

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: 14 October 2014
Date of publication: 23/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 14 October 2014 and on 17 October 2014 and was unannounced. At our inspection in November 2013 we found that the home had made the improvements required from a previous inspection where warning notices had been issued about the staffing levels in the home and the care of people.

The home could provide accommodation for up to 66 older people who may be living with dementia; there were 63 people resident at the time of the inspection. Not all people could communicate with us verbally, but they

were able to express their feelings through non-verbal communication. The home has two floors each with two separates units. Each of these units has communal dining and lounge areas.

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.

Summary of findings

Care staff we spoke with did not know how the Mental Capacity Act 2005 ensured that safeguards were in place for people who lacked capacity to make particular decisions. For example the provider had not made any applications under Mental Capacity Act Deprivation of Liberty Safeguards to ensure that people who may be unsafe to leave the home were not overly restricted. Care staff did not know if any person was unsafe to leave the home unescorted or what legal safeguards were in place.

People were not always receiving all of their prescribed medicines and the arrangements for accounting for medicines and medicinal creams needed to be improved.

You can see what action we told the provider to take at the back of the full version of this report.

Prior to our inspection we received feedback from a local authority that was funding some people who lived at the home. They did not raise any concerns about the care people were receiving.

People and their relatives we spoke with told us that the home was safe. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe recruitment practices were followed. This helped to keep people safe.

People were being cared for by suitably qualified, supported and trained staff. Staff received suitable induction and training to meet the needs of people living at the home. We saw staff showing skill in supporting people throughout the day.

People had access to appropriate health care when this was needed. Some people we spoke with told us that their health had improved and that they felt more confident since they lived in the home. People were supported and encouraged to eat sufficient to maintain their health.

Staff spent time individually with people in the home, responded when people wanted assistance or company, as well as, having scheduled entertainments planned. Staff were respectful and caring in their attitudes to people and ensured their actions did not intrude on people's privacy.

People who lived at the home told us that they could speak to staff and management about their concerns and that they would be listened to. The provider obtained feedback from people and their relatives about the service to identify where improvements could be made.

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?

Some aspects of this service were not safe.

Some people who lived in the home were placed at risk because some of their medicines had not been administered as prescribed and some medicine had not been accounted for.

There were sufficient numbers of staff who were recruited safely and trained to meet the needs of people who lived in the home.

Staff in the home knew how to recognise and report abuse and risks to people's safety and wellbeing were identified and plans made to minimise these risks.

Requires Improvement



Is the service effective?

Some aspects of this service were not effective.

People's rights were not always protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were not applied for and some staff did not understand the implications of these.

People were supported to have enough suitable food and drink when and how they wanted it and staff supported people's nutritional needs.

People had access to health care professionals and staff were trained to meet their specific needs.

Requires Improvement



Is the service caring?

This service was caring.

People told us that staff were caring and were kind when supporting them with personal care.

Staff took time to speak with people individually and this supported people's well-being.

People were treated with respect and their independence, privacy and dignity were promoted. The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People received support as and when they needed it and this support was flexible enough to take account of their preferences from day-to-day.

People were supported to maintain contact with family and people who were important to them.

Good



Summary of findings

People who lived in the home were supported to maintain and engage in their preferred interests. Some scheduled entertainments were available.

Is the service well-led?

The service was well-led

People who lived in the home, relatives and staff were confident that they could raise any concerns about how the home was run and they would be listened to.

People and their relatives told us that there had been improvements in how the home had been managed since our last inspection.

The provider monitored the running of the care home, gained people's and their relatives' views and used this to inform action plans to forward improvements in the home.

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 14 and 17 October 2014 and was unannounced. The inspection team included three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had experience of services providing support to people with acute mental health issues.

During this inspection we spoke with 23 people who lived in the home; some from each of the four units of the home. We spoke with the relatives of seven people, two visiting health professionals, eight care staff, a person on work experience, the manager and deputy manager of the home. We observed how staff treated people throughout our visit on 14 October 2014 and this included a Short

Observational Framework for Inspection (SOFI). A SOFI is where we observe specific people who live in the home for a period of time and judge the quality of interactions between staff and these people. We observed the lunch team meal on each of the four units.

