

Sanctuary Care Limited

# Caton House Residential and Nursing 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

:This inspection took place 19 April 2016 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience.

Caton House Residential and Nursing Home provides nursing and personal care for up to 64 older people. Most people who use the service are living with dementia. Caton House Residential and Nursing Home is owned and managed by Sanctuary Care Limited. 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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the manager, deputy managers and the provider and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# Caton House Residential and Nursing 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 19 April 2016 and was unannounced.

The inspection was carried out by two inspectors and an 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.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in April 2014.

During our inspection we observed how staff interacted with people who used the service. We observed lunch in the main dining room, upstairs dining area and people being assisted with their meals in their rooms.

We spoke with five people who used the service, four relatives of people who used the service, the registered manager, the deputy manager, the regional manager, a senior care assistant, three care assistants, one nurse, one house keeper and the maintenance person.

We reviewed six people's care records, six medication records, six staff files and records relating to the

management of the service, such as quality audits.

# Is the service safe?

## Our findings

All the people spoken with told us they felt safe. One person said, "I feel happy here, I am safe and the staff are good to me." Another person said, "I feel very secure here, no-one threatens me." A relative said, "It's very open here, I am happy that Mum is safe." Another said, "I know my wife is safe here, she has moved homes in the past due to issues we weren't happy with. It's fine here."

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report to my manager immediately, or the regional manager." Another said, "I would go to the police or council if that was needed." Staff told us about the safeguarding training they had received and were able to tell us what they would report and how they would do so. Staff were aware of the provider's policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's care plans were risk assessments to promote and protect people's safety in a positive way. A staff member said, "I think the risk assessments are very detailed. They cover everything they need to and help us keep people safe." Another said, "If we notice any changes, we record them and make sure the risk assessments are changed to reflect this." They included; moving and handling and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

We saw that the service had an up to date fire evacuation plan which included Personal Emergency Evacuation Plans (PEEPs) for residents. This consisted of a green, amber and red colour coding system to alert staff which people would have greater support needs if an evacuation was necessary. We also saw that the service had contingency planning in place in the case of various environmental incidents including flooding, and the failure of electricity, water, and kitchen equipment.

Accidents and incidents were recorded and monitored. A monthly summary sheet had been collated to monitor each month's incidents. This showed any trends could be identified and action plans developed. The registered manager had reviewed each accident/incident.

People told us there were enough staff on duty. One person said, "There's plenty of staff, you just have to ask for help." Another said, "Lots of staff and they are very friendly." A relative told us,



"Staffing seems ok, my wife responds better to the regular nurses." On the day of our inspection there was enough staff to ensure people were able to get the support they required. We saw the rotas for the month and they reflected the number of staff on duty.

The registered manager told us that they had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Staff told us, "I had to provide two references and get a DBS check before starting work." New staff also had to attend the provider's mandatory training before being allowed to go onto the rota. A staff member said, "I had to go through all mandatory training courses first. I then shadowed experienced staff so I could get to know people and their routines." Another said, "I think the induction was worthwhile and provided me with what I needed to start the job." Records we saw, and staff we spoke with confirmed these checks had taken place.

All people who used the service and their relatives spoken with felt happy with the way medications were dealt with. One person said, "I take warfarin and the doses change depending on my blood results. Staff manage that for me as I would get in a muddle. They talk to the surgery about it all the time." Another said, "They give me all my tablets, which work well. I can ask for extra painkillers if I need them, they always get them quickly." Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. One staff member said, "I have been able to do a distance learning course on medication administration with the college, as well as the basic course. I feel that the training is more than enough to be able to confidently administer medication." Training records we looked at confirmed this. The medication file contained each person's photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. We carried out a stock control check and all medicines were correct. There was also a thermometer in the medication cupboard which staff checked to ensure medication was stored at the correct temperature. Medicines were stored correctly and audited weekly.

## Is the service effective?

### Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, "They are capable and know what they're doing."

Another said, "They have had training in how to put my special stockings on." Staff told us that they knew how to support people as individuals and recognise their specific needs. A relative said, "I watch them using the hoist, they know exactly what they are doing."

Staff told us there was a lot of training available. One said, "The training is good. Staff are put on to the care certificate, unless they already have a qualification of the same level. We regularly get to top up mandatory training as well as pick other courses of interest that are relevant." The service kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both mandatory and optional training, and their expiry dates were monitored so that they could be booked on to refresher courses as needed.

We saw records that showed staff received regular supervision. One staff member said, "I have supervisions with my manager once a month. They are worthwhile, it's good to know how you are getting on and learn about your own practice." Another said, "The manager is very supportive, I get on with her well." All the staff we spoke with made similar comments.

One person told us that staff always gained consent from them before providing them with any care and support. They said, "They always ask me before providing help with my wash."

A member of staff said, "We always check with people first if they are ok. Even with people that may not be able to fully understand, we communicate and work out whether they are happy with everything going on." We observed Informal and verbal consent being obtained before carers undertook aspects of care. Staff appeared to know which residents required support to make decisions and were given time to take in the information and make a decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had authorisations to

deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

People told us they enjoyed the food provided for them. One person said, "The food is great, nice and hot and a good choice." Another said, "I don't like spicy food and they always make sure there is something I can have."

