Sanctuary Care Limited

The Manse Residential Care Home

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 12 October 2017. The Manse Residential Care Home provides accommodation and personal care for up to 39 people. On the day of the inspection, 32 people were using the service.

At our previous inspection of 30 June 2015, the service was rated good. At this inspection the service remained good.

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.

Care records were not always updated and accurate to reflect people's needs and circumstances. There were a range of systems in place to monitor and assess the quality of service provided but these had not identified issues with documentation and record keeping

People told us they were safe at the service. People and their relatives told us staff were caring and kind to them. Staff maintained their privacy and confidentiality. Staff knew them well and understood their communication needs.

Staff knew how to protect people from abuse. They knew the signs of abuse and how to report their concerns. There were sufficient staff recruited in a safe way to provide care and support to people. Staff administered and managed people's medicines safely. People received their medicines as prescribed.

Risks to people's health, safety and well-being were assessed and management plans devised to guide staff on how to protect them from harm. People's needs were reviewed and evaluated regularly. Care records had guidance for staff on how to deliver care to people in a way that met their needs. People and their relatives were involved in planning for people's care.

The registered manager and staff understood their responsivities and supported people in line with the principles of the Mental Capacity Act 2005. The registered manager ensured decisions were made in people's 'best interests' if they were unable to do so. They involved people's relatives and professionals as required in decision making process. The registered manager had obtained authorisation from appropriate authority as required under the Deprivation of Liberty Safeguards. The monitored the conditions to ensure the people's rights were not violated.

People accessed health care services to maintain their health. The service worked in partnership with other services such as a local hospice to ensure people received appropriate care and treatment. People received appropriate end of life care in line with their wishes.

People had sufficient food and drink to meet their nutritional needs. People told us they enjoyed the meals provided at the service. They received the level of support needed to eat and drink well.

People took part in activities they enjoyed at the service and in the community. People were supported to follow their interests, maintain their cultural, religious and social values.

Staff received regular training, support and supervision that enabled them to deliver effective support to people. The registered manager held regular meetings with staff where they discussed concerns about people and reflected on their practices.

The registered manager sought the views of people and their relative's about the service and used their feedback to make improvements if needed. People knew how to make a complaint. The service had investigated fully and resolved complaints received in line with provider's procedures.

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. There were sufficient staff on duty to meet people's needs safely.

Staff identified risks to people's health and had management plans in place to manage the risks to keep people safe.

Staff knew how to identify abuse and the action to take to ensure people were safe.

The service used robust processes to recruit suitable staff.

People received the support they required with their medicines. Staff managed and administered people's medicines safely.

Health and safety checks took place to ensure the home was safe. The home was well maintained and free from odour.

Is the service effective?

Good

The service was effective. Staff received support to undertake their role effectively. Staff were trained in their roles and showed they were skilled and knowledgeable.

People gave consent to their care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People had access to a range of healthcare services to maintain their health and well-being. People received sufficient food and drink which met their nutritional needs.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were caring and kind to them.

Staff respected people's privacy and confidentiality.

People received support to maintain relationships important to them. The service promoted people's cultural and religious values.

Is the service responsive?

Good

The service was responsive. Staff assessed people's needs and provided care to meet people's individual needs. People's needs were regularly reviewed with them and their relatives and their views taken into account.

People took part in activities of they enjoyed. People were supported to follow their interests.

The service asked people and their relatives about their views of the service and responded to their feedback.

The registered manager had investigated and resolved complaints appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Care records were not always updated and accurate. There were a range of systems in place to monitor and assess the quality of service provided but these had not identified issues with documentation and record keeping.

People, their relatives and staff told us that the registered manager was approachable and listened to them. Staff felt supported and valued at the service.

People's views were obtained through surveys and these used to improve the service.

The Manse Residential Care Home

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. It 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 unannounced inspection took place on 12 October 2017. The inspection was carried out by a single 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 reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we observed how people were supported by staff, we spoke with eight people who used the service and three relatives and a visiting healthcare professional. We also spoke with the registered manager, activities coordinator, two senior care workers and four care workers. We looked at eight people's care records and 15 medicines administration records (MAR) charts. We viewed seven records relating to staff including training, supervision and appraisals. We also looked at management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were safe at the service. One person said, "I am very safe." Another told us, "I feel very safe and well looked after" and a relative told us, "My [loved one] is very comfortable here. They are used to the staff and they treat them well."

