

Sanctuary Home Care Limited

Pennefather Court

Inspection report

Croft Road
Aylesbury
Buckinghamshire
HP21 7RA

Tel: 01296484810

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 and 11 August 2017. It was an unannounced visit to the service.

Pennefather Court is a care home for adults who have physical disabilities. It is registered to provide accommodation and personal care for 16 people. At the time of our inspection 15 people lived at Pennefather Court.

We previously inspected the service on 28 June 2016 and 1 July 2016. At that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from risks associated with the environment. We found light fittings broken and electrical wires exposed. At this inspection we found improvements had been made to the environment.

At the previous inspection we found staff did not have information about what support two people needed in the event of a fire. At this inspection we found up-to-date information was available for staff to follow in an emergency.

At the previous inspection we found staff did not always follow incident reporting guidance when people had accidents outside of the home. At this inspection we found staff did complete incident forms for events which occurred from the home however we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments were not always updated to reflect risks posed to people in particular the risk of choking. Records relating to risks were not always updated to reflect the current risks, and staff were unaware of the new guidance. One person told us they had fallen and staff had assisted them up. However there were no records about the event. Staff had failed to complete or report a fall in the home. On the first day of the inspection we found the sluice room, chemical cupboard and laundry room to be open and people had free access to hazardous products.

At the previous inspection we found breaches of the Care Quality Commission (Registration) Regulations 2009. The registered manager did not inform us of events when it was legally required to do so. We issued the provider with a requirement notice to improve. The provider sent us an action plan which outlined what changes the service had planned to be compliant. At this inspection we noted all reportable events had been notified to us. We are satisfied the requirement notice has been met.

The service had 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 was supported by the provider's quality assurance officer to monitor the service and help drive improvements, however, the quality assurance systems in place did not always identify areas which required improvement. We have made a recommendation about this in the report.

People told us they felt safe within the home, and had confidence in the staff team to deliver safe care. People told us they knew who to speak with in the event of a concern being raised.

People were supported with their prescribed medicine by staff who had received training. The service was working with the Clinical Commissioning Group (CCG) pharmacist on improving medicine management within the home.

The service operated safe recruitment processes to ensure staff had the right skills and attributes. Post-employment staff received regular monitoring and support to ensure they were providing safe care. The staff team meet regularly to discuss how they could improve the service

People were treated with privacy and dignity. People were encouraged to be as independent as possible. People told us how they enjoyed activities inside and outside of the home. One person told us how they were going on holiday to Blackpool and Italy. They also showed us pictures of previous holidays which included a cruise.

People had developed positive relationships with staff. Staff spoke very fondly of the people who lived at the home. Staff were aware of people's likes and dislikes and supported people to live the life they choose. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We found mixed practises in regards to risk management

People were supported with their prescribed medicine by staff who had received appropriate training.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Is the service effective?

Good 

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Staff were aware of the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service caring?

Good 

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People received a personalised service which supported them to live their life they wanted to live it.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People had access to a wide range of activities.

Is the service well-led?

The service was not always well-led.

Quality assurance systems did not always highlight area in need of improvement.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Requires Improvement 

Pennefather 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.

The inspection took place on 10 and 11 August 2017. It was an unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home who were receiving care and support, two relatives, the registered manager, deputy manager and seven care staff. We reviewed four staff recruitment files and three care plans within the service and cross-referenced practice against the provider's own policies and procedures. We made observations of practice and followed staff when they administered medicines to four people.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in the home.

Is the service safe?

Our findings

We previously undertook a comprehensive inspection on 28 June 2016 and 1 July 2016. We found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from risks associated with the environment. We found light fittings broken and electrical wires exposed. At this inspection we found improvements had been made to the environment.

At the previous inspection we found staff did not have information about what support two people needed in the event of a fire, at this inspection we found up to date information was available for staff to follow in an emergency as each person had a personal emergency evacuation plan (PEEP).

