Care Quality Commission

Sanctuary Care Limited

Birchwood - Ilford

Inspection report

406 Clayhall Avenue
Ilford
Essex
IG5 0TA
Tel: 0208551 2400
Website: www.sanctuary-group.co.uk/care/pages/home.aspx

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on 3 November 2015. There were no breaches of any legal requirements at our last inspection in December 2013.

Birchwood Home provides accommodation and support with personal care for up to 44 older people some of which may have a physical disability or may be living with dementia. On the day of our visit there were 41 people living at the service.

The service had a manager in place who had started on 19 October 2015 and was in the process of completing the relevant steps to become 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 told us they felt safe and that staff were kind and compassionate. We observed people were treated with dignity and respect and their privacy was respected.

Summary of findings

Staff were aware of the procedures to follow in response to allegations of abuse, reporting incidents, medical emergencies, fire and had attended appropriate training. Staff were supported by means of regular supervision, annual appraisals and regular meetings. In addition continuing professional development by means of gaining vocational qualifications was also supported.

People told us that there were enough staff to meet their needs most times although they told us over the summer where there had been shortages. Staff and management confirmed that there had been shortages in July and August. However, there had been a big recruitment drive and all vacancies had now been filled. We checked staff files and found appropriate recruitment checks had been completed.

People were supported to maintain a balanced diet and given choice. Staff were aware of the Mental Capacity Act 2005 (MCA) and the need follow appropriate procedures to ensure that people who lacked capacity to make certain decisions were only deprived of their liberty when it was in their best interests to do so.

People told us that staff were considerate and kind. We observed compassionate interactions between staff, people and relatives. Staff had attended equality and diversity training and were able to demonstrate how to apply this in practice.

Although care plans had an element of describing people's individual needs, they were not always updated to reflect the current needs of people.

People thought the management were approachable and visible. There were clear management and reporting structures in place and staff were aware of the vision and values of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

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?

Good

The service was safe. People told us they felt safe and secure living at the service. Medicines were administered, stored and disposed of safely.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels were reviewed and based on the dependency of people.

The provider had safeguarding processes and had ensured staff understood these and were able to recognise and report any witnessed or reported abuse.

Is the service effective?

Good

The service was effective. People told us that they were cared for by staff who understood their needs.

Staff were offered regular supervision, annual appraisal and attended both mandatory and additional training every year.

Staff were aware of the Mental Capacity Act 2005 and how it applied in practice. Deprivation of liberty authorisations were sought where necessary and best interests decisions were sought when required.

People were offered choice and supported to eat and drink sufficient amounts. Weights were monitored and appropriate referrals were made to other health care professionals.

Is the service caring?

Good

The service was caring. People told us that staff were considerate and kind. We observed compassionate interactions between staff and people.

Staff responded to call bells and to peoples' calls for assistance in a timely manner. We saw staff check regularly on people in their rooms.

Is the service responsive?

Requires improvement

The service was not always responsive. Care was assessed but not always reassessed. Although life histories were in place these were not always used to plan activities around people's interests. In additions care plans did not always reflect people's health condition.

People and their relatives told us they were involved in planning their care.

There was a complaints procedure in place which was displayed on notice boards. We looked at complaints and found that they were resolved promptly.

Is the service well-led?

Good

The service was well led. There was a manager who was in the process of completing registration. There were clear leadership structures in place.

Summary of findings

There were regular quality audits and annual satisfaction surveys for which action plans were generated and completed in order to improve the quality of care delivered.

Birchwood - Ilford

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 3 November 2015 and was unannounced.

The inspection team comprised of an inspector 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.

