

Sanctuary Care Limited

Prince Alfred Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prince Alfred is a residential care service that provides accommodation and personal care for up to 50 people. It accommodates people across two floors, each of which has separate facilities. At the time of our inspection, there were 46 people living at the home.

People's experience of using this service and what we found

Everyone we spoke with said they felt safe living at the home. Staff were recruited and selected safely, and medicines were appropriately managed. Incidents and accidents were appropriately recorded and analysed for patterns and trends. There were enough staff to ensure people were kept safe, and call bells were answered in a timely manner. Risks to people's health and well-being were assessed and reviewed appropriately. Safety checks on the environment were in place and robust. Staff could clearly describe the course of action they would take if they felt someone was being harmed or abused.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were appropriately trained and supervised to enable them to carry out their roles. People were supported to eat a balanced diet. We did receive some mixed feedback regarding the food which we fed back to the registered manager.

People said the staff were kind and caring, and we observed warm and familiar caring interactions between staff and people throughout the duration of our inspection. People said staff were "Amazing" and "Absolutely wonderful". Staff spoke about people with genuine warmth and consideration, and we heard staff asking people if they wanted or needed any help or support during our inspection. There was a warm, welcoming, friendly, homely atmosphere throughout the home. People were very at home in the service and their dignity was promoted exceptionally well. Staff in all roles were passionate about the people living at Prince Alfred and were highly committed to ensuring the best outcomes for people. Staff took time to understand and encourage the unique and individual needs of the people they supported and treated them with the utmost respect. This was reflected in the care and support given to the staff by the management team, who recognised the effects of valuing staff in order for them to deliver high quality care.

People told us how they were supported by staff to follow their interests and engage in relevant and meaningful activities which gave them purpose. There was particular emphasis on tasks people could do for themselves, such as washing, dressing and choosing what they wore, how they spent their day, and what time they wanted to get up and go to bed.

Care plans were person centred and reviewed regularly to ensure any changing needs were taken into account. There was a complaints policy in place, which was made available in different formats to support people's understanding. There had been no recent complaints, however everyone we spoke with told us they knew how to complain.

All people, without exception, knew who the registered manager was. Staff told us the registered manager led by example and was 'always doing what was best for people at the home.' The registered manager welcomed feedback and was clearly proud of the home and the staff team. All notifications had been sent to CQC, and the registered manager understood what was expected of them. Staff told us they enjoyed working at the home, and they felt they could approach the registered manager to help them develop further in their roles or if they had any concerns.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 28 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prince Alfred Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and 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.

Service and service type

Prince Alfred is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prince Alfred is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 April 2022 when we visited the home and ended on 26 April 2022 after we had spoken to staff via the telephone.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight staff including the registered manager, service administrator, and activities coordinator, a senior care worker and four other staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four further relatives to ask for feedback about the home.

Is the service safe?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place at the home to ensure people were protected from harm and abuse.
- Staff had completed training in safeguarding and could describe the course of action they would take if they felt someone was being harmed or abused.
- One staff member told us, "I would tell my line manager." Another staff member told us, "I think safeguarding is everyone's responsibility, I would report it to careline."

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends.
- Risks to people's wellbeing and safety were routinely assessed and reviewed.
- All people we spoke with told us they felt safe living at the home.
- Systems were in place for checking the safety of the environment and equipment.
- A fire risk assessment was in place and regular fire safety checks were undertaken.

Staffing and recruitment

- There were enough staff on duty to make sure people's needs were met.
- Recruitment procedures were safe. New staff were only offered positions in the home after checks were undertaken on their character and suitability to work, including references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was honest and told us there was some reliance on agency staff to cover night shifts, however new staff had been recruited and were awaiting start dates.

Using medicines safely

- Processes around medicines management were safe.
- Medicines were stored correctly in a temperature-controlled room.
- People were only administered their medicines from staff who were trained to do so and who had completed yearly competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had safe systems in place to facilitate and support visiting at the home in line with the national guidance.

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.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant 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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced people were involved in the completion of their care plans.

