

Sanctuary Home Care Limited

Southwood House

Inspection report

44-48 Doddington Road
Wellingborough
NN8 2JH

Tel: 01933276473

Date of inspection visit:
30 April 2019

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12 June 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service: Southwood House is a residential care home that provides accommodation and personal care for up to 14 people living with physical disabilities. At the time of the inspection, 11 people were living at the service.

People's experience of using this service:

People felt safe and happy living at Southwood House. Staff understood how to keep people safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice.

Medicine was administered safely, and records kept were accurate. Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

People told us that they received the support they required. Staff were trained to support people effectively. Staff were supervised and felt confident in their roles.

People were supported by staff to maintain adequate food and fluids.

People and their relatives were involved in reviewing care delivery to ensure it was meeting people's individual needs, regular keyworker reviews enabled people to discuss what was working and not working.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

The provider's quality assurance processes were effective and resulted in improvements to the service.

The service had improved since the previous inspection and met the characteristics of a good rating in all areas. More information is in the full report.

Rating at last inspection:

Requires improvement. Published April 2018

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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?

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 Safe findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Safe findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Safe findings below.

Southwood House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Southwood House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During our inspection we spoke with four people using the service, one relative, two care staff, a senior support worker, a cook, deputy manager, the registered manager, area manager and the regional service manager. We reviewed the care records for four people using the service, and other records relating to the

management oversight of the service. These included staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

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.

At the last inspection we identified concerns with monitoring of accidents and incidents and procedures for people visiting the building to ensure people's safety. At this inspection we saw that improvements had been made and sustained.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with confirmed they felt safely supported by the staff. One person told us, "Yes, I am safe; I get all the support I need, and I trust the staff."
- Staff were knowledgeable about the different types of abuse and how to report any concerns. Staff confirmed they received safeguarding training and were confident to report any concerns.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action was taken to ensure people's safety.

Assessing risk, safety monitoring and management:

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. Assessments covered behaviour that may challenge, personal care, the home environment, and medicines administration.
- People, relatives and staff we spoke with told us they thought that risk was assessed safely, and that all care tasks were carried out by staff who followed procedure and understood what risks were present.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. Staff confirmed the checks took place before they commenced employment in the home.
- People and staff told us they felt there were enough staff working for the service, and they did not have any days where there wasn't enough staff. One member of staff said, "The changes taken place in the last year have been great, we don't have to worry anymore about working short staffed. We have enough staff to do all the jobs and support people in the community."

Using medicines safely:

- People's medicines were managed safely. Staff told us, and records showed, they received training in the safe handling and administration of medicines.
- Records showed the medicine administration records (MAR) were completed accurately by staff after giving people their medicines.
- Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement.

Preventing and controlling infection:

- People told us that staff followed infection control procedures.
- Staff told us, and records showed, they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong:

- Incidents and accidents were recorded by staff accurately. We looked at these records and saw that appropriate actions were taken in response to any accident and follow up actions were taken when required to learn from any accidents. Staff were following a new accident and incident procedure and said this was effective.
- A system was in place which ensured that incidents were brought to the attention of management, and trends could be identified and monitored.
- Staff told us if incidents and accidents occurred they were confident the manager would share learning through team meetings.

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.

At the previous inspection, staff said they didn't always feel supported by the management team and people's health needs were not always met in a timely manner. At this inspection we saw that improvements had been made and sustained.

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

- People's needs were assessed before they moved into the service to ensure they received the right care and support. This involved a transition in to the service that was completed at a pace suited to the person.
- Assessments took full account of people's social and cultural needs and considered compatibility with other people living in the service.

Staff support: induction, training, skills and experience:

- People were supported by a staff team who were trained and well supported. Training for staff included fire safety, infection control, moving and handling, positive behaviour support, safeguarding and risk assessing. Staff told us they were encouraged with their professional development and were encouraged and supported to undertake training.
- Staff induction procedures for new staff included shadowing with more experienced staff and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the registered manager or provider for support at any time. Regular supervision took place which included the manager conducting spot checks on staff to monitor and assess competency.

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

- People were supported to maintain a healthy diet. We spoke with one person who told us they enjoyed the food they had at the service, were able to have a variety of choices and enjoyed going out to buy different food with staff support. They told us, "We do more cooking now in our own flat, it is much better."
- Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). People were referred to dietitians and Speech and Language Therapy team as required and staff told us they were aware of the guidance in place to support people safely.

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

- People were supported to engage with their local community for both health and social well-being. This included booking and attending appointments when required to G. P's, psychiatrists and dentists.
- Staff had a good knowledge of people's health care requirements. One staff member said, "[Name] has regular health appointments, we all make sure we are up to date with the visits and any changes there may

be." A log of contact people had with healthcare professionals was kept in their files to ensure all staff were up to date with these needs.