At the previous inspection we found staff did not always follow incident reporting guidance when people had accidents outside of the home. At this inspection we found staff did complete incident forms for events which occurred away from the home however we found continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were not always updated to reflect risks posed to people, in particular the risk of choking. Records relating to risks were not always updated to reflect the current risks, and staff were unaware of the new guidance. One person has choked on a piece of food. The incident had been reported; a resulting action was for the person's eating and drinking risk assessment to be updated. We checked the records and spoke with staff. The risk assessment had not been updated. We noted two weeks after the incident the person was diagnosed with a chest infection. We spoke with the registered manager about the possible link between the infection and the choking incident and the fact that no action was taken as a result of the incident. The registered manager initially told us that the person had been reviewed by a visiting speech and language therapist whilst they were seeing someone else from home. However no record was made of their visit. The registered manager then informed us they would make a referral to the speech and language therapist.

Another person had been assessed by a speech and language therapist in May 2017. They provided a report following their visit about what foods the person should avoid. Staff we spoke with were unaware of this guidance. We observed the person eating one of the foods to avoid. We spoke with the registered manager about this. They informed us they had spoken with the person about the risk and had purchased a number of safer alternatives. However there was no evidence about this. The person's eating and drinking care plan did not make reference to the risk of choking or what actions the staff needed to take to minimise the risks. We spoke with staff about the person and how they ate. They informed us they were concerned about the person but this was reduced as, "There is always a member of staff present when [name of person] is eating; we sit at the table." However we observed there were periods during one meal time that the person, along with two other people were left alone in the dining area.

One person told us they had fallen and staff had assisted them up. However there were no records about the event. Staff had failed to complete or report the fall in the home. We checked if the incident had been handed over to the next shift; there was no record it had been handed over. The shift leader on the shift

when the incident occurred was unaware the incident had taken place and the following shift leader was also unaware the incident had occurred. We spoke with the registered manager and they were unaware of the incident. This meant that no monitoring of the person was made post fall. It also meant the incident was not included in any auditing or monitoring of falls.

On the first day of the inspection we found the sluice room, chemical cupboard and laundry room were open and people had free access to hazardous products.

These were all breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People told us there was always enough staff on duty to provide safe care. We noted the cook was away from work. Another member of staff had been identified on the rota to provide cover. The shift leader allocated work across the staff team. We observed good communication between staff, ensuring that people received care when needed.

People told us they felt safe. The registered manager and staff spoke with people at resident meetings about how they can keep safe.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

People who required support with their prescribed medicine were provided this by staff who had received appropriate training, which included three observed medicine administration rounds. We saw competency assessments were undertaken to demonstrate staff provided safe care in respect of medicines. The home was working with the CCG's pharmacist on improving medicine management within the home. Areas of improvement had already been identified and the home had taken the advice on board. People told us they received their medicine when required.

Where people were prescribed 'as required' (PRN) medicines, the service had a protocol in place to provide additional guidance for the staff on when and why the medicine should be given. We noted the protocols were not always kept in the same place as the medicine administration record (MARs). We mentioned this to the deputy manager who agreed they would be better stored with the MARs.

Is the service effective?

Our findings

People and their relatives told us the staff were effective in meeting people's needs. One person told us, "[Name of staff] is my keyworker; we meet regularly we discuss what I want to do. They support me to live my life." A relative told us they knew all the staff and felt the staff provided good care. We observed that relatives were warmly welcomed when they entered the home.

People were by cared for by staff who were supported in their role. New staff were subject to an induction period. This included working alongside an experienced member of staff and observation of how care should be provided to people. Staff had one to one meetings with a line manager and an annual appraisal of their performance. The registered manager had systems in place to monitor staff progress and training. We noted staff had protected time of the rota to undertake training. On day two of the inspection we overheard the shift leader reminding a new member of staff that they needed to completed some training during their shift.

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. At the time of the inspection all the people who lived at the home had mental capacity to make informed decisions. The service did have concerns about a new resident as they had not returned to the home when they were expected to. The person occasionally got confused. The registered manager was monitoring the situation and advised us they would complete mental capacity assessments if they had concerns the person could not consent to the support provided. We observed staff regularly sought consent from people and this was also demonstrated in care plans.

People can only be deprived of their liberty so that they can 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. At the time of our inspection no-one was subject to a DoLS as all resident were able to consent to living at the home.

