

Sanctuary Care Limited

St Mary's Haven Respite

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 28 April 2015. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

St. Mary's Haven Respite provides accommodation for up to nine people who need support with their personal care. The service mainly provides support for older people, the majority of whom live at the service on a

long-term basis. The service uses a detached house arranged over two floors and has nine single occupancy rooms. There were eight people living at the service at the time of our inspection.

People told us they felt safe. Comments included; "I am very happy here. I feel safe and well looked after. No issues at all." We walked around the home and saw it was comfortable and personalised to reflect people's individual tastes.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive

Summary of findings

interactions and people enjoyed talking with the staff in the home. Comments included; “The staff are lovely, very caring”. Another person said, “They are a friendly bunch. There is always someone to talk to if I want it”. Staff were trained and competent to provide the support people needed.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on. We saw people chose to sit together at lunch. Other people chose to eat in their rooms and told us they were happy with this choice. Comments included; “I like the food, it is very good” and, “The food is very good; freshly prepared and lots of variety. Like today there is a good choice and I am

having fresh fruit salad and cream for my pudding”. People were given a choice of hot and cold meals. Each day they were shown the choices available to enable them to choose what they wanted.

Visitors were always made welcome and were able to visit at any time. People were able to see their visitors in lounge areas or in private. People knew how to complain and would be happy to speak with the registered manager if they had any concerns.

People told us their families had been included in planning and agreeing to the care provided at the home. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. A person told us, “I am as involved in planning my care as I choose to be. I am kept fully aware and involved in everything to do with my care here and I have every confidence in the staff”.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

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?

The service was safe. There were appropriate systems in place to deal with incidents and accidents.

The home was clean and maintained to a high standard.

Systems for the administration and recording of medicines helped to protect people from risk.

Good



Is the service effective?

The service was effective. People received the support they needed to see their doctor and other appropriate health professionals.

Staff induction, training, supervision and appraisal were consistently carried out. Staff were competently supported by management in their roles.

The service understood and carried out their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring. People told us that they were well cared for and we saw staff were caring and people were treated in a kind and compassionate way.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Good



Is the service responsive?

The service was responsive. People were involved in all aspects of their care planning.

People made choices about their day to day lives and were provided with a range of activities.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led. There were systems to assess the quality of the service provided in the home and these were effective. The systems used ensured people were protected against the risk of infection and of receiving inappropriate or unsafe care and support.

The culture of the service was open and friendly. People told us they were happy living at the service and had no complaints or concerns about staff

People said they knew the registered manager and staff team well and would be confident speaking to them if they had any concerns about the service provided.

Good



St Mary's Haven Respite

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 28 April 2015. The inspection was unannounced and was undertaken by one inspector.

We did not request a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and the improvements

they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed care practices. We spoke with six people who lived at the service, one member of care staff, the registered manager and the service's administrator. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Following the inspection we also spoke with three external professionals who were familiar with the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. The atmosphere was friendly and inclusive. The building was comfortable and personalised to reflect people's individual tastes.

We looked at the arrangements for the management of people's medicines. Medicines were stored securely in a locked cupboard. We saw medicines being given to people and this was done appropriately and safely. Medicines administration records were completed accurately. Staff had received up to date medicines training. Some medicines need to be kept more securely and these are known as Controlled Drugs (CD). The CD requirements were being met and there were clear procedures in place in terms of where the CD key was kept, who knew the combination for the CD key safe and the appropriate recording of these medicines. The stock of these medicines tallied with the register. CDs were always administered by two carers who countersigned the documentation as a safety check.

Staff said people were well cared for. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

The home's safeguarding and whistle blowing policies were readily available to staff in the office. The policies were comprehensive and up to date. These meant staff were able to access relevant and recent information about safeguarding processes easily and quickly.

Staff had received updated safeguarding training. We asked two members of staff what they would do if they suspected abuse was taking place. They described to us the correct sequence of actions. They also outlined the different types of abuse. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. We saw the assessments were written specifically for the person concerned and were relevant to their needs. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. We saw the assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks.

People were protected by a safe recruitment system. We looked at staff files and saw the home operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. Newly appointed staff received an induction when they commenced employment at the service. This included a period of shadowing more experienced staff prior to working alone. We spoke with a member of staff who had started work at the home since the previous inspection. They confirmed this procedure had been followed. They told us the induction had made them feel confident about their ability to carry out their role competently.

There was enough staff available to provide care and support for people at all times. People told us they felt well supported and we saw there were enough staff available to meet people's needs.

Is the service effective?

Our findings

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different people liked to spend their time and we saw that people had their wishes respected. People and their relatives confirmed that the staff knew the support people needed and their preferences about their care.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. People told us they saw their GP when they needed to and this was documented in records. Medical professionals told us they had no concerns about the care and support they saw at the service and they had received appropriate referrals.

People were supported to eat and drink enough and maintain a balanced diet. People who required it were prepared specialist meals in line with Speech and Language assessments. People were encouraged throughout the day to drink fluids. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw people were given sufficient support at a meal time to allow them to eat with others and be able to share an enjoyable social meal.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of changes to the legislation following a court ruling in 2014. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions

themselves. We saw applications for Deprivation of Liberty Safeguards authorisations had subsequently been made. We were confident management were familiar with the formalities required and able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make risk assessed decisions for themselves. People were asked for their consent to decisions. One person said, "Nothing is done without my say so. Staff always ask me before they do anything."

The design, layout and decoration of the home met people's individual needs. One person commented, "It's all kept very well. Spick and span and very clean". We looked around the home and found it to be clean and well maintained.

