Sanctuary Care Limited

Yarnton 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

We inspected this service on 04 May 2016. This was an unannounced inspection. Yarnton nursing home is registered to provide accommodation for up to 60 older people some living with dementia who require personal or nursing care. At the time of the inspection there were 53 people living at the service.

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. The registered manager worked closely with the deputy manager, care development manager as well as the regional manager.

People who were supported by the service felt safe. Staff had a clear understanding of how to safeguard the people and protect their health and well-being. People's medicines were stored and administered safely.

There were enough suitably qualified and experienced staff to meet people's needs. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Where people were thought to lack capacity, assessments in relation to their capacity had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions

People received care from staff who understood their needs. Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff who benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

People's nutritional needs were met and people had a good dining experience. People were given choices and received their meals in timely manner. People were supported with meals in line with their care plans.

There was a calm, warm and friendly atmosphere at the service. Every member of staff we spoke with was motivated and inspired to give kind and compassionate care. Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records.

People had access to activities and stimulation from staff in the home. Activities were structured to people's interests. Staff knew how to best support people and what activities and changes to the home would suit

the needs of people.

Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

Leadership within the service was open and transparent at all levels. The provider had quality assurance systems in place. The provider had systems to enable people to provide feedback on the support they received.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and improve the home. Staff spoke positively about the management and direction they had from the manager.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were being cared for in the least restrictive way.

People were supported to access healthcare support when needed

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Visitors to the service and visiting professionals spoke highly of the staff and the care delivered.

Is the service responsive?

Good

The service was responsive.

People received activities and stimulation which met their needs or preferences.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

Is the service well-led?

Good

The service was well led.

Changes in management had affected stability. However, the current leadership was good.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Yarnton 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 04 May 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of people living with dementia and an expect-by-experience in the care of people living with dementia. 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 reviewed the information we held about the service and the service provider. The registered provider 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. We received feedback from three social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We obtained feedback from commissioners of the service.

We spoke with 14 people and seven relatives. We looked at nine people's care records including medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with the deputy manager, the care development manager, the regional manager and nine staff which included nurses, care staff, housekeeping, maintenance and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance

audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person told us, "It is very safe here. Staff checking if you are alright". Another person said, "Safe because people know how to take good care of us". Relatives told us; "Very safe. Never had a single worry that he (person) isn't" and "The place feels safe. People to look after her. If she is in her room, staff drop by to ask if she is alright".

Risks to people's safety had been assessed and people had plans in place to minimise the risks. Risk assessments were reviewed and updated promptly when people's needs changed. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as falls, using bed rails and moving and handling. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe.

Staff were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "Signs of abuse can show as change in character or odd behaviour. We always report these to the manager and county council".

People were supported by sufficient numbers staff to meet their individual needs. Staffing levels were determined by people's assessed needs as well as the number of people using the service. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The registered manager considered staff sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels. Staff comments include, "We used to struggle but now we have more staff" and "Sometimes we do not have enough staff when people are on leave. We use agency during such times but it's rare". The deputy manager told us, "We recently interviewed eight members of relief staff to cover sickness and leave".

Safe recruitment procedures were followed before staff were appointed to work at Yarnton Residential and Nursing Home. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Medicines were stored and administered safely. People received their medicines when they needed them. Staff administered medicines to people in line with their prescription. Where people had limited capacity to make decisions about their own treatment, the provider had a detailed covert medicines policy which they followed. The policy stated how the covert medicines were to be given and that this was the most restrictive way. There was accurate recording of the administration of medicines. Medicine administration records

(MAR) were completed to show when medication had been given or if not taken the reason why.

The home was clean and tidy and maintained a homely feel. Equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. Where people had bedrails to reduce the risk of falling out of bed, checks had been conducted by maintenance staff. We observed staff using equipment correctly to keep people safe. Staff were aware of the providers infection control polices and adhered to them.

Good

Is the service effective?

Our findings

Staff were knowledgeable and skilled to effectively carry out their roles and responsibilities. One person commented on staff skills, "They are very well trained here. They understand what they are supposed to do". On person's relative told us, "Staff are very knowledgeable and knowing".

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff commented, "Induction was very good with a period of shadowing".

Staff had completed the providers initial and refresher mandatory training in areas such as, manual handling, safeguarding and infection control. Staff were supported to attend other training courses to ensure they were skilled in caring for people. One member of staff said, "Training is available to me any time I want. I just completed my medicines yearly refresher training". Staff told us they had the training to meet people's needs. We observed staff were aware of people's needs and could identify any need for extra training.

Staff were supported to improve the quality of care they delivered to people through supervision and annual appraisal. Staff comments included; "We have supervisions every two months and we talk about training and way forward" and "We have one to one meetings and appraisals. We discuss any worries and training if I want or need to improve". Regular supervisions gave staff the opportunity to discuss areas of practice and improvement. Any issues were discussed and actions were set and followed up at subsequent supervisions. Staff were also given the opportunity to discuss areas of development and identify training needs. Development and training plans formed part of the annual appraisal process.

