

Sanctuary Care Limited

Redhill Court

Inspection report

77 Nearhill Street
Kings Norton
Birmingham
B38 8JU

Tel: 0121 486 4941

Website: www.sanctuary-care.co.uk

Date of inspection visit: 8 and 9 December 2015

Date of publication: 10/02/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected this home on 8 and 9 December 2015. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to 66 older people. At the time of our inspection 63 people were living at the home. The service was last inspected in October 2014 when we found the service was not compliant with two of the regulations we looked at. The issues identified that the provider did not have suitable arrangements in place to ensure people who use services were protected against the risks associated with unsafe use or management of medicines and did not have suitable arrangements in place for obtaining and

acting in accordance with, the consent of people under the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. The provider took action and at this inspection we found improvements had been made.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 using this service told us they were safe. People told us they were encouraged to raise any concerns they had and this was confirmed by relatives. We found that staff knew how to recognise when people might be at risk of harm and were aware of the registered provider's procedures for reporting any concerns.

We received positive comments from people using the service and their relatives about the staffing arrangements in the home. We saw that staff knew people well and could describe consistently their personal preferences and preferred routines. Staff treated people with respect and the communication we observed between staff and people using the service was respectful and inclusive.

People were supported by staff who had received training and who had been supported to obtain qualifications. This ensured that the care provided was safe and followed best practice guidelines. Robust recruitment checks and induction processes were in place to ensure new staff were suitable to work with people using the service.

People received their medicines as prescribed; however, the management of medication was not always safe and improvements were needed. There were the potential for errors noted in respect of some medication administration where medicines were not needed routinely or were not in a monitored dosage system and for prescribed creams.

People told us that they were involved in the planning and reviewing of their care. People's needs had been assessed and person-centred care plans were in place to inform staff how to support people in the way they preferred. Measures had been put into place to ensure risks were managed appropriately.

Staff we spoke with were knowledgeable of the requirements and their responsibilities in line with the Mental Capacity Act 2005. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

People told us they had access to a variety of food and drink. People were supported to eat and drink sufficient amounts to help them to maintain good health. People told us they were supported to have access to a wide range of health care professionals.

People told us, or indicated that they were happy living at the home. People told us that they continued to pursue individual interests and hobbies that they enjoyed and they were happy with the range of activities available to them.

People using the service and their relatives knew how to raise any complaints. The complaints procedure was displayed in different formats to support people's preferred way of communicating.

There were systems in place to monitor and improve the quality of the service provided; these were effective in ensuring the home was consistently well led and compliant with the regulations.

Summary of findings

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 was not always safe.

Medicines were issued as prescribed but not always safely managed.

People were kept safe from avoidable harm by the actions taken by staff and identified risks were being well managed.

There were sufficient and suitable staff to meet people's individual needs.

Requires improvement



Is the service effective?

The service was effective.

People's choices and rights were respected and staff understood the requirements of the Mental Capacity Act.

Staff had the knowledge and skills they required to meet the needs of the people and were well supported.

People were supported and encouraged to maintain good health and to eat and drink well.

Good



Is the service caring?

The service was caring.

People were well supported by staff who provided respectful care in a sensitive and dignified manner.

Staff knew how to support people's dignity and ensured that people's privacy was maintained.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their on-going care and were supported to maintain relationships in line with their wishes. People told us they were supported to pursue their interests and hobbies within their home and the local communities.

People and their relatives were aware of how to make complaints and share their experiences and concerns.

Good



Is the service well-led?

The service was well-led

There were effective systems in place to monitor and improve the quality of the service provided that was compliant with the regulations.

The management team were effective, approachable and accessible.

Good



Redhill Court

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 8 and 9 December 2015 and was unannounced. The visit was undertaken by two inspectors and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

The provider was asked to 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with 12 of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with 13 relatives of people and three visiting health and social care professional during the inspection to get their views. In addition we spoke at length with three care staff, two senior care staff, the cook and the registered manager.

We sampled eight people's care plans and medication administration records to see if people were receiving the care they needed. We sampled two staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Is the service safe?

Our findings

We last inspected this service in October 2014. At that time we found the provider was breaching the regulations in respect of management of medicines. We found that the provider had taken action since then and had ensured that effective systems were in place to monitor and improve the safety of medicine management.

People who lived in the home told us that they felt safe living at the home. One person told us, "I feel safe living here." Another person told us, "I felt safe as soon as I came in here." One relative we spoke with told us, "Yes my [name of relative] is safe living here, if I thought they weren't they wouldn't be here."

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I am worried about anything I would tell one of the girls." Another person living at the home told us, "If I had any concerns I would go straight to [name of a member of staff]." A relative we spoke with told us, "If I had any concerns at all I could approach any of the staff or go straight to the management team, anyone would help me."

We spoke with six members of staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff. They were confident their concerns would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. The registered provider had a whistle-blowing policy and a confidential hot-line telephone number. Staff we spoke with told us they were aware of the number and could describe how to raise concerns confidently.

We looked at the ways in which the risks to people living in the home were managed. Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. One person told us, "Staff make sure I'm safe before they

leave me to have a shower" Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks.