People were involved in meal planning; we observed meal choices were discussed at residents' meetings. At the time of our inspection the cook was away from work. We noted that people had chosen to deviate from the planned menu. On the second day of our inspection people had placed an order for a fish and chip delivery. People told us they enjoyed their meals, we observed staff offering people a choice of sandwich filler for a lunchtime meal. Drinks were readily available and we observed staff encouraging people to keep hydrated. We observed people pouring their own drinks from choices provided.

People had support to access healthcare appointments and were encouraged to keep healthy. One person had been referred to their GP as they had been complaining of pain. A visiting healthcare worker spoke

highly of the staff and advised that when treatment plans are put in place staff followed them.

Is the service caring?

Our findings

People gave us positive feedback about the staff. Comments included, "I am very happy here," "We are all looked after well" and "It's all good here; we try to get along together." One person who had not long moved into the home at the time of our last visit spoke positively about the home. They told us, "I have got on OK here, the staff have helped me, however I am due to move over the road so I can have more independence but still have support from staff when needed."

We observed people had developed close relationships with staff. We observed positive interactions between people and staff. This included staff asking people what they needed support with. One person who had not lived at the home long was asked by a senior member of staff, "Would you like me to help you with your hair?" The person responded positively to the staff and when they came out of their room appeared to be proud of their appearance.

People were supported to express their sexuality. Two people had developed a relationship. The staff spoke with them about this and what support they needed if any. The registered manager took a responsible and pragmatic approach to the subject and ensured people were making an informed decision. Where people had developed inappropriate feelings towards staff this was managed in a sensitive and professional manner.

People were involved in the running and the making of any changes in the home, for example, re-decoration of the home was discussed with people. We noted the home had been painted since our last inspection. People told us they had helped to choose the colours.

People were involved in the design of their rooms. We noted rooms were decorated to people's own choice and the registered manager supported people to have furniture and items which followed their chosen theme. For instance, if they followed a certain football team, or had a special interest, this was accommodated.

People told us and we witnessed that people were treated with dignity and respect. One person told us, "The staff are very respectful; they always knock on my door before entering my room." Another person told us "Staff always respect my dignity." A third person gave us thumbs up when we asked them about staff, and then followed this up with, "Very good."

The service promoted people's wellbeing. One person who was living in a nearby flat attached to the service had become extremely unwell. The person had been due to go to Blackpool on holiday, but they were too unwell to travel. The staff arranged for Blackpool to be bought to the person. The staff had created an indoor beach area in the dining room, complete with sand, paddling pool, inflatable pink flamingo, and a 'pop up' fish and chip bar. We saw photographs of the event it was very clear the person enjoyed the day. Other people we spoke with talked positively about the day.

People were supported to be as independent as possible. One person was being supported to explore a

psychology course at the local college. Staff spoke passionately about ensuring people wishes and desires were met. One member of staff told us, "We are there to care for the residents" and "It's all about choice; we need to respect people's choices, even if we don't agree."

People were supported to make positive risk choices, for instance, one person choose to stay in bed at weekends. They liked to have a hot drink in bed. A risk assessment was in place which stated the person accepted the risk of potential scalding. When we spoke with the person they were able to tell us it was their choice.

People had information available to them advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Is the service responsive?

Our findings

People received responsive person-focused support. There was a clear pre-admission process, involving a comprehensive assessment. Important information was gathered about previous life history, as well as people's important relationships. People received individualised care that met their needs. People told us they were involved in the assessment process. We noted where the person had been referred by the local authority; information was shared by them to help the service make a decision if they could meet a person's needs.

The registered manager advised us that the provider had recently changed the care plan templates. We spoke with staff who had the responsibility to complete them. Staff told us they were still getting used to the care plans. We read one person's new care plan, and we could not tell what their physical or medical condition was, no care plan had been written for this. However there was evidence of what the person's medical condition was on their PEEP and an information sheet about their medical condition was on the file. Staff we spoke with were fully aware of how to support the person. We spoke with the registered manager about this. We acknowledged the service was going through a transition period with introducing new care plan templates. The registered manager and deputy manager had provided guidance for staff and had produced a mock care plan for the staff to follow.