It was clear from our observations at lunch time, that the meal was a social event. There was a choice of main course and pudding. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. Some people had their meals taken to them in their rooms. There were plentiful supplies of food and drink in the kitchen. Catering staff knew who required a fortified or special diet and catered accordingly.

People told us that they regularly saw health professionals as required. One person said, "If I need the Dr the nurse calls the surgery, they respond very quickly and come to visit." Another said, "A carer comes with me to my hospital appointments. I don't miss them." Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

## Is the service caring?

### Our findings

People were happy with the care that they received at the service. One person said, "The staff are very caring." Another person said, "I get on with the staff they all pop in and chat to me." A relative said, "The staff are lovely to [persons name], she responds very well to them. She has had dementia for a long time but they are good with her."

We observed staff interacting with people in a friendly and caring manner. A housekeeper was laughing and joking with people as they went about their duties. People appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people to achieve things. We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning, along with relatives or representatives if required. One person said, "I am involved in reviews about my care, I enjoy those discussions." A relative said, "I have discussed Mums care a couple of times at a meeting. I have asked for another review as the last one was a long time ago." Staff told us that they tried to involve people with their care plans, one staff member said, "People are involved in their care plans. They say what goes in it, and we review it regularly and change it according to their needs and wants. If someone doesn't want to take part in the process or can't take part, we can speak with the family members and get information that way instead." Another said, "The electronic system we use is great. It's easy to follow a care plan, easy to make changes and record things. I think it's better than a paper version as it's easier and more up to date."

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they would like to do. We saw minutes of these meetings which showed suggestions had been acted on.

People felt their privacy and dignity was being respected. One person we spoke with said, "They treat me with respect." Another said, "If I'm in the toilet they never come in." One staff member we spoke with also said, "I always make sure that doors and curtains are closed when providing personal care for someone. I also respect that some people just want to be alone or in their own space sometimes, so I need to leave them be." We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

People told us they could have visitors when they wanted. One the day of our inspection we saw visitors arriving throughout the day. They were greeted by staff and assisted to find their relative if required. Staff told us that visitors were welcomed and people were encouraged to visit.

## Is the service responsive?

### Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans. The registered manager told us they had recently moved from paper based care plans to electronic versions. They had been a pilot home for the provider and had involved staff from the beginning. Staff we spoke with had got used to the electronic plans and found them easy to work with. One person we spoke with told us staff had provided him with a personal device and assisted him to access their own care plan so they could read it in private.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. We observed one person had become confused and upset about where they were. Staff knew how to approach them and provided reassurance so that they could be settled. People were able to freely walk around the home and staff stopped and chatted to them.

One person told us, "I enjoy most of the activities, we get a list of what is on and you can pick and choose." Another said, "I watch the activities but I don't take part." A full schedule of activities was displayed in the main foyer area with photo prompts. Two activity co-ordinators were present on the day of the visit. We observed a chair exercise session which was well attended; most residents who were present were actively involved. Two people just sat and watched. Hot drinks were offered. During the afternoon a further activity took place in the upstairs lounge, this was well attended and residents were engaged in singing and a quiz. Tea and cake were enjoyed by all. The maintenance person told us, "We have worked hard on the gardens as the residents love it. Residents remember certain plants from their own gardens and get great enjoyment from this. It attracts the wildlife too which people really like to see."

We saw that the service had a complaints policy and procedure. One person said, "I have complained in the past to the manager, she came to see me and we sorted it out." We found there had been various complaints from both residents and family members. We saw that all the complaints had been responded to in writing promptly by the registered manager, who outlined a plan of action to deal with the specific complaint. We saw that each complaint had been resolved to the satisfaction of the individual making it, and no further action was required. There was information on how to make a complaint displayed on the

notice board within the home for people to see.

## Is the service well-led?

### Our findings

There was a manager in post. People told us they knew who the manager was. One person said, "She walks around and stops and talks to people." Another said, "The management here are very good, they are willing to listen." A relative told us, "I have met with the manager a couple of times and she sorted out the niggles that I had with Mums care." People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed her interacting with people who used the service and staff; there was a good rapport between them all.

One person who used the service told us, "It's very open here; you can say just what you are feeling." A relative said, "When we came to look around the home, they let us just wander around to get a feel for the place."

Staff told us that they received support from the manager. One staff member told us, "She is very good and supportive." We were also told that they could speak to the deputy manager or seniors if they needed to. They said there was an open culture in the home.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and equipment checks. Action plans had been developed where required and had been signed off as complete. The regional manager told us that she carried out a monthly compliance visit. This was based on the outcomes which are inspected by the Care Quality Commission (CQC). We saw the last report which had an action plan for some minor findings.

The registered manager told us that every day they had what they called a 10@10 meeting. This was where the head of each department met to give a brief overview of their department for the day. This ensured all teams were aware of any changes and what was happening on that particular day.

Staff told us they had regular team meetings. One staff member said, "We have staff meetings. Everybody speaks freely and we go over staffing, residents, activities and more." We saw records of minutes for nurses and seniors meetings and all staff meetings. Suggestions had been put forward and acted on.

The registered manager told us that an annual survey is given out to people and their relative's. The results



were available for the 2015 survey. The comments were positive, where there had been suggestions, we saw responses and actions had been made.