

Sanctuary Home Care Limited

Southwood House

Inspection report

44-48 Doddington Road
Wellingborough
NN8 2JH

Tel: 01933276473

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28 January 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection took place on 28 January 2016 and was unannounced.

Southwood House provides accommodation and personal care for up to 14 people with physical and learning disabilities. At the time of our inspection, the service was providing support to 13 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

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

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

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

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines

Is the service effective?

Good ●

The service was effective.

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

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

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

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

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

Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

Is the service well-led?

Good ●

The service was well led.

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

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.

Quality monitoring systems were in place.

Southwood House

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 28 January 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the 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 also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with five people who used the service, two relatives of people that used the service, four carers, one kitchen member of staff, and the deputy manager. The service had a registered manager in place who was not present on the day of our inspection.

We reviewed five people's care records to ensure they were reflective of their needs, three medication records, seven staff files, and other documents, including quality audits.

Is the service safe?

Our findings

People told us they felt safe within the service. One person told us, "I feel safe and secure here." All the other people we spoke with made similarly positive comments.

Staff had a good understanding of the different types of abuse and how they would report it. A staff member told us, "We make sure people are safe, and report to the manager." Another person told us, "We report it to management and the Care Quality Commission (CQC)." Other staff we spoke with had the same knowledge around safeguarding and whistleblowing procedures. Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing the training records. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified the Care Quality Commission of any incidents as required.

People had risk management plans in place to address the various risks present around their support. The staff we spoke with all told us that they were able to follow the risk assessments that were in place. One staff member told us, "The risk assessments are really helpful. We add to them by speaking to the managers if we have concerns, and the assessments are altered as needed." We saw that the care plans outlined in detail the support that people required, and each section had a prompt to create a relevant risk assessment if needed. The risk assessments themselves covered areas such as health, medication, personal safety, moving and handling, social and community, nutrition and eating and financial. The risk assessments were detailed and contained information that gave staff clear guidance and actions to take where necessary. We saw that monthly checks and updates were taking place by the managers.

The staff members used a walkie talkie system when on shift within the service. The service had many self-contained flats spread out across two floors. The walkie talkie system allowed staff to quickly contact each other when someone was in need of extra support. The people who used the service also had a call system which was linked to a member of staff on shift.

Accident and incident recording procedures were in place and showed that the manager had been made aware and action taken where necessary. The forms we saw had been completed appropriately and in detail by staff.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service.

Staff were recruited safely into the service. The deputy manager told us, "We require that all staff obtain two references and a Disclosure and Barring Service check (DBS) before starting work." This was to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. The staff files we observed during inspection confirmed the checks had taken place. We saw that photo identification was also obtained for each staff member.

People told us they thought there were enough staff on duty. One person told us, "If I need someone, there is always someone around to help." We also spoke with staff members who told us they felt there was enough staff on shift to enable them to safely do their job. The deputy manager told us that the service had not used agency staff for several years, as there were enough staff on the team willing to cover shifts. The deputy manager showed us the rotas for the upcoming weeks. These were consistent with the amount of staff on duty at the time of our inspection. There was a good mix of staff skill across the service, with carers, senior carers, deputy manager, domestic and kitchen staff all present during our inspection. We saw that staff were spread out across the service and people were responded to quickly when they asked for assistance.

Medication was administered in a safe manner. We saw that people kept their medication in locked cupboards within their own flats. Temperature checks were in place within each medication cabinet. The files we looked at all contained a front sheet with a person's details on and photograph. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by staff who worked within the service.

Is the service effective?

Our findings

People told us the staff were well trained. One person said, "The staff are very good here, they know what to do." A family member of a person told us, "Yes the staff are excellent, they really look after [persons name] well." We saw that staff had skills and knowledge to understand people's needs. For example, one person was deaf, but the staff were able to communicate with him using some basic signing they had learnt, including gestures specific to that person. We saw that staff were able to communicate effectively with the individual, enabling him to complete various tasks.

The staff members we spoke with told us that they had received two days of induction training when they first started. This was followed by shadowing experienced staff within the service for two weeks. One staff member told us, "It was really helpful to see what the experienced staff were doing before properly starting ourselves." Staff told us that they regularly took part in training updates and also had the opportunity to gain a National Vocational Qualification level two (NVQ2). All the staff we spoke with felt that the training they had received was worthwhile and enabled them to give effective care to people. We reviewed a training matrix which confirmed staff had attended both mandatory and additional training, and were booked in for various updates and refreshers to keep their knowledge up to date.

Staff received one to one supervisions and told us that they felt well supported in their roles. A staff member told us, "Supervisions are worthwhile because we can go over what is, and what isn't working for people." We saw records that supervisions were happening on a regular basis within staff files.

Staff sought consent before carrying out care with people. One person told us, "The staff are great, they always talk to me and ask me first." The staff we spoke with told us that seeking consent was standard practice and important. One staff member told us, "For example, we use hoists here for some of the people. When they are in the hoist being transferred, we might use the opportunity to weigh them whilst in the hoist. We always ask them first if this is ok, we never just weigh them anyway because the opportunity is there."

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had all received training in MCA. The deputy manager had good knowledge of the DoLS procedure. She had applied to the local authority to gain authorisation for several people, but there were no active DoLS at the time of inspection.

People told us they liked the food that was prepared for them. One person said, "The food is very good here." We saw that the kitchen had a wide variety of fresh food to prepare meals. A menu for the week was

displayed in the hallway so that people could view it, and choices were available each day. A staff member told us, "We provide a cooked meal for people once a day and then people have a budget with which to buy their other meals." We saw that people's weight was monitored and dietary requirements were noted for people within their care plans.