People were supported to stay healthy and their care records described the support they needed. People had access to healthcare services and on-going healthcare support. Staff accompanied people to specialist appointments such as dentists and opticians. One person told us, "The carers come with me when I have my hospital appointments".

Health and social care professionals were complimentary about the service and told us, "We have a very good work relationship with the home. When they request our opinions we know they have done their part". They also told us staff promptly identified people's changing needs and involved other professionals quickly. People's care records showed details of professional visits with information on changes to treatment if required.

People told us they enjoyed their food. Comments included; "I enjoy the food. They bend over backwards to give us what we want", "I love my tea. They always bring me one any time and they know how I like it" and "Food is excellent. Well thought out meals, nourishing and pleasant". People were supported to have a meal of their choice by organised and attentive staff. Relatives complimented on the quality of food. One relative

told us, "If they (people) don't like what is on the menu, then the chef will make something different".

People's specific dietary needs were met. Kitchen and care staff had the information they needed to support people. People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. They also told us they met with people regularly to discuss if they needed any changes in the food they were getting. The kitchen staff knew all the residents and had flexible menus. Some people had special dietary needs, and preferences. For example, people having diabetic diet, pureed food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Snacks were available for people throughout the day, such as fruit, cakes and biscuits. Staff were aware of how much fluid people needed on a daily basis and this amount was clearly recorded on each chart.

People enjoyed the lunch time meal experience. The atmosphere was pleasant. There was conversation and chattering throughout the dining room. People chose where they wanted to sit and did not wait long for food to be served. People were given choices, staff showed them two plates for each course of meal. Staff sat with people and engaged with them whilst supporting them to have their meals at a relaxed pace. People supported with meals in their rooms had the same pleasant dining experience as those in dining rooms. Staff asked people if they wanted more and this was provided as needed.

People's consent was sought before any care or support was given. Staff knocked on people's doors and sought verbal consent whenever they offered care interventions. Records showed people, or family members on their behalf, gave consent for care they received and in line with best interest decision making guidance. For example, all files reviewed showed consent for taking and using photographs. One person told us, "Staff never force us. If you don't want to do something, staff never pressure you into it".

The provider followed the Mental Capacity Act 2005(MCA) code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. The MCA provides a legal framework to assess people's capacity to make certain decisions at a certain time. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

The provider followed the requirements in the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be restricted of their liberty for their safety. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. Applications under the DoLS had been authorised and the provider complied with the conditions applied to the authorisation. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

Good

Is the service caring?

Our findings

People were positive about the care they received. Comments included, "Staff take good care of me. They are all lovely people", "Wonderful nice people. Always at everybody's beck and call. Don't know how they do it" and "Lots of kindness. I see a lot of people being hugged when they are upset". One person's relative told us, "Staff are excellent. People here are looked after by understanding caring people".

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere in the home was calm and pleasant. There was chatting and laughter throughout the day. One member of staff had been shortlisted for the Great Britain 2015 care award. This is national award given to individuals who have demonstrated outstanding excellence within their field of work.

Staff told us they enjoyed working at the service. Some of the staff members had been with the provider for a number of years. Comments included; "We are like a little family here", "This is one of the best jobs I have ever had" and "This place has a good atmosphere".

Staff showed they cared for people by attending to them in a caring manner. We observed people being assisted in a patient way offering choices and involving people in the decisions about their care. One member of staff said, "We don't just do tasks. We offer choices and people can choose how they want to receive care". Another member of staff told us, "We give our residents choices of having a male of female carer. It's their right". People were given options and the time to consider and choose.

Staff were aware of people's unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. For example, one person had slurred speech after having a stroke. Their care plan stated 'Let them finish a conversation and do not interrupt or rush them'. We saw staff supporting this person patiently and taking time to listen to them.

People were treated with dignity and respect by staff and they were supported in a caring way. We saw staff ensured people received their care in private and staff respected their dignity. For example, staff told us how they treated people with dignity and respect. Comments included; "I ensure privacy and maintain dignity by shutting doors and curtains during personal care" and "I treat our residents just like I would treat family. I respect them". One person told us she had 'recently become wobbly' and that the lead carer had asked other carers to look out for her so she wouldn't fall. People also commented; "They (staff) treat us with dignity and respect" and "They (staff) treat me with respect. If they didn't, I wouldn't tolerate it". Language used in care plans was respectful.

Staff understood and respected confidentiality. One member of staff said; "We do not speak to people about something that does not concern them". Records were kept in locked cabinets only accessible to staff.

Staff told us that people were encouraged to be as independent as possible. One member of staff told us, "We do not take over care. We encourage our residents to do as much as they can". Records showed people's independence was promoted. For example, one person had fallen a few times and lost their confidence. Records showed staff had dedicated time to walk with this person every day until they were confident again to walk alone. One person told us, "I am very independent and staff are there when I need them. They respect the fact that I like doing things for myself and keeping my independence".

People and relatives were involved in decisions about their end of life care and this was recorded in their care plans. For example, one person had an 'anticipatory plan for hospitalisation' and end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. People, their families and professionals contributed to the plan of care so that staff knew this person's wishes and made sure the person had dignity, respect and comfort at the end of their life. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort and involve specialist nurses in the persons care. One member of staff said, "Comfort is crucial during end of life. We always make sure they (people) are not alone".