Before our inspection we reviewed information the provider had sent us since our last visit. We asked the provider 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. Before our inspection we checked the notifications about the home. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents. We also looked at the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

We looked at parts of seven people's care records to track how of their care were provided. We looked at the records of eight people's medication administration records. We looked at computerised training records and three staff files. We also looked at a report of the quality assurance assessment undertaken by the provider.

Is the service safe?

Our findings

The administration of people's medicines needed to be improved. A person told us they had not had one of their pain relieving medicines. Records and checks of eight people's medicines showed us that six people had not received some of their prescribed medicine. For example one person's pain relieving medicine had been allowed to run out and another person had not received the required dosages of their inhaler to prevent breathing difficulties. We found that the counts of some medicines did not match the administration records which meant that some people had not been given some of their medicines that had been prescribed. Staff were not ensuring the safety of other people in the home as they had left medicines with a person who was walking around the home with them in a small open container. People's safety and comfort was compromised by them not receiving prescribed medicines.

People's medicines were stored appropriately but not all the supplies of one medicine held by the home had been recorded. The use before date on one packet of this stored medicine had expired. This meant that if used it may not have been effective. One person was self-administering medicinal creams but did not have enough support to store, discard or use medicinal creams in sufficient quantity to be effective.

A health professional told us that they had some concerns that people did not always have a supply of the medicinal creams that they were prescribed. We saw that during an interaction between the health professional and staff, staff did not understand that medicinal creams could not be shared. This meant that some people were not having their own prescribed medicinal cream applied putting people at risk from cross infection.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the home and their relatives told us that the home was safe. People's comments included: "I just feel safe here, my daughter feels I am safe," "I am safe and I know that" and "I feel safe here and I have a good time, that's all that matters." Visitors told us that they were able to talk to staff and management about any worries that they had and that these would be dealt with. Staff we spoke with confirmed with us that they thought people were safe.

There were appropriate arrangements to minimise the risk of people being abused. Staff, we spoke with, were able to tell us about the signs that may show that people were being abused and who they would report any concerns to within the home. Staff knew the agencies involved in safeguarding people from abuse that they could contact if they were unhappy with the response from the manager. They told us that they had training about safeguarding and maintaining the safety of people. There had been no safeguarding concerns raised with us in the last 12 months.

Risks to people were managed appropriately. We saw that staff spent time with individual people talking and building relationships with them. Staff were able to tell us about how they managed situations where people were upset and how they recorded these incidents. All incidents were reviewed by the manager so that could decide what steps should be taken. There were appropriate care plans and risk assessments about people's memory and communication for those people who had difficulty managing their feelings but these did not include details of how support someone with behaviour that was challenging to others. The lack of guidance for staff failed to ensure people were provided with a consistent approach when they were distressed.

The provider had suitable arrangements in place to respond to emergencies. These included a management on-call rota and individual plans to evacuate people from the building which were personalised to reflect the specific needs of each person in the home.

There were sufficient, suitable staff to keep people safe and meet people's needs. The majority of people told us that there were enough staff on duty to meet their needs. Their comments included: "Staff respond reasonably quickly to my call bell," "If I have asked staff to help me with anything I do not have to wait" and "I've used the call bell at night and the longest I have waited for staff to respond is about five minutes." Two people and two staff told us at times there was not enough staff when they supporting people to get washed and dressed but we saw no-one waiting for assistance during the inspection.

The rota showed that a consistent number of staff were on duty often above the minimum staffing level stated by the provider and there were arrangements to cover with bank staff if there was a shortfall. There had been a recent review

Is the service safe?

of staffing levels and recruitment was underway to increase staffing further during the evening and at night. There were appropriate levels of staff to provide people with care and support when needed.

Staff only commenced working in the home after comprehensive checks had been completed. This helped to ensure that staff were safe to work with people who lived in the home.

Is the service effective?