People were safe from the risk of abuse and neglect because the provider had procedures in place and had ensured staff were trained in safeguarding adults from adult. Staff knew how to recognise signs of abuse and their responsibility to report any concerns to protect people from harm. Staff understood the provider's safeguarding procedures to report any abuse to the registered manager to take appropriate action. Staff also knew the provider's procedure to escalate their concerns of abuse to external agencies such as the local authority safeguarding team and CQC when necessary to keep people safe. One member of staff told us, "I am here to protect these residents. It could be my mum. If I have concerns I will speak to the registered manager. I know how to go higher if I need to." Record showed the registered manager took concerns seriously and investigated and reported concerns to the local authority safeguarding team and notified CQC.

People received their medicines to maintain their health as prescribed. One person told us, "Medication is always on time." Care plans detailed people's needs in regards to managing medicines. Staff provided the support people required with their medicines. Staff who administered medicines to people told they had been trained to do so and records we saw confirmed they had completed training on the safe management and administration of medicines. The provider had medicines management policy and procedure in place including protocol for managing 'as required' (PRN) medicines. Staff showed they understood the procedure and demonstrated their understanding through discussion with us and our observation during lunchtime medicine round to people. We saw staff administered people's medicine in a safe way. Medication Administration Records (MAR) were accurately completed and showed people had received their medicines at the correct dose and at the appropriate time.

Medicines were stored securely and safely within the recommended room temperature. Controlled drugs (CD) received additional security and control measures. Where people had been administered CD we saw the MAR had been signed by two members of staff. Audits of medicines took place regularly to ensure medicines were not misused. We carried out random checks of medicines available and they tallied with the MAR's. Unused medicines were disposed appropriately in line with relevant legislation and guidance.

People's health and safety and well-being were protected because the service had taken action to minimise the risk of harm to people. Risks to people were assessed in areas such as pressure sores, falls, mobility, behaviour, nutritional and hydration and isolation. Management plans were developed to guide staff on how to maintain people's safety. We saw management plans in place for people at risk of developing pressure ulcers. The plan included the use pressure relieving equipment such as cushions and mattresses and where appropriate individual repositioning charts were in place. Staff supervised people when mobilising as necessary to reduce the risk of falls. People supported with transfers had moving and handling plans. Staff were trained in manual handling procedures to ensure they were able to move people safely. One person had a behavioural management plan in place devised by the mental health professional to

guide staff and manage their behaviour safely and appropriately. Staff we spoke with were familiar with the risk management plans for people and we observed staff carry out a moving and handling tasks in a safe way.

The provider maintained a level of staff that was sufficient to meet people's needs safely. People told us that staff numbers were adequate. Staff told us they were enough on duty to support people. One staff member said, "Staffing level is fine." Another said, "Staffing level is adequate. We have incentive to do overtime so staff are willing to come in to cover staff shortage." We observed that there were staff available supporting people with their needs and responding to people's calls for help without delay.

The registered manager told us staffing level was planned according to people's needs. This ensured people received the support they required from staff. The provider had their bank staff who were used to cover shortfalls of staffing. The registered manager and staff told us that planned and unplanned staff absences were covered by the bank staff.

Appropriate recruitment checks took place before staff started work. The checks included reference requests, proof of identity, employment history, criminal checks and right to work. Staff told us and records confirmed staff only started work at the service after all checks had been completed.

Staff knew what to do in case of emergency to keep people safe. The service had adequate procedures in place to respond appropriately to both unforeseeable and foreseeable emergencies to protect people from harm. Each person had a Personal Emergency Evacuation Plans (PEEP) with information about the risk level associated with evacuating them safely in the event of a fire.

Staff knew how to evacuate the building safely in case of fire. The service regularly practiced emergency drills including fire drills to ensure staff knew how to protect people in the event of emergency. The registered manager and staff had recently activated their evacuation procedure to keep people safe following water leakage in the home. The showed that the service knew what actions to keep in emergency to maintain people's safety.

Staff learnt from incidents to protect people from avoidable harm. Staff recorded accidents and incidents in line with the provider's policy. The registered manager investigated incidents and took action to reduce recurrence. For example, people with frequent falls were referred to falls clinic.

