they thought the staff supporting them had the right skills and experience. Staff told us that the training they received was comprehensive and provided them with the knowledge they required to provide care and support to people. Staff told us, and records confirmed, that they received specialist training to support people with physical disabilities such as an acquired brain injury. Staff demonstrated knowledge of subjects they had received training in and understood how people's needs should be met. Staff told us they felt able to suggest extra training they would benefit from and the manager said they were always open to suggestions from staff.

Staff told us they felt well supported by the service managers and the regional manager to do their role. Staff



said they had regular one to one meetings with their manager where they could discuss career development, training and changes in people's needs. The manager told us that they were implementing a new system to ensure staff received more consistent and regular one to one sessions. Staff were positive about the management team and said that they felt better supported now they had a stable manager. Staff told us that they felt listened to and that the management team was approachable.

People told us they were able to choose what they ate and drank. One said, "They will get whatever you want in and I go and get my own stuff too." Another person told us, "Whatever you want really. If you don't want what they have then they will just get something else." We observed staff offering people choices of what they would like to eat and drink at lunch time. People made positive comments about the quality of the food. One person said, "Food is really good. We cook some of it ourselves but the staff make good meals too." We observed that people were supported to prepare meals and drinks based on their ability. People were being supported to learn how to cook where possible, to build upon their independent living skills. People's dietary needs were assessed and any support people required to prepare meals and drinks or to eat their meals was documented in their care records. Staff were able to tell us what support people required and this was confirmed by our observations of the support people received from staff during meal times. People were required with equipment that allowed them to eat their meals independently where possible.

People told us they could see a doctor or other healthcare professional when they needed to. One person said, "I call them myself but the staff will do it if I ask." Another person told us, "They make appointments for me sometimes but I go there myself." People's care plans set out what support they required to maintain their health and to visit external healthcare professionals when required.

## Is the service caring?

### Our findings

People told us that the staff were caring, friendly and kind. One person said, "They are really nice people, we are all friends here." Another person commented, "Very nice. Make me laugh."

We observed that staff treated people in a caring, kind and compassionate manner. For example, we observed staff laughing and joking with people and talking about their plans for the day. On another occasion we observed a staff member reassuring one person who said they were nervous about moving to their new home. Staff including the senior management team formed positive and close bonds with people and clearly knew them well. We observed that one person went out to lunch with the regional manager who was visiting during our inspection. The person told us, "We go out for lunch together quite regularly, have a good chat." The regional manager told us they regularly tried to go out for lunch with people or accompany them to activities if they wished and said they felt this was a good way to get people's views on the service. They commented, "If there's anything going on [person] will be sure to tell me." People told us they felt that the staff cared about them and listened to what they had to say. One person said, "They give me whatever time I need." Another person told us, "I know they care about me."

People told us, and we observed that they were supported to be as independent as possible. One person told us, "Well I do what I want. If I need help, they help. If not, they leave me to it." We observed that people were provided with specialist equipment which allowed them to communicate and complete tasks independently. For example, people were provided with equipment to help them open doors or equipment such as a head pointer which allowed them to type on a computer using head movements. People were also provided with other specialist equipment such as equipment to turn the pages in books or magazines. This meant that people could complete more tasks without the input or support of staff, promoting their autonomy and independence.

People's care records made clear what support people required and what they could do independently. People were encouraged to set goals and to develop independent living skills. At the time of our visit, people were being provided with support to learn new skills before moving to a new purpose built building where they would have their own individual flats. The regional manager told us that the provider had decided to build a supported living service in consultation with people using the service, to enable them to have more privacy and independence. The management team said that people were being prepared for the move by being supported to learn skills such as cooking and cleaning where possible so that they could carry out more tasks within their new home. People we spoke with were positive about the move and about having their own individual flat. One person said, "I am nervous but also looking forward to it. It will be nice to have my own kitchen and everything."

People told us, and we observed that staff upheld their privacy and dignity. One person said, "I can have whatever privacy I want." Another person told us, "Let's face it they have to help me a lot. But they are discreet. It's not embarrassing."

People told us they were involved in the planning of their care. One person told us, "I wrote my own care

plan, 17 pages." Staff confirmed this, saying the person had been supported to write their care plan with the use of specialist head pointer equipment. The care plans of other people reflected their views, preferences and wishes with regards to their care. One person said, "I say what I want written to staff and they write it." People were provided with individual stamps which allowed them to easily sign their name on their care records.