Before the inspection we gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority, commissioners and the local Healthwatch to find out information about the service. We reviewed information within the Provider Information Return (PIR). A PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During the inspection we spoke with fifteen people and five relatives. We observed people during breakfast and lunch for a total of 21 people. We spoke with the manager, their deputy, the activity coordinator, four staff and a district nurse who came to administer insulin and change some people's wounds dressings. We observed care interactions in the main lounge, the dining room, the hairdressing room and peoples rooms. We reviewed six staff files and five care records. We reviewed 15 supervision records and appraisals completed in 2014 for 12 staff. We also reviewed records relating to night checks, analysis of incidents, certificates and risk assessments related to the health and safety of the environment and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and that they trusted the staff that looked after them. One person said, "Staff are very helpful. It makes me more confident knowing that there is always someone around to help." Another person said, "Oh yes, because when I need help there's someone there."

A third person said "Oh yes, staff and the building itself very safe place", whilst another person said, "Yes, it's safe here". We observed that staff followed appropriate health and safety guidelines in order to keep people safe.

Staff were aware of the different types of abuse and told us they would report any allegations of abuse to their team leader who would in turn report to the manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. The provider had taken appropriate measures to ensure people were safeguarded from harm.

People told us that they received their medicine on time and that the staff explained if there were any changes. Medicines were managed appropriately with the exception of a few inconsistences relating to codes used on the medicine administration records (MAR) sheets and topical creams not always being recorded as applied. Following our inspection the manager sent a memo to all staff to remind them to record each time they applied topical creams. Medicines were administered by staff who had been trained to do so. They told us and we confirmed that annual refresher training was provided once staff were assessed as competent in administering medicines. Staff were aware of how to report medicine errors and could demonstrate learning from the 13 reported errors in the last year. In addition the local pharmacy audit medicines every six months and also provided refresher training for staff who administered medicines.

People told us that staffing was ok most times although 50% of the people we spoke with thought staffing was sometimes minimal especially at weekends. One person said, "Not enough. Less staff at night and weekends." Another person said, "Patches when not enough. Low during holiday periods. Mornings worst, not enough for getting us up and ready." Another person said, "Sometimes plenty of staff", whilst a fourth person said, "Could do with one or two more. Some days they're rushing around". Staff we spoke with confirmed there had been some staffing shortages during the summer. We reviewed staff rotas dated September and October 2015 and found that staffing had improved. There had been a big recruitment drive over the last two months prior to the inspection and all vacancies were now filled ensuring consistency of care and better coverage for unexpected staff absences. We saw that staffing levels were determined by dependency scores which were assessed monthly. Handovers took place at the beginning of each shift to ensure that all staff were up to date with any changes in people's condition and to ensure continuity of care.

Staff told us and we verified in the care records we reviewed n that risk assessments were completed including personal evacuation plans in case of a fire. Other risk assessments included moving and handling, falls, dependency and waterlow (an assessment to check on the risk of skin breakdown). These were reviewed monthly and appropriate action was taken where risks were identified as high. For example where someone's waterlow score was very high there was a pressure relieving cushion in place to reduce the risk of pressure sores. A business continuity plan was in place in the event of emergencies such as floods and lack of power supply and staff were aware of what to do should such events occur.

Staff were aware of the procedures to follow in the event of a fire or a medical emergency. Staff

told us and we confirmed by reviewing records that regular fire drills took place. Staff were aware of the fire assembly point and the evacuation process. Similarly staff were able to explain how they would respond in an emergency such as a person collapsing or falling. They were aware of the incident reporting procedure and the use of body maps to identify record and skin breakages as well as monitoring to ensure no further deterioration occurs. In addition monthly accident audits to ensure any patterns were identified and reduce the reoccurrence.

We observed that the premises were clean, maintained and recently decorated with exception of two bathrooms on the ground floor and a few carpets on the ground floor. However, the top floor had been recently refurbished and there were plans to refurbish the ground floor as soon as the asbestos check was completed. Staff told us that the main equipment they used was the hoist, slings, pressure

Good

Is the service safe?

relieving aids and the scales. We found that all the equipment was clean and serviced regularly and that staff had been trained on how to use them properly in order to ensure the safety of people and staff.

Good

Is the service effective?