The health and safety of the environment was well maintained. Assessments were in place to identify risks in various areas such as fire, legionella, security, gas safety, electrical and the risk of infection. Actions were developed to reduce the likelihood of harm arising from these. Weekly checks of fire alarms were carried out to ensure they were functioning properly. Fire extinguishers, smoke detectors and other fire management equipment were serviced and maintained annually by professional contractors to ensure they were in good working condition. We saw that fire doors were not obstructed.

There were also systems to manage infection, clinical waste, gas, portable appliances, electrical, and water safety. We saw certificate of maintenance and servicing from external contractors that confirmed that these were safe. Equipment such as hoists, mobility aids and the stair lift were also serviced annually to ensure they were functioning correctly and safe for use.

Good

Is the service effective?

Our findings

People received the care and support from staff who had the skills and knowledge to do their jobs. Staff told us and training records confirmed that new staff members undertook an induction process when they first started. The induction period covered staff roles and responsibilities, the needs of people and others aspects of the service. The registered manager monitored staff performance during probationary period in line with the provider's procedure and confirmed them in post after assessing them as competent in their role. Training record showed that all staff had received training on safeguarding adults, moving and handling, health and safety, fire safety, first aid, medicines management, infection control and the Mental Capacity Act (2005) MCA and Deprivation of Liberty Safeguards (DoLS). Staff had also received specialist training in dementia and challenging behaviour to enable them appropriate support people as needed.

Staff received regular support to undertake their role. Staff told us they felt supported to do the job. One staff member said, "I feel supported. [Registered manager] supports us to progress. She puts us on training and encourages us to develop." Another staff member told us, "I get regular supervisions and training. I feel confident to do the job. We are dealing with residents with dementia so we are continuously learning. [Registered manager] supports us well." Notes of supervision meetings showed discussion about each member of staff's role and the care and support provided to people. Staffs training needs were also discussed. Staff received annual appraisal of their performance. This process was also used to set goals and developmental needs.

The service had complied with the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People gave consent to care and treatment. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. The registered manager carried out MCA assessment as part of the care planning process and where people lacked the capacity to make decisions about their care and support and accommodation. Records showed that people's relatives and professionals had been involved where required to make 'best interest' decisions about peoples care and support at their accommodation.

People enjoyed their freedom and were not unduly restricted. People had access to different areas and floors of the home. We observed people moved around the home freely and as they wished. Staff understood people's freedom would only be restricted if authorised by the court of protection or by the Deprivation of Liberty Safeguards (DoLS). The registered manager made DoLS applications to the local

authority when necessary. People subject to DoLS were supported in line with the conditions of the authorisation and the registered manager monitored the conditions in place to ensure they were complied with.

People told us they received sufficient food and drink which they enjoyed. One person told us, "It's very nice…at lunchtime there's certainly a lot of choice." Another person said, "Some days I like it very much! The cooks are very good." A relative told us, "She eats what she wants to eat." People's nutritional needs were stated in their care plans. Staff were aware of people's needs and the support they required. For example, people at risk of choking were provided soft diet in line with the recommendations of a Speech and Language Therapist (SALT).

Staff held regular meetings with people, discussed what food they wished to have and supported them to make choices when they could. The menu planner showed healthy options available to people. The kitchen staff had a list of people's preferences and dietary requirements so they knew people's nutritional needs, choices and allergies or dislikes.

We carried out an observation during lunchtime and saw that people received food which met their individual needs and dietary requirements such as pureed and soft diet and low sugar meals. The atmosphere was relaxed. People were supported in an unhurried manner. People were asked to confirm what they had ordered and were served what they wanted. The food portions were generous, well presented and looked appetising. Staff interacted positively with people and encouraged people to eat drink. Staff supported those who required support to feed themselves. People who chose to stay in their rooms also received support from staff.

People had access to a range of healthcare services to maintain their health. People's care records detailed information about their general health and showed when they had visits to hospital for check-ups and when had appointments/visits with their GPs, dentists, podiatrists, SALT and physiotherapists. Staff recorded the guidance and treatment given and any follow ups they needed to carry out. Palliative care nurses were involved in the care of people who required such care.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring, compassionate, kind and treated them with respect. One person said, "There's a sense of empathy, calm and unity included in people…. then it makes all the difference." Another person told us, "Staff are very nice…never have a problem, never have a fuss." A relative told us, "Very nice staff. No complaints." Another relative said, "My [Loved one] is getting good care here."