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

- People had their own rooms which were decorated and personalised to their own needs and preferences.
- One person told us that they had requested to have a bath removed in their flat and replaced with a walk-in shower. We saw this had taken place.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Staff were able to tell us how they always sought consent from people to provide personal care to them.
- We saw some good examples of how the service had completed some complex work with people which also involved other professionals to enable people to make decisions for themselves which wasn't always in line with professional health advice. This enabled people to be in full control of their lives and make the best decisions for themselves where they were assessed to have the capacity to understand the potential impact of their choices.

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.

At the last inspection we identified concerns with independence skills not being maintained for people. At this inspection we saw that changes had been made and sustained.

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

- People told us they felt cared for. One person said, "The staff are fantastic, I rely on them to help me with most things and I never feel rushed or that I am a burden."
- One person told us how they had been supported in their relationship. They told us, "The staff helped me cook a meal in my flat for [person] on Valentine's Day, they helped me plan all of it."
- There was a caring and friendly atmosphere in the service between staff and people. Staff clearly knew people well and could tell us about individuals and their lives. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- Staff respected equality and diversity. One relative told us, "They [staff] all know [person] really well and they respect the choices and decisions [person] makes."

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

- People told us they were able to choose how they spent their time. Staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their plan of care.
- People had the opportunity to be involved in regular house meetings to discuss ideas and any proposed changes that affecting everyone living at the service. For example; recent discussions had taken place about how people were supported to cook meals in their own flats, but also identified people could feel isolated. We saw that options were discussed which included weekend meals together.
- People had access to advocacy support if they required it and Information on advocacy was available for people. An advocate is an independent person who can help support people to express their views and understand their rights. Advocacy information was available for all people.

Respecting and promoting people's privacy, dignity and independence:

- People were treated respectfully, and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. We observed staff ensuring doors were closed when delivering personal care and asking people discreetly if they required support.
- People's independence was promoted. Staff recognised the importance of maintaining people's independence and encouraged people to do as much as they could for themselves. One member of staff told us, "Recently, we are focussing a lot more on enabling people and this has been received really well by

our residents. Residents [people] are supported to cook more, purchase food items and clean their flats."

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.

At the last inspection we identified concerns about the lack of social opportunities for people. At this inspection we saw that changes had been made and sustained.

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

- People's goals, aspirations, likes and dislikes were set out in person centred plans. It was clear these plans had been reviewed and updated to reflect people's up-to-date needs.
- People, and where applicable their relatives, were fully involved in developing and reviewing support plans.
- Care plans included sections such as things that were important to know about the person, health needs and how the person liked to be supported. One person told us, "I write my own care plan and then I e-mail and changes to the staff, it is important that I direct my own care and they [staff] are happy with that."
- People were given the support and time they needed, and could take part in various activities, both inside the house and in the local community. People told us there were plenty of choices for activities. In recent months, they had enjoyed cinema, clubs, visiting friends, pub meals and people told us about holidays they were planning in the near future.
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider ensured this information was available to people when necessary. For example, easy read complaint information.

Improving care quality in response to complaints or concerns:

- People said they knew how to complain and felt confident that the registered manager would listen to any concerns raised. There was an easy read complaints procedure in place. One complaint had been received since the last inspection and we saw detailed records and action taken as a result of the complaint.

End of life care and support:

- No end of life care was being delivered. We saw that people had been able to record their end of life wishes, including funeral arrangements. The registered manager was aware of the care that people may require should their needs change.

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.

At the previous inspection, we identified concerns about the leadership and management of service. At this inspection we saw that changes had been made and sustained and embedded in to the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were at the centre of everything the service did; the new registered manager ensured that people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- Since the previous inspection, there had been changes in the registered manager, deputy manager and area manager and this had enhanced the quality and safety of the service. The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives.
- The registered manager ensured that people and their families were involved with their care. One relative said, "I know who the registered manager is because they introduced themselves to me. They are very helpful and approachable, and they keep me fully informed."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They had supervisions with the registered manager and attended regular staff meetings. One member of staff said, " [Registered manager] is wonderful, they know where we are at and what we need." Another said, "[Registered manager] is always very supportive, they have made such a difference since they have been here, they are hands on and very professional."
- Staff meeting minutes confirmed that staff were able to raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These included care records, staff training and medicine administration.
- The registered manager had notified CQC about events they were required to by law and we saw that the

provider had displayed the last inspection rating on their website as required.

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

- The registered manager was in the process of contacting people's relatives and stakeholders to gain their feedback about the service.
- People were involved in co-production groups (groups which involve people using services and employee's) which focussed on improved outcomes for people and the 'mum test'. One person told us, "I am completing some training, so I can go into other homes and see what life is like for people living there."
- The provider had held numerous staff meetings in the previous year to discuss improvements in the service and receive feedback from staff about how they could make the changes happen.

Continuous learning and improving care:

- The provider monitored the quality of care being delivered via a 'Management Assurance Tool'. The registered manager explained that senior management could clearly see where any gaps were and encourage improvements.
- The registered manager said the provider has a commitment to improving leadership within the organisation as this is key in achieving excellent outcomes for people.

Working in partnership with others:

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.
- The registered manager and staff had developed good relationships with local health professionals such as District Nurses, Occupational Therapists and Physiotherapists.