## Is the service responsive?

### Our findings

People's care records documented in substantial detail what individualised support they required with all tasks, such as preparing meals, accessing meaningful activity and personal care. There was step by step information available for staff on how to support people to use specialist equipment which enabled them to mobilise and complete tasks. This meant the service was able to meet people's specific and individual needs. A summary of people's care needs was available so staff could quickly access important information about them, and this could also accompany them to hospital where needed. Staff we spoke with demonstrated a good knowledge of people's current needs and we observed staff referring to people's care records before providing support to them.

Staff demonstrated an in depth knowledge of people's likes, dislikes, hobbies and interests when speaking with us and when speaking with people using the service. People's care records clearly identified people's hobbies, interests and preferences for meaningful engagement and accessing the community. Staff enabled people to partake in activities they enjoyed in the service and outside the service. For example, we saw staff providing one person with paper and a pen as they liked to draw pictures and write words. Staff told us that each person had their own programme of activities that they took part in during the week with their support staff. They said they had access to a minibus to take people out if they wanted to go somewhere specific with staff.

People told us they could have visitors whenever they wanted. One said, "Most of the time I go out but my family or friends can come round when they want to."

People understood who they could go to if they had a complaint or were unhappy about something. One person said, "I'd tell manager. I wouldn't be here if it wasn't a good home." We saw that one person had emailed the manager because they were unhappy about the food they had been provided with. We saw that the manager had investigated the person's concern, discussed it with them and ensured that they were provided with food that met their particular preferences in future. The person told us, "It wasn't what I was used to but they sorted it now."

People told us and records confirmed that they were asked to feed back their views of the service in a variety of ways. One person said, "Surveys every year, meetings too." Another person told us, "We get a questionnaire and then there is meetings we do." The manager told us and records confirmed that a survey was carried out by the organisation's head office. The manager told us that people's responses to this survey went straight to the head office for collation and any themes were fed back. The manager told us they also did their own survey of people's views internally. We reviewed the responses of the most recent survey and saw that these were all positive.

The service had a charitable organisation attached to it called the "Friends of Shaftesbury House." This organisation had an independent director who chaired resident's meetings monthly. We reviewed the minutes of the last meeting. People discussed that they didn't understand safeguarding and what that meant. The manager told us and records confirmed that training had been provided to people using the

service who wanted to understand more about safeguarding people from abuse. This empowered people and meant they felt listened to.

## Is the service well-led?

### Our findings

People made positive comments about the management of the service. One person said, "Manager is the best one we ever had." Another person told us, "Very good manager. Listens well. Does what we ask. Good." Staff were positive about the management of the service. One said, "We have a good balance. Lots of change happened when this manager started and all the staffing issues got sorted."

There was an effective system in place to monitor the quality of the service, and this was capable of independently identifying areas for improvement within the service and shortfalls. The management of the service told us about the checks they undertook to ensure quality and safety and we saw records of these. These checks included safety checks on equipment, maintenance of the building, staff competency checks and infection control. The management team showed us a service improvement plan which was in place, and told us that there was always an improvement plan in place as part of the constant development of the service.

The management team and provider had given much consideration to how they could improve the care and support they provided to people and there were clear aims and goals for the service they wished to provide going forward. Through this consideration they had decided that moving people to a purpose built supported living setting would better suit their needs and provide them with additional independence and autonomy. We saw that a substantial amount of consultation with people had taken place regarding the planned move to the new service which was being built at the time of our inspection. People had been given the opportunity to participate in the design of the service and make suggestions about what technology and equipment they would like in the new service. One person had said they would like to be able to open their own windows. The management team told us that they were currently working with specialists to look at innovative systems which would allow people with limited mobility to have full control over the doors, windows and other objects within their flats. We reviewed the minutes of a meeting where people had met with the builders and saw that people had been given the opportunity to give feedback and input into the layout of the new service. One person told us, "We met with the builders, was nice to be kept up to date with what's going on. I am looking forward to it."

The manager of the service promoted a culture of openness, honesty and transparency. Staff told us and records confirmed that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to share learning and take responsibility where improvements were required. Staff told us they found team meetings useful.

Incidents and accidents, such as falls, were monitored for trends so that methods for reducing incidents reoccurring could be identified.