We observed positive interactions and laughter taking place between people and the atmosphere was relaxed. Staff were available to support people with their needs. However, we observed that staff did not always offer choices to people when supporting them. For example, one occasion a person walked towards to the servery and a staff asked them to sit down without asking what the person wanted. On another occasion, we observed a person who got up from their seat and tried to leave the lounge. A staff member immediately walked up to them and directed them to sit back down without checking what they wanted to do or where they were going. One person also told us about an experience they recently had with a member of staff had insisted they got up from their bed when they would have preferred to stay in bed longer that morning. We discussed this with the registered manager and regional manager and they told us they would address it with staff immediately. After our inspection, the registered manager sent us record to confirm they had addressed these issues and the support they were providing the staff members concerned to improve their performance.

We recommend that the service considers and provide staff opportunities to reflect on their practice.

Staff we spoke with understood the importance of maintaining people's dignity and respecting their privacy. Staff told us they promoted people's dignity by ensuring doors and curtains were shut when supporting people with personal care. They also spoke to people discreetly about private and personal matters so others did not overhear. People told us their privacy and dignity was respected. A couple who used the service told us staff gave them space and did not intrude unnecessarily in their affairs. They told us this approach enabled them as a couple to enjoy their private time. Another resident told us staff supported them with their personal care appropriately. They said, "They help me with my personal care in private, in my room." Another person told us, "They [staff] always knock on my knock before they come in." We observed staff gave people the support they needed discreetly in a way that supported their dignity. For example, they closed the doors when they supported people to the toilet. Relatives were able to spend private time with their loved ones in the bedrooms and staff knew not to interrupt them.

Staff encouraged people to maintain contact with their friends and family as they wished. There were no restrictions on visiting people at the home. Relatives told us that staff welcomed them and were polite to them. One relative said that they lived close by and came in at different times to see their loved one every day. Another relative said that they were always welcomed at the home, and visited at different times of the day. The registered manager told us they supported people to make phone calls to their relatives as they wished. We saw the service made provision for couples to stay at the home together.

People's beliefs, cultural values and religion were maintained and promoted. Care records noted what was

important to people with regards to these and how staff would support them were stated. Religious services were regularly held in the home and people who had indicated their interest were supported to take part. People's cultural needs were taken into account when planning the menus. The menu included a variety of meals including a range Afro-Caribbean food.

People and their relatives were involved the planning of their care. They told us they were asked about what they wanted when they started using the service and they regularly had meetings with staff to discuss and review their care and well-being matters. Care records included people's preferences, likes and dislikes and staff understood these.

People at the end of their life received the care they required. A member of the palliative care team we spoke with told us staff supported people in line with their wishes and followed the agreed care plan. Staff had received training in this area. The registered manager ensured there was appropriate support to meet people's needs. The service worked closely with professionals, relatives and the local hospice who provided them with the required support to ensure people's needs were met. The service encouraged and supported people and their relatives to plan people's end of life care and support. People had completed Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and end of life care plans in place.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. People and their relatives told us they were involved in their care planning and review meetings. Care needs assessment took place to establish people's need before they started using the service. This assessment covered people's needs with regards to the physical and mental health, personal care, nutrition, personal safety and activities. Care records also included people's interests, likes and dislikes and preferences. Information gathered was used to plan people's care. People who had required support with personal care and continence issues were supported to maintain this. One person who suffered from depression and anxiety had guidelines for staff to support the person manage this. The plan included staff encouraging them to engage in activities to occupy them. It also stated staff to respond promptly with their needs and keep them informed of what is going on around them and where they are as much as possible to reduce their anxieties.

Staff knew people's needs and daily logs showed they delivered care in line with peoples care plans. Staff regularly reviewed people's needs. However, we found that three out of the eight care records we checked had not been updated to reflect their current needs even after changes had been identified in their support needs had been noted on their review notes. Staff we spoke to knew about changes in people's care and how to support them to meet their needs. Staff told us they were informed about changes in people's needs during shift handover meetings.

People received support to be as independent as possible. Care records detailed people's functional abilities and what they can do for themselves. Staff encouraged people to do what they could do on their own. For example, where people were able to manage their medicines and personal care, they were encouraged to do so. We saw people moved around the home independently.