Staff could consistently describe plans to respond to different types of emergencies. The provider had suitable management on-call rotas in place. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Accident and incident records were clearly recorded and outcomes for people were detailed; this meant the provider was taking appropriate action to address and reduce accidents.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "Yes, there are enough staff, I can ask them to do anything for me and they always do." Most of the relatives we spoke with told us they felt there were enough staff on duty and to meet people's needs. However, one relative told us, "At particular times during the weekend, call-alarms are not answered promptly and we can't find staff." We discussed this further with the registered manager who told us that there were plans to encourage relatives to use the internal telephones that are situated within each unit if they experienced any delay in response to the call alarms.

Staff were visible in the communal areas and we observed people's needs being responded to in a timely manner. The registered manager told us that they did not use a specific staffing level assessment tool to establish their staffing levels; the numbers were based on the specific needs and dependency of the people who used the service and we saw records that had a detailed breakdown of people's individual care needs. Staff we spoke with told us that there were enough staff to support people and meet their individual needs. Staff rotas showed that staffing levels had been consistent over the last four weeks prior to our visit; including the weekends.

A member of staff who had recently been recruited told us, "I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw demonstrated that there was a process in place to ensure that staff recruited were suitable. One reference we saw for a newly appointed member of staff was not robust

Is the service safe?

enough to confirm the validity of the person providing the information failing to reduce the risk of unsuitable staff being employed by the service. We were informed of plans to implement additional checks for the future.

We saw a member of staff preparing and administering medication to people; this was undertaken safely and in a dignified and sensitive way. People were encouraged to assist in their own medicine administration which promoted their independence. One person told us, “I get my medicines on time and they always ask me if I need any pain relief.” We looked at the systems for managing medicines and found systems were effective in ensuring that medicines had been administered as prescribed. Whilst staff told us they were aware of how medicines

should be administered, we noted that one medicine protocol was not in place for a medicine that had been prescribed for “use as needed” (PRN). This meant some medicines could be at risk of being administered incorrectly or inconsistently. We found some signatures missing and omissions in the frequency of when to apply creams on some topical medicine (prescribed cream) charts. Improvements to reduce some of the risks of errors were actioned before we left the service.

Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely.

Is the service effective?

Our findings

We last inspected this service in October 2014. At that time we found the provider was breaching regulations, we identified that the provider had not met the requirements of the law in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to protect people's rights. The provider had not taken sufficient action to ensure that necessary applications had been made to the authorising body for restrictions or that appropriate assessments had been undertaken to ensure people had the capacity to understand these restrictions. At this inspection we found that the provider had made sufficient improvements to comply with the legislation.

We spent time talking with people about how the skills and abilities of staff ensured that their care and support needs were met. A person living at the home told us, "Staff help me to get into my wheelchair, they know what they are doing." A relative we spoke with told us, "I think that our [name of relative] needs are being met by staff who know what they are doing." Staff we spoke with told us that there was a variety of training offered to them that they were expected to complete and some leading to qualifications in care. They spoke positively about the quality and content of the training offered to them.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff team. The registered manager told us that medication administration competency was checked and that there were plans to introduce care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported.

A new member of staff told us "I also did some shadowing where I observed [more experienced staff] before I was left on my own." The registered manager told us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff.

Staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet people's specific care needs.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with were knowledgeable and had received training about their responsibilities to promote people's rights in relation to the MCA. We saw that staff supported people in a way that reflected the principles of the act. We saw staff regularly sought consent from people before attending to their daily living needs. One person we spoke with told us, "Staff always ask me if I would prefer a bath or a shower." Another person told us, "Staff do not open my mail unless I ask them to." One member of staff told us, "People with no capacity can still give their consent to some things."

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 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.

We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation.

People told us they had access to a wide range of different food and drinks. We received mixed comments about the quality of the food. One person told us, "The food here is 'fab' and plenty of it." Another person we spoke with told us, "There are plenty of choices, but there is too much dry food." One relative told us, "The food isn't the best here." We discussed this with the registered manager who planned to undertake some further consultations with people living at the home. We saw that the interactions between staff and the people they were supporting at meal times were positive with lots of chatter and laughter. Support provided was individually determined for each person. Mealtimes were a pleasant experience and a time

Is the service effective?

for socialising and chatting; people seemed to enjoy their meals and had enough time to eat at their own pace. Menus were presented to people in appropriate formats to meet their communication needs.

Where people had support needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of people's individual dietary and hydration needs.

People living at the home had a range of health conditions. People were supported to stay healthy and access support and advice from healthcare professionals when this was required. One person living at the home told us, "If I need to see the doctor they are called straight away." A relative we spoke with told us, "[name of relative] have all their health needs met and there is very good communication." We spoke with three visiting health and social care professional on the day of the inspection who gave us very positive comments about the care given to people and leadership at the home.

Is the service caring?

Our findings

People told us that staff were kind, caring and helpful and this was confirmed by their relatives. One person told us, “I’m very well cared for, the girls are lovely.” A relative we spoke with told us, “When I return [name of relative] back home from a day out with me, the staff welcome them with smiles and hugs. They make my mom happy.”