Our findings

There was a risk of people's liberty being deprived because some staff we spoke with did not understand their responsibilities in relation to the Mental Capacity Act (MCA) 2005 including Deprivation of Liberty Safeguards, (DoLS). Care staff were unclear if any person who lived in the home had been assessed as needing to have safeguards in place to limit the impact of restrictions of liberty. There had been no DoLS applications made to the appropriate authority for approval to restrict the liberty of any person living in the home. Whilst we did not see staff prevent people from leaving the units or the building there were numbered locks on doors from each unit and staff did not know whether they would prevent individual people leaving the home if they wished to do so. There were clear instructions in a picture format by the door how to use the numbered lock but not all of the people who lived in the home would be able to use them. There was no information in people's care plans to confirm whether it was safe for people to leave the building. Records showed that only senior staff had received training in the MCA. Significant numbers of people within the home were living with dementia and were unable to make some decisions. Although the manager told us that they were considering whether some internal door locks could be removed this still meant that people could be deprived of their liberty unlawfully.

Records showed that assessments had been undertaken to determine people's ability to verbally communicate and how this may limit their understanding. There were no records to show when decisions were made for people, in their best interest, when they were unable to make them. We saw that one person had been involved in decisions about their health treatment and their decision not to continue with treatment had been respected, this was not reflected in records for all people we looked at.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were trained and supported to undertake their day to day roles in caring for people. People we spoke with were happy with the care they were receiving and they confirmed that staff had the skills to care for them. We saw staff demonstrating skills and knowledge required to meet people's day-to-day care needs. Staff we spoke with told us that they had sufficient training to meet the needs of people. We were told by people on work experience that

they were shown around the home and were clear about what support they could safely give people and what they could not. They told us that they felt able to ask questions of the staff and managers. The provider's training matrix showed us that new care staff were expected to complete 16 areas of computer based learning in their first six months some of which staff had to undertake knowledge tests. In addition some staff went on external courses and health and fire safety professionals also delivered some training. People could be confident that staff had the skills to care for them appropriately.

There were arrangements in place to ensure that people had enough, suitable food and drink to meet their needs. The majority of people were happy with the food provided. Their comments included: "[When I was ill] the staff brought all my meals to my room..." "The food is good not how I would make it but more or less what I'm used to" and "The food is nicely cooked and well presented with enough choice and I get enough to drink throughout the day." We observed the lunch time meal on each of the units. We saw people enjoying their food and being offered more food and / or support when needed. We saw that people were offered a choice of food by either staff reading out the menu or, being offered a choice of two small plates of food. Where people did not want the food and drink on offer further alternatives were given. Drinks were available at set times and throughout the day. Water fountains were available for staff to encourage people to drink. People were supported to eat at the pace they wanted. Staff observed good food hygiene measures at meal times.

People who needed support to ensure that they ate and drank enough were given this support. Records showed that people had assessments to identify what food and drink they needed to keep them well and what they liked to eat. Records of people's weights and the food and drink they had taken were maintained. We saw evidence that people's care plans were updated as their needs changed so that people had effective support to eat and drink enough to maintain their well-being.

People received support from health care professionals when needed. All of the people we spoke with said they could see a doctor when they wanted. Amongst people's other comments about their health were: "I think my health has improved since being in the home," "I have gained confidence in walking since I have been here" and "Staff are very attentive [to my needs] and are able to tell if I'm

Is the service effective?

having a bad day just by looking at me.” The majority of relatives told us that the response to health concerns was good their comments included: “When there’s an outbreak of sickness; they are on the ball here” and “They were brilliant when [relative’s name] needed an ambulance.” Two health care professionals had differing views whether referrals to them were made in a timely way. One told us that staff requested advice and support very quickly where the other told us that the staff left it too late to request support which indicated that there was inconsistency identifying needs quickly.

Staff had regard to people’s disabilities and how this could affect their mobility. People’s comments included: “I’ve had no falls here; I’ve got my confidence back since being here.” We saw that staff were aware of people’s physical disabilities and offered support when needed. They assisted people with their mobility in a safe way. Staff showed understanding and gave appropriate support to people who were living with dementia where their verbal communication had been affected. We observed that people were enabled to determine where they wanted to be in the house and what they wanted to do.