Staff received enough training to do their job effectively. A relative we spoke with described the staff team as: "Very good. They are knowledgeable and professional." Training in areas such as infection control, moving and handling and safeguarding was up to date. In addition the service provided training in areas specific to the people living there; for example dementia awareness.

Supervision took place on a regular basis. Supervision enables staff to receive support and guidance about their work and discuss on-going and training. We saw detailed records of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have, as well as check on their knowledge of the home's various policies and procedures. Staff commented, "I do have supervision and can also speak to management at any time. We have staff meetings and can discuss how the home runs or any issues or suggestions as they happen". Staff said they felt more reassured and valued by having the acknowledgement for the work they did.

Staff also received annual appraisals from management. This provided an opportunity to look at staff development and future training requirements. We saw development plans were implemented as a result of this. Staff told us that they enjoyed working in the home. One staff member said, "I enjoy working here. It's a good team".

Is the service caring?

Our findings

People and their relatives made many positive comments about the care provided at the service. None of the people who lived at the service or the staff we spoke with raised any concerns about the quality of the care. One person told us, “I am very happy living here. There isn’t anything bad I could say”.

People’s care records included a “life history” which gave the staff information about their life before they came to live at the service. Staff knew what was recorded in individuals’ records and used this to engage people in conversation, talking about their families and things of interest to the person. One person told us, “I like my knitting”, and we observed staff had made sure these items were close to where they were sitting.

Throughout our inspection staff gave people the time they needed to communicate their wishes.

People told us that the staff employed at the service knew the support they needed and provided this as they required

People were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. All the staff took the time to speak with people as they supported them. We observed

many positive interactions which supported people’s wellbeing. We saw a member of staff laughing and joking with one person over lunch and saw how this enhanced their mood.

People told us they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, “I do what I want really. I go into town for a wander around when I want to”.

Staff communicated effectively with people. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. For example, physically showing the choices of food available at meal times. They also gave people the time to express their wishes and respected the decisions they made.

Throughout our inspection we saw that the staff in the home protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Bedrooms were decorated and furnished to reflect people’s personal tastes and people were encouraged to bring their own furniture in with them if they wished. This meant people were supported to recreate familiar surroundings for themselves.

Is the service responsive?

Our findings

People were assessed before they were offered accommodation at the service. The needs assessments had been reviewed regularly to make sure they were up to date and gave staff accurate information about the support each person required. The needs assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet their needs. For example, in one person's care plan it was prominently displayed that the person had a risk of choking. We saw there was a Speech and Language assessment plan in place. This provided clear direction about the support required to keep the person safe including the method of food preparation most suitable for the person.

There was clear documentation in place to explain how the service had decided to support people, and what parties had been involved in the decisions. There were also clear daily notes and communication books were used to inform staff about any changes to people's support needs. It is important accurate records are kept regarding people's care in order to protect against the risk of unsafe or inappropriate care.

Relatives told us they were included in developing the care plans with their family members. The care plans included information about the person's life, and their likes and dislikes. This meant the staff had information about the person, not just their care needs. One relative told us, "We

were asked lots of questions about what (person's name) likes and didn't like. We were asked about what (person's name) did before they needed care and what's important to them". All the relatives said they were invited to attend care review meetings if they wanted to and said the staff in the home kept them informed if their family member was unwell.

We asked people if they felt they had enough to occupy their time. One person commented, "We are invited to join in with any activities that are arranged. Sometimes there are mini-bus trips out and some of us go out into town. There are sometimes outside entertainers who come in. There's enough generally". Staff were encouraged to spend time with people and undertake activities such as games and quizzes in the afternoon.

Everyone told us they would be confident speaking to the management or a member of staff if they had any complaints or concerns about the care provided. One person told us they had raised a concern with the registered manager of the home and said they were happy with how this had been resolved.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was given to people and their relatives when they moved into the service. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

Is the service well-led?

Our findings

The culture of the service was open and friendly. People told us they were happy living at the service and had no complaints or concerns about staff. One person said, “It is a nice place and I feel free to do as I wish really. (Manager) and the staff are all very friendly and chatty and if I did have a problem I would go and speak to someone. There is a nice atmosphere. I am very happy here”.

Management were receptive to changing areas of the service which would improve how it operated. For example, staff had recently been asked to wear their own clothes when working. Following consultation with staff it was decided this was not appropriate for the service and staff had gone back to wearing new uniforms. Professionals we spoke with commented they felt it was more appropriate and less of an infection control risk for staff to wear uniforms while working. This demonstrated management listened to the views of the staff team and implemented changes accordingly.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. A team meeting took place on the first day of the inspection which the inspector attended. The staff team discussed issues about the running of the home and communicated well with each other. Staff said they felt well supported by management at the home.

People and their visitors said they knew the registered manager and staff team well and would be confident speaking to them if they had any concerns about the

service provided. The registered manager told us, “The home is much more positive than it was before Sanctuary took over. It is a very caring and supportive place to live and work”.

People told us that they were asked for their views about the service. One person told us, “We have resident meetings sometimes and we can suggest things we want changed or maybe new activities we want”. We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people’s comments. For example, people had suggested activities they would like to take part in and management had recorded people’s views and introduced appropriate activities, such as arts and crafts sessions. The service had also advertised for an activities co-ordinator.

Relatives and other professionals had been asked to complete surveys to give their feedback about the home. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on. For example, memory boxes had been made as a result of a suggestion that this would be a positive experience for people, also an aid to people’s recognition of their personal space and would encourage memories of their lives.

The service had robust quality assurance processes in place which included maintenance of the home, infection control and medicines management. These processes acted as an audit system and were used to drive continuous improvement.