A person living at the home told us that visitors were able to visit anytime and that visitors were always welcomed and looked after by the staff. One person told us, “My son comes after work to visit me, it doesn’t matter what time he comes.”

We saw positive and respectful interactions between people and the staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret and understand the person’s own communication style. We saw that staff responded to people’s needs in a timely and dignified manner. We observed examples of staff acting in caring and thoughtful ways. One person told us, “Staff have helped me to choose Christmas presents for my relatives.” A relative we spoke with told us, “Staff are kind and genuinely care for my [name of relative].”

The provider stated in the provider information return (PIR) that they promote respect and dignity within the workplace. Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. One person told us, “Yes, staff do respect my choices.” One member of staff told us, “We support people to make their own decisions and we have to respect we work in their home.” People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. The staff we spoke with told us they enjoyed supporting people and they could describe people’s health and personal care preferences and preferred routines.

We observed people making use of the quieter areas situated within the home either independently enjoying time on their own or sitting privately with their visitors. We saw one person sitting in the corridor with personal items surrounding them. This was the person’s own choice as they preferred their own company. One person we spoke with told us, “I have a choice of what I want to eat and where I want to eat it.” We saw that staff actively engaged with people and communicated in an effective and sensitive manner.

Is the service responsive?

Our findings

People told us they had been involved in the planning and reviewing of their care. They were happy with the quality of the care provided which was provided in the way that they wanted. One person told us, “When I first came here, I sat with my son and staff to discuss what I like to do.” Visitors we spoke with told us that they were asked to contribute towards their relative’s care plans and had participated in their care reviews. They told us that they were pleased with the support and care their relatives received and praised the staff. We saw that the statement in the provider information return (PIR) that the service acts upon the recorded requests of each individual and ensure they are kept at the centre of all decisions respecting their views and individuality was experienced by the people we spoke with. A relative we spoke with told us, “When [name of relative] came to live here, staff wanted to know all about them, likes, dislikes, food choices and what they like to do.”

People had care and support from staff who knew them and had information to provide appropriate care. Care plans included people’s personal history, individual preferences and interests. They reflected people’s care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. We saw these had been regularly reviewed and any changes had been updated. Staff, who were named workers assigned to support people, were able to describe people’s life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. The environment supported people living with dementia to have a holistic sensory experience. There were points of interest for people in various places within the home. Activities provided were varied and meaningful. One person

told us, “We have newsletters here and staff sit and read them to me.” We saw people making personalised Christmas decorations with chatter and laughter. One person told us, “The children came from a school yesterday to perform a nativity play; it was so beautiful to see all their faces.” Another person told us, “There are lots to do, I join in everything.” We saw the sensory garden which is led by the people living at the home. One person told us, “The garden is lovely; I’ve made some ornaments for it.” A relative we spoke with told us, “One selling point of choosing this home was the full time activities that are planned and offered.”

People were supported to maintain relationships with people that mattered to them. One person told us, “My [name of relative] comes and visits me every week; I’m spending Christmas day with them.” A relative we spoke with told us, “My [name of relative] has made many friends in here and they are important to her.”

People knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, “I would just tell the boss.” Another person told us, “I have no complaints, I’m really happy here.” A visitor we spoke with told us they had a few concerns about their relatives care and support. This was brought to the registered manager’s attention who informed us this would be dealt with immediately.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified two complaints had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor trends and identify any improvements needed to the service.

Is the service well-led?

Our findings

One person living at the home told us, “[name of the manager] is the manager. She is very polite and comes to see us a lot.” People who lived at the home and their relatives spoke positively about the registered manager. One relative told us, “[name of manager] has been lovely and reassured us that everything would fall into place and it has.”

The provider stated in the provider information return (PIR) that there is a set pattern of monthly meetings to gather feedback from people and to plan together to improve the service. The registered manager told us that people and their relatives were supported and encouraged to give feedback about the service and advised that some people had completed questionnaires. The questionnaires were available in different formats which met individual communication needs. A person living at the home told us, “I am asked for my views about how this home is run and I’ve completed surveys.” A relative we spoke with told us, “I have completed surveys regularly since my relative has been here and I also attend relatives meetings.” People and their relatives told us that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. Staff told us that they had been asked to complete staff surveys. The registered manager told us that they had recently introduced ‘Your ideas matter’ meetings for staff. This is facilitated by an external person, so staff can speak freely.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home which was accessible in different formats to meet people’s individual communication needs. We saw in the reception

area that a manager’s post box was also available for people, their visitors and staff to post any concerns they had. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager following our inspection showed that they were aware of changes to regulations and were clear about what these meant for the service.

Staff told us that staff meetings were held regularly and were well attended. We saw staff meetings took place and they identified that concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Records of accidents and incidents demonstrated that the registered manager analysed the data to identify any trends or issues. Staff had a shared understanding of the key challenges within the service.

There were systems in place to monitor the quality of the home; these had been used to ensure the home maintained robust records and a focus on continuous improvements. The registered manager had systems in place to review trends and themes in order to measure the quality of care. We noted that the audits in place for checking medication systems had not identified issues found during the inspection. The registered manager had also identified this and told us immediate improvements would be made.