Our findings

People told us that they thought staff were knowledgeable about how to support them. One person said, "They sit and have a laugh with you." Another person said, "They all seem to know what they are doing." A third person said, "Most [staff] know all I need is a little help to wash and dress. They always ask and rarely rush me." One relative said that the staff were helpful, "Dad gets all the attention he wants." We observed staff checking on people in their rooms and assisting people who needed the help of moving and handling aids appropriately. People were supported by staff who understood their needs and preferences.

Staff were supported by means of annual appraisals and regular supervision. We noted that the 2014 appraisals had been completed and that there was a plan to ensure that staff were appraised by the end of November 2015. We noted that supervision was taking place regularly but not six times a year as stated in the services supervision policy. However, this had been picked up in the monthly monitoring and there was a plan in place to ensure staff received supervision at least six times a year in order to enable them to support people effectively.

We spoke with staff who had been at the service for less than three months and they told us that there were supported by an induction and shadowing as well as attending mandatory training. We found that training was a mixture of online, workbooks and classroom based learning. Training was not limited to but included, manual handling, infection control, first aid and the Mental Capacity Act 2005 (MCA). New staff were being trained using the comprehensive care certificate 15 standards model in order to ensure they could look after people effectively. In addition continuing professional development by means of gaining vocational qualifications was also supported.

We found where needed appropriate actions had been taken to ensure that best interests decisions were made in accordance with the MCA. Staff told us they had attended training on the MCA and we saw some slides used to deliver the training which included case studies and scenarios to aid staff understanding. Staff could explain some steps they would take and said they escalated any concerns relating to a person's capacity to make specific decisions to the team leader who would in turn inform the manager and start the necessary assessments and referral required. People were lawfully deprived of their liberty when it was in their best interests to do so.

People told us that they had enough choice of food and that it was presented well. One person said, "Always a choice of two things. Lots of drinks. Orange juice in my room." A person said "Reasonable choice. Plenty to drink – water, orange, tea." Another person complimented the food by saying, "That was a nice moist piece of gammon, I enjoyed it." We reviewed menu choices and found that they were on a four week cycle and had a vegetarian option. Special diets were catered for and people's dietary requirements were assessed on admission and reassessed as necessary throughout their stay.

People were supported to eat a balanced diet. We observed lunch on both units and people were supported by means of cutting their food up and offering alternatives if they did not like the food presented to them. We noted that on one unit drinks to accompany the meal only came in the middle of the meal rather than earlier. This left some people waiting for their meal and drink for over 10 minutes. Staff were aware of people who were on special diets such as diabetic diets and soft diet. There were also aware of people who were nil by mouth for further investigations at the local hospital. People's weights were checked regularly and nutritional assessments were completed monthly in order to identify and refer to appropriate health professionals people who were at risk of malnutrition.

People were supported to access health care. On the day of our visit the district nurse came to change some dressings and administer some insulin. We saw evidence in people's files that the GP reviewed them when needed and that dental checks, chiropody and optician appointments were facilitated. People were supported to attend hospital appointments in order to have relevant medical investigations. The service engaged proactively with health care professionals and acted on their recommendations and guidance in order to enable people to access and receive appropriate care.

Good

Is the service caring?

Our findings

People told us that staff were mostly attentive, caring and compassionate. One person said, "98% caring. My key worker is very good." Another person said, "They [staff] are always checking on me." Relatives told us that staff were approachable and kind and looked after people well. One relative said, "The staff are very good. So good that I have booked myself to come here when the time comes." Another relative said, "The staff are lovely, and helpful. They encourage mum a lot to remain as independent as possible." We observed that care was delivered in a kind and sensitive nature.