The care plans we read gave a lot of detail about how to support a person. They clearly outlined people's personal preferences, likes and dislikes. It was clear to understand what level of care and support a person required. It was evident people had been involved in the care planning process. People were asked about their goals, hopes and dreams. This helped staff discuss with people what they wanted to do. Each person had a keyworker; a member of staff who was responsible for updating care plans and supporting the person plan activities and holidays.

People had access to a wide range of activities both within the home and outside of the home. The service had recently appointed a dedicated activities coordinator. People told us the person had been a welcome asset to the home. The activity coordinator had introduced a folder for each person to capture all the activities they had undertaken. One person showed us their folder. It included photographs of them gardening, picking fruit and vegetables grown in the garden. An activities timetable was displayed, which included national waffle day, international friendship day and a design club as examples.

People told us they had been concerned about the birds eating the fruit and vegetables in the garden. They had discussed this with staff. It had been agreed that they needed a scarecrow. The staff undertook some research and instead of buying one off the shelf they discussed with people about making one. People responded really well to the suggestion and those we spoke with were looking forward to a scarecrow making competition, with the prize being a meal out.

People and staff were working on redesigning the back garden. We saw that plans had been drawn up and people had been given responsibility for different aspects of the work. For instance, one person had been appointed the foreperson for the garden furniture.

The service used to have resident pets. However people were struggling to look after them, however, they enjoyed the therapeutic nature of pets. It had been decided they would try to find a rabbit which could live with a staff member and visit the home. We saw people had been fully involved in this and had chosen the indoor pen it used when visiting the home.

The service had a complaints procedure and people were encouraged to share their views with staff. A 'niggles book' had been introduced to provide further opportunities for people to share their views. At the time of our inspection no comments had been recorded in the book. We noted the service had received one complaint. This had been investigated by another of the provider's registered managers.

We observed there was good communication between staff and relatives. Relatives told us they were able to raise concerns with staff. We observed this to be the case on the first day of our inspection.

Is the service well-led?

Our findings

We previously undertook a comprehensive inspection on 28 June 2016 and 1 July 2016. We found a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. The registered manager and provider had failed to inform us of all the events they were legally required to do so. The provider sent us an action plan detailing the improvements they had planned to make to ensure this was completed in the future. At this inspection we checked if the provider had informed us of events when required to do so. We checked the records at the home and compared them to the notifications received. We are satisfied we have received information about all the reportable events.

At the last inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Incidents which took place out of the home were not always recorded. At this inspection we found some improvement had been made. However we found an incident that had occurred within the home had not been reported and some staff were unaware it had occurred. At this inspection we found other breaches of the same regulation. The registered manager and deputy manager responded to the issues we found on the inspection and quickly ensured records were updated. We also received information from the registered manager after the inspection detailing what actions they had put in place to improve management of incidents.

The registered manager had responsibility to undertake a number of audits and monitoring of the service to drive improvements. Monthly audits included medicine, care plans and infection control as examples. The registered manager was supported by a quality officer from the provider who undertook monthly compliance visits. The results from the manager's audits and provider compliance visits updated a service improvement plan, which was regularly reviewed by the provider and registered manager. This meant there was a commitment to demonstrate continued learning to improve the service to people.

People told us they felt the service was well-led. Comments included, "[Name of registered manager] is good; she is the governor", "[The registered manager] listens to me; she helps me sort things out" and "We are all very well-cared for." Staff told us the manager was supportive and helpful. One member of staff told us, "[The registered manager] really understands the situation I am in; they have been supportive." We received lots of positive feedback about the deputy manager. One member of staff told us, "She works incredibly hard; I cannot knock her, she does a lot and is always here."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had been no events which met the threshold for duty of candour. However the registered manager had a good understanding of what actions they would take if the need arose.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. We noted the provider had sent the registered manager information on the Accessible Information Standard so it could be discussed at a team meeting. We noted the registered manager had supported a person to access sign language lessons and another person was using a tablet computer to aid communication.

Team meetings were held regularly and staff who were unable to be present at those meetings had access to the minutes so they were aware of what was discussed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people were protected from risks posed to them. Incidents were not always recorded or monitored.