People told us that they regularly saw health professionals as required. One person told us, "Nurses come out regularly." Another person said, "My keyworker takes me to appointments when I need to go." Staff told us that there were daily visits from a district nurse who could treat pressure sores if any occurred, and that they had a good relationship with various healthcare professionals. We saw that staff were trained to support people with specific healthcare needs such as the use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes.

Is the service caring?

Our findings

People were happy with the care that they received at the service. One person said, "I get on well with the staff. They are kind to me." A relative of a person who used the service told us, "The staff are so welcoming. I'm very happy with the care that [person's name] receives. People's care plans contained information that was individual to them, such as personal history and preferences.

We observed staff interact with people in a caring manner. We saw staff talking with people in a communal area and creating a warm and friendly atmosphere. A staff member told us, "When I first started, supporting someone with personal care was quite a daunting task, but soon afterwards you realise it's not about the task, it's about the person. You want to help them as best you can because you care for them." We observed one staff member communicate with a person when she was becoming agitated about various health problems she had experienced. The member of staff was able to calm the person by talking about positive experiences instead.

People were involved in the planning of their care and support. One person told us, "I have my keyworker. We sit down and go through things quite often." We saw evidence that people had monthly meetings with a keyworker member of staff and were able to review their care plans and look at their care routines and discuss them. People had signed approval of care forms to say that they had reviewed and agreed the content of their care plans.

We saw that one person within the service required an advocate. We saw that the service promoted the use of advocacy services.

People's privacy and dignity was respected. One person told us, "The staff respect my privacy, I have no problems with that." All the staff that we spoke with felt that they, and their colleagues, all respected the privacy and dignity of people within the service. One staff member said to us, "We always knock on doors before entering, and make sure that curtains are closed if need be. If we are in someone's flat, and they take a personal phone call, then we go and wait outside until they are finished." During our inspection, we saw that staff were knocking on doors and communicating with people in a dignified manner.

People told us that they had family and friends visit them as they wished. We spoke with relatives of people that used the service and they told us that they regularly visited and were never restricted from going in. During our inspection we saw people's relatives spend time with people within their own flats, as well as using the communal areas within the home.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the service. We saw initial assessment forms within people's files that showed sections to note the involvement of the individual in their own care. We saw that people had care plans that expressed their personal choices and needs. We also saw that each individual was given one to one time with a regular member of staff once a month to go over care plans when needed, and have the chance to talk about subjects of their choice. The service had an admissions policy in place that outlined the responsibilities between the service and new people.

People received care that was personalised to their needs. We saw that one person's care plan contained support guidelines for staff centred on the person's choice to have a relationship with another person using the service. It outlined the person's rights, but also potential vulnerabilities, so that the staff could promote the person's choice whilst enabling them to make informed decisions.

People were able to express their thoughts in residents meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated as a result of things that people had said within the meetings. For example, people had asked about having a house pet. The result of this was some of the people in the service being supported to purchase and care for two rabbits.

We saw that the service had held social events for people to take part in. The service had use of a vehicle to enable wheelchair users to be supported out to events such as shopping trips, dog racing and a supported holiday to Blackpool.

People were given the time they needed to receive care in a person centred way. A member of staff told us, "We provide a cooked meal once a day. It used to be at lunch time, but people were often sleeping in until around 11am. This meant they were having breakfast and lunch very close together. We responded by moving the cooked meal to teatime, so that people were hungry enough to eat. We are testing out what works best for people, it doesn't always work, but at least we have tried."

People received the support they needed to remain as independent as possible. One person told us, "I have been living here for a while, but I am ready to move on because I am a bit more mobile and independent than some others that live here. There is a house next door that's been done up for me to move in to and receive supported living. I'm very excited about it." The staff team were proud of the fact that they have been able to support this person and build their confidence and independence enough to move on.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A relative of a person who used the service told us, "I have never had any problems, but I know I can speak to the deputy manager with a complaint if needed." A complaints folder was kept where all complaints were recorded, and an easy read complaints policy was available for those who needed it. We saw that actions and responses were created and carried out for each of the complaints made. We saw that there was a clear process for informal complaints made by people to be escalated to

formal complaints if required.

Is the service well-led?

Our findings

People told us that the registered manager, the deputy manager and the senior carer were all easy to contact and approachable. One relative of a person told us, "The management are very good, easy to talk to." The staff we spoke with told us that they felt well supported by the senior staff and managers. During our inspection we saw that the deputy manager was available to people and staff and interacted with them in an open and positive manner.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. Staff members were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. We saw that the service had a staff structure that included a deputy manager, senior carers and carers, and that people were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received.

The deputy manager explained that the current registered manager was not in during the day of our inspection and that she had recently been seconded to a different role. The deputy manager had taken over the duties of the registered manager and confidently led the staff team. We saw that the deputy manager was aware of the needs of the people and staff and was able to point out areas in which she wanted the service to improve and develop. Our observations were that the relationships between the deputy manager and the staff were open and transparent.

Accidents and incidents were recorded and appropriate actions were taken. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings were held for staff to share information and discuss the service. We saw minutes from these meeting that confirmed they were taking place and that a range of topics were being discussed such as health and safety, medication, staffing, audits, and residents.

Quality questionnaires had been sent out to people and their relatives, and the results had been collated by the manager, with actions created from the information. One relative of a resident told us that they had received the request for feedback and had sent it back. The service carried out quality audits in several areas including medication, care planning, risk assessment and health and safety. We found that there were actions plans in place to address any areas for improvement.