Sanctuary Home Care Limited

Tony Long House

Inspection report

18 Shaplands
Casson Road
Swindon
SN3 4FF

Tel: 01793821791

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22 November 2017

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Tony Long House on 22 November 2017.

The service provides personal care and support to six people with needs arising from either physical disabilities or a combination of learning and physical disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the day of our inspection six people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of

activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Care Quality Commission

Tony Long 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.

This inspection took place on 22 November 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with three people, one relative, three care staff, the maintenance man and the registered manager. We also spoke with the local authority commissioner of services to obtain their views on the service.

During the inspection we looked at four people's care plans, three staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Our findings

People continued to feel safe in the home. One person said, "Yes I feel safe here. Staff are here 24 hours". Another person said, "Yes I am safe". One relative commented, "[Person] is certainly safe, yes".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "Any concerns and I'd go to my manager and the local authority", and "I'd tell the manager, safeguarding or the police". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

People received their medicines as prescribed. Records relating to the administration of medicines were accurate and complete. Where people were prescribed 'as required' medicine (PRN) protocols were in place to ensure they were administered safely. Medicines were securely stored in people's rooms. Staff's competency to administer medicines was regularly checked and recorded.

The service learned from mistakes. For example, it was identified some staff occasionally forgot to sign medicine records. Once the registered manager had ensured people had received their medicines the issue was discussed with staff and prompts were placed in handover sheets and 'routine schedule sheets'. One staff member said, "This works". Records confirmed incidents of staff forgetting to sign medicine records had greatly reduced and we found no errors on the records we looked at.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. During our inspection we saw people's requests for support were responded to promptly.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and in the community. For example, where risks were identified relating to mobility, people had been referred to healthcare professionals and their guidance was recorded and followed. We saw people being supported to mobilise safely in line with their care plan guidance.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with

infection control. One staff member said, "I've been trained. We have lots of gloves and aprons and clear instructions to follow".

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals.

There were detailed maintenance records that showed equipment and the environment was monitored. These included; equipment, water and fire systems. Any issues were addressed and resolved promptly.

Good

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One relative said, "[Person] has been there a long time so they know him really well. They have the skills to look after him. They treat him as an individual".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is protecting people's rights to make decisions. If I had concerns I would report them". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to accessing the service to ensure their needs could be met. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively.

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager) and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People were positive about the food and received support to maintain their nutrition. One person said, "Staff cook for me, it's good. I also go out and eat a lot". People were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific dietary requirements these were met. No one at the service was at risk of weight loss or dehydration. Two people had expressed

the desire to lose weight and staff were supporting them with diets. Both people had lost weight.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Staff worked closely with healthcare professionals and the local authority to ensure people's needs were met.

People's rooms were personalised. People's rooms were decorated, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors and doorways were wide allowing free access to people who used wheelchairs. Signs directing people to different parts of the home were clear and legible.

Good

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. One person said, "The staff are really ok, they are very kind". Another person said, "I feel cared for because they do care". A relative commented, "The staff are kind and caring. You cannot fake that".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love the residents. I'd want my mum and dad to come here" and "It's why I do this work, helping these people. I love it". The registered manager promoted a caring culture. We saw them supporting people throughout the inspection, treating people with kindness and compassion. Staff mirrored this example of care and support.

People received emotional support. One person had made a difficult decision relating to their future plans, stipulating 'certain conditions' they wanted to be met. Records evidenced staff had supported this person to make this decision.

People were involved in planning their care and the day to day support they received. One staff member said, "I ask what they want. I also explain what we are doing and this involves them". One relative said, "Oh yes, I am completely involved in [person's] care". One person said, "Yes I am involved. Staff explain things to me". We observed staff explaining things to people and involving them in all aspects of their care and treatment.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. One person told us, "They treat me properly here".

We observed staff treating people with dignity, respect and as individuals. We spoke with a member of staff who said, "We treat them (people) all with respect. I ask them questions and respect their answers and wishes".