We observed the way staff interacted with people throughout our inspection and found that staff responded to people in a timely manner. Where staff could not deal with people's needs immediately explanations were given and staff returned at a later time with appropriate help. Staff responded promptly by informing the team leader when a person had expressed they were in pain and pain relieving medicine was administered promptly. We saw call bells were being answered promptly and people were assisted with personal hygiene needs when they needed. Staff spoke in soft tones and acknowledged any questions. Staff were aware of the needs of the people they looked after and could explain to us the needs of the people they looked after including peoples past and current achievements. We saw staff try to entice two people with a poor appetite to eat by presenting a small portion of their favourite food at a time or by offering alternatives.

People were treated with privacy dignity and respect. One person said, "Staff always knock and wait for a response." Another person said, "They are polite and listen to my requests before and during my daily wash." A relative said, "Mum is always clean and comfortable. She says she likes it here." Before care was delivered, staff explained what they were going to do and respected people's wishes. People wore clean clothes and were well groomed. We observed instances where people had soiled their clothes and saw staff supporting them and encouraging them to go change into clean clothes in a discreet manner. Furthermore during meal times we heard staff ask people if they had finished eating before taking their plate away.

People's spiritual or cultural preferences were respected. Staff told us people's diversity was celebrated and how people's wishes were accommodated. Staff completed equality and diversity training and told us they treated each person as an individual. This included whether people wanted personal care to be delivered by same gender staff, how they preferred their food cooked and their religious preferences. People told us that they were treated as individuals.

People were given choice and information was made available on the activities and the menu choices for the day. A service user guide was also available outlining information about the service. People told us they had been involved in decorating their rooms. One relative said, "Mum brought in her personal effects and we were given an information booklet about the home." Another relative told us they had been able to change rooms as they did not like the first room offered. We saw that people had personalised rooms with pictures and prized possessions displayed.

People were encouraged to remain independent. We saw staff encourage people to mobilise with their frames. Other people told us staff encouraged them to do as much as they could during personal care. We saw some people tidying their rooms.

Requires improvement

Is the service responsive?

Our findings

We reviewed care plans and found evidence of some involvement of the person and their relatives. Care plans were evaluated monthly but did not always reflect people's current condition. Two out of five care records we reviewed showed that some of the care plans had not yet been updated since April 2014 although the evaluations suggested that the people's needs had changed. One care plan stated a person was blind when they were not. Another described someone being able to go out with their relatives, but when we checked this person had now deteriorated and could no longer go out. Furthermore we also found gaps in recording other aspects of care given such as whether topical creams had been administered and any discussions staff had had with people about their current health needs. Although staff knew the current needs of people the care records we reviewed were inaccurate as they did not reflect the current needs of people.

Each person had a "Life History" within their care plan to enable staff to have a holistic view of the person as well as better understand and care for people by using information about them to start conversations with people. However we found that sometimes these records were incomplete. In instances where these had been completed there was usually no corresponding care plan to see how the person's present and past interests had been used to influence care delivery or the activities that took place within the service. This showed that although staff knew about people's needs this was not always captured in people's care records.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff told us the care delivered was focused on individual's needs and preferences. A person said, "Staff look after me well. They answer when I call." Another person said, "They [staff] are here when I need them and that's all I ask really." A relative said, "I think they do a great job looking after her needs. I am kept informed of any changes to mum's care."

People and relatives said there were no restrictions to visiting. A person said, "I can pop in any time within reason." One relative said, "I see mum as often as possible at a time that suits my work schedule." There were meetings for residents and relatives to discuss issues. The manager confirmed that these meetings frequency was going to be increased to monthly in order to better engage with people.

People had mixed views about the activities. Some people were content as they preferred to sit and chat whereas some people requested more activities. One person suggested more board games whilst another person suggested more regular exercises suited for people to do whilst seated. On the day of our visit a memory exercise was going on the ground floor while some people read magazines whilst being attended to by the hairdresser. We also saw someone to one activity and people being at their request taken outside for some fresh air. There was an activities board with at least two activities scheduled a day. We confirmed from staff, care records and relatives that the information was updated weekly and that most activities took place as planned. The activities included one to one, board games, floor netball and memory sharing. We were also sent a picture of the poppies decorated within the service as mark of remembrance day.