Staff support: induction, training, skills and experience

- Staff were supervised, trained and inducted in accordance with the providers policies and procedure.
- Staff had undergone additional training and had access to qualifications in accordance with their roles.

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

- Care records contained information on how staff were to support people with any dietary needs.
- We received some mixed feedback regarding the food available at the home. Most people liked the food, however others did not. One person told us, "The food is passable, not good." We shared this feedback with the registered manager who agreed to further consult with people around menus and food choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked alongside other medical professionals to ensure people had access to services and were supported with their health and emotional needs.
- People received the care and support they needed and were referred to external healthcare professionals where appropriate and supported to attend external appointments where required.
- People were supported with their dental hygiene needs. Assessments were in place regarding people's oral health, and information around what support they required to manage this was clearly documented in care plans.

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

- The home was decorated to a high standard, with further plans in place to refurbish people's bedrooms.
- People had input into the colour schemes and décor of the home.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was no one subject to DoLS at the time of our inspection.
- Staff were observed asking people for consent before providing support, and consent was clearly recorded in people's care plans.

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.

This is the first inspection for this service under the new provider. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People's independence and dignity was promoted and encouraged through various different methods. For example, one person was encouraged to shower independently, with the assurance of staff being on hand, but not in the room.
- Staff were encouraged to actively engage with people through different activities which stimulated their senses. For example, we saw how one person was supported by a staff member to engage in art projects. We saw the staff member had explored the benefits of this project, by helping the person to engage their motor skills by holding the brush with their hand and helping them create strokes. This artwork along with personalised Christmas cards was shared with families at Christmas during COVID- 19 restrictions so the families felt part of the home. The family members we spoke with confirmed this was a lovely thoughtful surprise.
- People's care plans were written in a way which was person centred and focused on the choices and dignity of each person.
- There was particular emphasis on encouraging people to complete tasks for themselves where possible, such as washing, dressing and choosing what they wore, how they spent their day, and what time they wanted to get up and go to bed. This ethos was clearly promoted by staff and the registered manager who told us, "This is people's home, when you are at home you make your own choices and do what suits you."
- The activity co-ordinator and the staff team were highly committed to maximising opportunities to support people's positive mental health and well-being. People described how they were supported by staff to follow their interests and engage in relevant and meaningful activities which impacted them by giving them purpose. For example, one person was supplied with their own tabard, and their 'job' was to help staff put water on the tables at lunch. Similarly, another person was supplied with their own apron, and supported staff in the laundry room at weekends, as this was relevant to the person's past employment. The person told us how the impacted their well- being by giving them something to look forward to, which was something they enjoyed.

Ensuring people are well treated and supported; respecting equality and diversity

- People were observed to be supported by staff who were exceptionally caring and supportive in their role.
- We observed staff engaged in meaningful conversation with people, using kind facial expressions and body language to support some people who found it hard to hear them through the face masks. It was clear staff knew people well, and there were excellent relationships between staff and people who lived at the home.
- People gave overwhelmingly positive feedback about the staff. Relatives contacted us after our inspection

and shared some of the following comments. "The home is wonderful. They made something exceptionally challenging a wonderful experience." Comments included, "Absolutely wonderful staff and people", "Very good. They give me everything that I need", "100%, I cannot fault them", "They realise that different people have different ways" and "Nothing is too much trouble". Someone else who emailed us following our inspection said " [Relative] has been in the home a year and he couldn't be having a better experience and the staff have been wonderful."

- People appeared extremely well taken care of, their clothes were clean and everyone told us they were supported to have a shower every day or a bath if they chose. The registered manager confirmed there were no restrictions on how often people could request baths and showers. The registered manager told us, "It is a basic human right to feel clean, I wouldn't like it if I couldn't shower at least every day."
- The more senior team managers within the organisation recognised staff member's kind and caring approach at Prince Alfred, which involved them being nominated for an award.
- The excellent care and compassion delivered by the staff, was a reflection in the way in which staff themselves were highly supported by the registered manager. Staff felt extremely well cared for, respected and supported to express their views, which in turn was reflected in their professional, caring and respectful approach to meeting people's individual needs.