People's independence was promoted. For example, some people cooked in the kitchen and staff supported them to do so safely. Other people went out of the home on their own or were supported by staff to go out. One person said, "I'm independent and I do what I can do. I think I am looked after as an individual, well, really I am spoilt here".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely. Staff we aware of the provider's policy on confidentiality.

Good

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked spending time with their family. Records confirmed this person visited their family every weekend.

People were treated as individuals. For example, one person owned their own car which staff drove for them. This allowed the person the freedom of movement they desired to regularly attend events, clubs and places of interests. This person told us, "It gives me personal freedom". Another person had difficulty verbalising and used a computer to communicate when out in the community. However, the person did not like using the computer so when they were in the home they communicated with staff through sounds and gestures. Staff were able to understand the person and communicate effectively with them. This meant the person's communication preferences were respected.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "There's a policy on diversity we abide by. It is for the individual person" and "People are all different and will want and need different things. That's how we work regardless of their background".

The provider had a 'Charter of rights'. The charter detailed the provider's commitment to protecting people's rights including; dignity, respect, equality and diversity and access to information. We saw the charter formed an integral part of care and support at the home. For example, the charter, the complaints procedure and other documents were provided in an easy read format for people to understand. Staff told us if people struggled to understand documents or information they would sit with the person and explain the contents with them. This meant people's rights were protected and they had access to the information they needed.

People were offered a range of activities they could engage in. This included musical events, baking, arts and crafts, pantomimes and trips out of the home to places of interest. Most people were able to go out on their own and staff supported people to take positive risks and pursue their interests. One person said, "I have always got something to do. Last night I went out for a lovely meal". Staff supported people in their own time. We were told one staff member took one person to see the local football team every weekend on

their day off. The registered manager said, "[Person] is passionate about their team so [staff member] takes them every Saturday. She does it without being asked".

The service had systems in place to record, investigate and resolve complaints. No complaints were recorded for 2017 but we saw historical complaints were dealt with in line with the provider's policy. People knew how to complain and were confident action would be taken. One person said, "I'd talk to [registered manager], the boss. She would fix it".

Where people expressed a preference, their end of life wishes were recorded. Care plans recorded people's future plans. For example, one person had stipulated they did not want to be resuscitated. The person had discussed this with their GP and had listed their reasons. It was also documented that the person had the capacity to make this decision and the relevant documents were prominent in the care plan. Another person had stated 'I do not wish to make any end of life plans'. This wish was also respected.

Good

Our findings

The service continued to be well led. There was a registered manager in post. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people, staff and the registered manager. People spoke with us about the registered manager. Comments included; "[registered manager] is ok, really nice. She tells me when I do something right which is nice" and "She (registered manager) is very nice and helpful. She is easy to talk to". A relative commented, "She (registered manager) is alright and runs this service really well".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is really good. She is down to earth and approachable She supports me", "[Registered manager] is lovely, supportive and very approachable. She does a great job" and "I get good support from the manager and we work in a positive culture here. There is no culture of blame at all".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want our residents to be happy, doing the things they want to do. I want them to be safe and I want to improve their quality of life. For me and my staff these people come first".

The registered manager monitored the quality of service and looked for continuous improvement. Audits were conducted by the registered manager and the provider. The area manager visited the home regularly to support the registered manager, working through action plans generated from audits. For example, one audit identified a need for people to be involved in the recruitment of new staff. The registered manager met with people to discuss how they wished to be involved and from this meeting people provided questions for potential new staff. These questions were asked on staff interviews. Another audit identified a malfunction

of electric doors in the 'communal lounge'. Records evidenced a replacement part was on order.

Staff told us learning was shared at staff meetings, briefings and handovers. One staff member said, "We have handovers and team meetings, and we talk to each other a lot. This is where we get our information from to improve the care".

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive. The results were analysed by the provider and action was taken on any issues raised. For example, some people had raised the issue of decoration in the home. The registered manager told us plans were in place to redecorate in 2018.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. We contacted the local authority commissioner of services who stated, "This is a small residential care home in Swindon with a very good reputation. There is not a high turnover of staff, who tend to stay as do the residents and people view it very much as their home. Quality wise we have no issues, it is what it is, a very small and caring residential home, but always consistent and caring in the quality of support delivered".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.