Good

Is the service responsive?

Our findings

Before people came to live at Yarnton Residential and Nursing Home their needs had been assessed to ensure they could be met. These assessments were used to create a person centred plan of care which included people's preferences, choices and interests.

Care planning was focussed on a person's whole life, including their goals skills and abilities. The provider used a 'My life story' document which captured people's life histories including past work and social life enabling staff to provide person centred care and respecting people's preferences and interests. People's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up. People and relatives confirmed they were involved in planning their care. One person told us, "Staff talk me through my care plan and I throw my ideas from time to time". One person's relative said, "We have six monthly reviews of care plans. They do listen to us and take our ideas on board".

Records showed staff treated details of what was important to each person living at Yarnton Residential and Nursing Home as important information. This information was used to engage with people and ensure they received their care in their preferred way. For example one person's record stated, 'Can easily be distracted during tasks'. We saw staff prompting this person during their meal.

Care plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's health had deteriorated and received care in bed. We saw the care plan had been updated to reflect the changes.

The provider employed two activities coordinators. One of the activity co-ordinators told us, "The activities are about giving residents choices and to give them back the independence they once had". They told us this helped them plan activities to meet people's needs. Staff told us activities were based on people's preferences. For example, one person who loved gardening was supported to set up and run a gardening club. Staff understood the importance of involving people in appropriate activities which were stimulating and helped people to feel involved. Records showed there were one to one activities such as walking, jigsaws, reminiscence and creative arts and crafts as well as group activities including music therapy and knitting club. Records also showed people had been involved in several day trips. Other people preferred to remain in their rooms and staff respected that and supported them in their rooms to reduce the risk of social isolation. On the day of our inspection we observed excellent staff engagement as well as a smoothie making session. Staff offered people a walk in the gardens as it was a beautiful day.

The home was suitable for people who lived with dementia. People could move freely in the communal areas of the building and large gardens. There were sitting areas with dolls and soft balls for people to engage with and allow choice of where they spent their time. People's bedrooms were personalised and contained photographs, pictures and the things each person wanted in their bedroom. People's doors were a different colour to the walls. Staff told us this enabled people to recognise their rooms. There were memory boxes to personalise people's doors.

Feedback was sought from people through regular family meetings, suggestion boxes as well as satisfaction surveys. Records showed that some of the discussions were around what changes people wanted. For example, in one meeting people had requested a green house. As a result the provider was in the process of installing it and making it accessible to all people.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and clearly displayed on notice boards. People's relatives commented that the registered manager was always available to address most issues. One person's relative told us, "Never raised anything serious, just a few small things that have been fixed". Another person's relative commented, "The atmosphere is such that you are encouraged to complain about things. Nothing really very much to complain about though".

We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, a complaint regarding cleanliness of a person's room resulted in a meeting with the domestic supervisor to review people's rooms regularly. Minutes of resident and relatives meetings confirmed people's opinions were sought and action taken to respond to issues raised. People spoke about an open culture and felt that the home was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

The service was managed by the provider and a registered manager who were supported by a deputy and regional managers. The registered manager had been in post for eight months. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

Previously there had been several changes in leadership which affected management stability. One relative commented that there had been too many changes in management and "Managers keep changing. You get one you like and talk to and now she is gone". One member of staff commented; "I have worked here for four years with four managers". At the time of our inspection, the registered manager had only been in post for eight months. There had been significant changes seen since the registered manager's appointment. On the day of the inspection the registered manager was on leave. The home was being run smoothly in the registered manager's absence which showed good leadership.

People and their relatives we spoke with knew the registered manager. They told us, "The manager is approachable if I have any concerns", "They look after me well. I always get a warm welcome when I come to visit" and "Very welcoming place, always greeted with smiles. The manager is great".

Feedback received from health and social care professionals was complimentary about the service offered to people, their relationship with the manager and how well the management and staff team communicated with them. One healthcare professional commented, "The management team is very easy to work with. They are approachable and flexible to suggestions".

The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, dining experience, environmental safety, care plans and levels of residents need.

Staff told us the registered manager and deputy manager had an open door policy and were always visible around the home and regularly worked alongside staff. People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. For example, family meetings were held regularly and relatives could drop in anytime to speak with the registered manager.

Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Staff told us, "We have meetings every two months and minutes are available afterwards" and "We do daily handovers every morning for updates". Records showed discussions were around suggestions on how to improve care.

There was a clear procedure for recording accidents and incidents. Any accidents or incidents relating to people who used the service were documented, investigated and actions were followed through to reduce the chance of further incidents occurring. For example, a person who was normally independent fell and the registered manager investigated for possible causes. The person was referred to a GP and their medication

was reviewed. Records showed the person had recovered well. The registered manager discussed accidents and incidents with staff and made sure they learnt from them. All accidents and incidents were audited and analysed every month by the registered manager. The registered manager told us this was to look for patterns and trends with accidents to see if lessons could be learnt and changes made where necessary.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff said, "I can whistle blow to CQC or social services and I know our manager will support me".

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 manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.