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

- Without exception, it was evident care and support was led by the people who lived in the home. People told us how they were supported to attend residents' meetings, and had nominated a chair person.
- Staff we spoke with told us how two days were not the same, and people were always consulted about decisions and what they wanted to do and how they wanted to do it. We observed staff asking people where they wanted to sit, if they wanted company, and if they wanted to engage in any group activities.
- Some people told us how they were supported to watch football matches with other people at the home, and how this was normalised by having a 'pint and watching the match'.
- People told us they felt involved in the service and knew what was going on. One person said, "I get the Newsletter every month. It's lovely". One family member contacted us to advise that their relative's dementia was 'slowed.' They said "[Relative] tells me he is always busy and his dementia has slowed as he is getting plenty of interaction."
- We saw examples of how the registered manager and the staff showed initiative and followed ideas through to ensure people were given the best possible outcomes and choices. This included engaging volunteers in the local community, to support the home with transport and other activities, such as bike riding, to ensure people were engaged and occupied.
- Community involvement was important to the people who lived at the home, many people we spoke with told us they used to live locally and being involved in the community was important to them and impacted their social well-being. Some people visited a weekly bingo and lunch club at the local church.
- Opportunities were fully seized to promote people's independence. Staff actively encouraged people to do as much for themselves as they could and demonstrated the utmost patience. For example, the service entered and won a garden competition, which people spoke about proudly. There were periods of consultation with people, and their choices and decisions were supported and listened to.

Is the service responsive?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was completed in a highly personalised way and was tailored to meet people's needs, choices and promote independence and control.
- There was information in care plans which detailed what time people like to get up, how they wanted to be dressed, and what they enjoyed for meals and snacks.
- People who had specific needs such as diabetes, had separate care plans and risks assessments to ensure staff knew how to meet their needs and support them effectively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats to help support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff willingly supported events within their own time as they were passionate about their roles and the people they supported. A 'Staff Challenge' was set for staff to find out what people preferred and wanted to do. The staff member then had to organise the event or activity by working together with the people who wished to take part.
- There was a visiting pod in place which people could use, however visitors were also welcome into the home following negative LFT tests and the wearing of PPE. People told us they had been supported to maintain contact with their families during COVID-19 using video calls.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home and people told us they understood how to make a complaint.
- There had been no formal complaints made, and people we spoke with told us they would 'go to the manager' if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.

- Where appropriate, funeral plans had been discussed with people, including what specific arrangements they wanted to have in place.

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.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We continuously saw how the registered manager led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support.
- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- We saw creative thinking from the registered manager which in turn was implemented across the staff team in response to catering for people's diverse needs, whilst ensuring they had a voice and freedom to choose how they lived in their own home.
- Staff shared examples with us of how the registered manager had supported them in their roles. Staff told us the registered manager was known as a figure of support and trust.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The registered manager had informed CQC of any notifiable events and understood their role with regards to this.

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

- People who used the service were continuously involved and had a say in the vision of the organisation; this was demonstrated in people's involvement in support plans and team meetings. For example, we saw how people had asked for a pet dog at the home. This had been risk assessed and planned, and they were in the process of making this happen.
- Everyone knew who the registered manager was and understood the support structure within the home.
- Survey results from last year which were positive were shared with people in different formats and any opportunity for improvement was discussed.
- There was a strong emphasis on community involvement. We saw how the registered manager was in the process of engaging with a volunteer programme to help promote more community activities for the home.

- Staff were encouraged to submit ideas. One staff member had submitted an idea to the registered manager regarding painting, another around pyjama parties at the home, and afternoon high tea, which people told us they enjoyed.
- Staff told us they felt happy and empowered to come forward with these ideas because the registered manager was so 'focused on the needs of the people at the home'.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive attitude regarding feedback and improvement. They had clearly used feedback and experiences from previous inspections to improve their own leadership and management and were open to continuous learning opportunities.
- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.
- Professionals were consulted when needed and their expertise was well received by the registered manager.