We noted that there had been minimal activities outside the service. The activities coordinator cited the lack of a minibus as a constraint to regular outdoor activities. When we spoke to management about activities they confirmed a new activities coordinator was going to be employed with the aim to increase the range of activities including sensory activities as the current activities coordinator was leaving.

People and their relatives told us they were able to complain to the manager their deputy or to any of the staff in duty should the need arise with the exception of two people who said they were reluctant to complain. There was also a comments and suggestion box displayed in the reception area where relatives or people could make comments about how to improve the service. One person said, "Staff really look after us. If I have any problems I would soon say something." Another person said, "No complaint. Would go to carer or manager." A relative said, "I have no complaints at the moment but would ring and ask to speak the manager if I had any concerns". They were aware of the complaints procedure which was displayed within the service. Staff told us they would support people to make a complaint if needed and that they would try to rectify the issue.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the management and the staff. People felt the manager was although new to the service was visible around the service during the day and approachable. One person said, “She [the manager] walks around most mornings stops to have a chat.” Another person said, “New manager very nice. I like it here. Can do what I like.” Another person said, “She’s [manager] only been here a short time. Looks nice and approachable.” People felt they could approach staff or the manager if they wanted.

There were clear management structures in place. The manager although very experienced had only started on 19 October and was in the process of registering with the Care Quality Commission (CQC). They were supported by a manager from the same group of homes by the area manager and had a deputy manager. Staff told us they would report to the team leaders first before escalating to the deputy or the manager.

People thought the service was managed well and that the staff worked as a team most times with the exception of period between July and August 2015 where there had been severe staff shortages. This was evident during lunch and breakfast where we saw that staff coordinated to ensure that people including those who chose to stay in their rooms were served in a timely manner. We observed that the atmosphere in the communal areas was mainly calm both morning and afternoon.

Staff told us they felt a lot of changes had taken place in the last two months including the new manager mostly for the good and that the reason for the changes was explained to staff. Staff told us they had opportunities to feedback or discuss any issues with their team leaders. They told us that appraisals, supervision and meetings were all platforms to feedback in addition to any time they saw the manager or their deputy. One staff member said, “The new manager is very approachable. Although there is a lot of changes in a very short space of time, they are explained and we can see how they can improve the care we deliver.”

People relatives and staff told us that they were involved in making decisions about the service and that suggestions were listened to and acted upon where possible. This was usually possible by going directly to the manager as there was an open door policy or using other forums such as “resident meetings” annual care reviews and staff meetings. In addition an annual satisfaction survey covering areas was completed. We reviewed the 2015 survey and found 34 out of 44 people had responded and had expressed satisfaction with the food, cleanliness and environment. Feedback from people, their relatives and staff were listened to and used inform changes within the service.

The service had a robust quality monitoring systems which included use of service improvement plans (SIPs) to address any issues identified during the various checking systems in place. The annual business plan in place had a strategy for recruitment and retention of staff, reduction of sickness and absence and introduction of “.kindness awards” (awards for staff who had demonstrated exceptional kindness).

Records, infection control night checks were complete regularly and any issues identified had actions and responsible persons to ensure that the quality of care delivered to people was improved.

Staff were aware of the corporate vision and could tell us that caring and kindness was at the centre of the company’s values. The mission statement “"Keeping kindness at the heart of our care." and values or philosophy of care of the company were displayed in various areas within the service.

The home had demonstrated partnership working with local colleges as they took students for work experience. We saw confirmation that some students were due to start work experience for two weeks from 23 November and another set to start in December. The activities coordinator had taken five people to a local school where the children had dressed up in world war two costumes and asked the people what it was like during the war. In addition the home had participated in the National Care Home Open day opening up the home for members of the local community. The service worked closely with the local community where possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records were not always accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. There were gaps in medicines records and inaccurate descriptions of people's care needs Regulation 17.2.(c)