Is the service caring?

Our findings

People received support from staff that were caring towards them. People we spoke with told us that staff were caring. Their many comments included: “I’m very pleased with the staff and we can always have a laugh; we’re very happy,” “The staff are exceptional, and the night staff are perfect,” and “The ladies [the staff] are quite pleasant. They are nice when they help you.”

A health care professional told us that staff were happy and seemed to care for the people they were supporting. Relatives we spoke with thought staff cared about people who lived in the home. A visitor said: “I’ve come and the staff have not known I’m here and I’ve seen them [staff] be really nice. There is banter going on, it’s lovely. I think they are very caring here.” All of the visitors we spoke with told us they could visit their relatives at any time and this helped people maintain relationships that were important to them.

Staff were knowledgeable about people’s preferences in day to day decisions such as style of dress and their individual daily routines. They were keen to ensure that people had a good experience of living in the home. A staff member told us: “This is their home, I’ll give them [people who lived in the home] what they want.” Staff treated people as individuals and respected their choices.

Staff showed kindness and were responsive to the needs of people. For example we saw staff sitting and talking with individual people for periods of time including people who had verbal communication difficulties because they were living with dementia. We saw a member of staff put their arm round a person who had become scared and

vulnerable offering comfort. Staff took time to ensure that their communication was effective and assisted people with day-to-day living tasks and interests. All of our observations showed staff interacted with people well and responded quickly when people wanted to talk.

People were unsure whether they had been asked about their care plan and involved in decisions in how they were supported or if they had resident meetings. However, people told us they were listened to. One person told us: “I get to do whatever I want to do so I have no complaints at all.” A relative told us that there were residents meetings and we saw written evidence of a meeting on one of the units.

People confirmed that they were treated with respect. For example one person commented: “Staff are always respectful and polite.” We saw that the staff in the home protected people’s privacy. For example they knocked on the doors to people’s private space before entering and waited to be invited in. Staff were discreet when they offered assistance to people and escorted individuals to private areas to receive personal care. There were areas in the home where people could sit quietly away from their bedrooms if they wanted spend time away from other people or quietly with relatives. We saw that staff spoke in a respectful manner in all their interactions. During our observations, throughout the day, people were showing signs of well-being. These included people: smiling, wanting to talk with staff and visitors and being involved in interests or, watching what was happening in the home. Staff were aware of the importance of treating people with respect and talking with them and this maintained people’s dignity and well-being.

Is the service responsive?

Our findings

People received care that responded to their individual needs and wishes. Amongst people's comments were: "If you want anything done you just have to ask the staff and they will do it very quickly," "I can get up and go to bed whenever I want to, I was a little late going to bed last night because I was watching a film," "When I go to bed staff always make me a hot cup of milk," and "If I wanted to lie in the morning the staff would bring my breakfast to my room." We saw and spoke with some people that chose to stay in their own rooms rather than spend time in the communal areas and they were happy with the contact they had with the staff in the home. One said: "I can use it [their room] during the day whenever I want." Our observations throughout the day showed that people were responded to appropriately when people showed they wanted or requested support.

Efforts were made to ensure that people who lived in the home maintained relationships with people who were important to them. People told us that their relatives were welcomed when they visited the home. During our observations we saw that families were able to visit either in the communal areas, people's bedrooms or in separate quiet lounges and relatives confirmed there were no restrictions on their visiting.

People had opportunities to be involved in interests and hobbies. We saw there were some scheduled entertainments of visiting musical performers, bingo sessions, art and crafts and group exercise sessions. Some people we spoke with enjoyed these scheduled sessions but two people told us they had not been asked to join in the arts and craft sessions on the day of our inspection and had been disappointed. We saw that staff spent individual time with people talking about their past history and encouraging an individual person with a past time that lessened their anxiety. We saw people knitting, watching the television in their room or, watching a film in the communal lounge.

Throughout the home there were items of interest and objects from significant events such as weddings, or holidays that were available to people to look at or hold

and explore. People, who lived in the home, especially people who were living with dementia and walked continually, had the opportunity to pick up items that could provoke memories from their life. We saw one person spending a lot of time with some of these items and staff were seen encouraging the person to talk about them. The manager acknowledged that there was a lack of items that reflected the culture or history of some of the people who lived in the home. They advised us that they were intent on sourcing more suitable items of interest. The manager had considered different ways to find out what people's interests were and was working to make these as individual as possible.

People told us that they were able to attend their local place of worship and or attend a religious service held in the home. People spoken with raised no concerns about the gender of the care staff attending to their personal care.

People who lived in the home felt able to raise any concerns about the service they received among their comments were: "If I had any concerns I would go to a member of staff," "I can definitely speak with them [the staff] about any worries I have" and another told us that they had told a member of staff about "a small niggle" they had and this was sorted out. A relative told us: "I did make a complaint ... I felt I was listened to and something had been done about it."

Arrangements were in place for people to inform the manager of their concerns. We saw there were copies of complaints leaflets and suggestion/comments books in the building. The manager had a locked box outside her office where anyone could post suggestions and complaints which only the manager would see. Weekly drop in times to talk to the manager were advertised in the lounges and there were regular coffee mornings held.

Concerns and complaints were considered and action taken. Records showed us since our last inspection the home had received 16 compliments and two complaints. The complaints had been investigated in a timely way and the outcome of the investigation reported. We saw that the provider held electronic records of both complaints and compliments and tracked complaints to make sure they are responded to.

Is the service well-led?

Our findings

The atmosphere in the home was open and inclusive. All of the people who lived in the home and relatives we spoke with told us that they received a good quality service. They told us they were able to speak to the manager and staff. Comments included: “There is a relaxed atmosphere like being at home, it isn’t too structured...” and “It’s so homely and friendly.” Throughout our inspection the home was calm and staff spoke with all of the people in the home in a kind and friendly way. Staff spoken with thought that the culture in the home was fair and open although one thought the manager was not as visible as they would like.

All of the staff we spoke with said they could take concerns to the manager. A staff member told us: “The manager is better than the previous manager; they respond and get back to me quick. The night manager is good.” People on work experience that we spoke with told us that they had been welcomed by the staff and management and that they felt comfortable to speak with manager and staff. This meant that any issues that people who lived in the home relatives or staff had could be discussed openly with management.

We saw that the manager had begun to involve the community in the home by working with a charitable organisation to improve the garden areas into useable, interesting spaces for people. There had been a summer fete which had an open invite to people in the surrounding area. A relative told us that they had become involved providing some support for people who liked craft work. The involvement of the community and relatives in the home had meant that people had richer experiences.

There was a manager working at the home who had been registered with the Care Quality Commission. People and their relatives were complimentary about the manager saying that home had improved greatly under their management. Comments included: “I would give the home

100%, it couldn’t be any better, it’s such a relief. It is much more professional under this manager” and “I like the manager she’s lovely.” Before the inspection we asked the provider to send us provider information return, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. This showed that the service responded well to request made for information. Where necessary the service kept us informed about events that they are required to inform us of.

Staff undertook checks on the safety and quality of the service a day to day basis and the manager sampled these routinely to see if these checks were being maintained. These included checks where people needed extra support maintaining a healthy diet or needed close observation as well as maintenance checks of the building. Incidents and accidents in the service were reviewed and reported on by the manager and the provider to ensure that there was learning from these. There was evidence of a full audit of the service which the provider had undertaken and there was an action plan devised for areas where the service could improve. We looked at the actions that had been taken in response to a medication error. The incident had been investigated and action had been taken to reduce the risk of similar incidents. However improvement was needed on audits of medication to lessen the risk of people not receiving the prescribed medicines, accounting of surplus medicines and use of medicinal creams.

People’s views about the management of the service were good. Although people we spoke with could not remember whether they had completed surveys or not the provider had conducted a survey of people’s views and this was done on a yearly basis. The home scored an overall 97% satisfaction in this year’s survey undertaken by the provider and this information was displayed on the home’s main notice board. We looked at an external website that rated care homes based on comments they had received and the home had 31 excellent reviews since our last inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who use services were not protected against the risks associated with unsafe use or management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.