Staff supported people to follow their interests and take part in activities they enjoyed. One person was supported to distribute newspapers around the home in line with their interest. Another person was regularly supported to do gardening as it was their previous occupation and they enjoy doing it. The service had activities coordinator who organised activities. There was a schedule of activities in place which included individual and group activities. People were encouraged to be involved in activities within the local community such as visits to day trips, and visits to places of interests. Activities such as bingo, games, film show, puzzle, crafts, gardening, singalongs, musical events and seasonal celebrations and special occasions also took place within the home.

We observed a bingo game taking place. The activities coordinator was interactive and encouraged people to participate. People shared laugher and showed they enjoyed it from the expression on their faces. People also enjoyed one to one pampering including hand massages and pedicure and manicure. The service had a hairdressing room and a hairdresser who visited the home once a week. The registered manager told us people looked forward to their beauty therapy. This meant people were engaged with things they enjoyed.

People and their relatives knew to make a complaint. They told us they would speak to the registered manager if they had concerns and they trusted the registered manager to investigate any issues they raised.

One person told us, "I've always had the opportunity to discuss with the manager any concerns I have and she listens." Another said, "Yes I know how to make a complaint if I need to. I will fill a form. She [registered manager] will deal with it all and resolve it." People and their relatives had access to the complaints procedure. The registered manager kept a record of complaints received and action taken to ensure all concerns were resolved. We saw that they had addressed a recent care concern using the safeguarding procedure to address issues raised.

The service regularly obtained people's views of the service and acted on their feedback. People and their relatives attended regular meetings. We observed a resident's meeting taking place on the day of our visit. People were encouraged to participate. They discussed the plans for a new garden. People were given opportunity to make suggestions on the flower choices. Upcoming activities were also discussed. We saw from the minutes of previous residents meetings that their feedback was acted on. For example, the home had been recently redecorated and people's choices of colours were implemented.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had managed the service for several years. They understood their role including their responsibility to notify CQC of significant events at the service. The registered manager was supported by the provider's regional manager who visited regularly for quality visits and to provide support. The registered manager attended the provider's monthly management meetings where they met other managers of similar services. They used these meetings to share experiences, discuss quality issues and provide support to each other.

The service was regularly assessed and monitored by the registered manager and where required improvements were made. Audits conducted included daily spot checks by the registered manager to assess the quality of care provided to people and the care records. They also audited medicine management systems. The regional manager conducted monthly compliance visits where they audited systems such as recruitment, staff records, staffing levels, care records and health and safety and maintenance of the premises. They also carried out observations to check how staff cared for people. Health and safety audits had identified need for the refurbishment of the home and plans had been put in place to implement this.

Records were not always up to date and accurate. We found that care plans were not updated following reviews. For example, three of the eight care plans we looked at had identified that there had been changes to people's needs. This was noted on the review form but the care plans were not updated to reflect this. One of the three care plans was last updated in January 2016. We also found instances where records had not been fully completed. For example, scores of risk levels for falls or mobility had not been totalled up so that staff knew easily the risk level. The quality audits completed prior to our visits had not picked up on the record and documentation issues we had identified. After our inspection, the registered manager sent us an updated copy of the care plans.

We recommend improvement is made to the provider's quality monitoring systems to ensure they are effective.

People who used the service, their relatives and staff told us the registered manager was experienced and managed the service effectively. One person told us, "[Registered manager] listens to us. She is always very helpful." Another person said, "She tells the [staff] to do the job well. She listens and cares for us." A relative told us, "The registered manager is a very competent woman." Another said, "She definitely leads the team by example. She is involved in day-to-day running of this place." A professional we spoke with said, "The registered manager is very proactive and goes out of her way to get things sorted. She works well with us." Staff also spoke positively about the registered manager. One staff member said, "I feel supported and definitely listened to." Another staff member told us, "[Registered manager] is brilliant. There can't be a nicer manager. If you have a problem you can go to her. You can talk to her about anything and she will help you out." A third member of staff said, "I love it here that is why I have stayed this long. We have a good team and are supportive of each other. [Registered manager] listens and she is always pushing us to progress. She is good."

There was a positive and open culture at the service which encouraged people and their relatives to be involved in the development of the service. The registered manager held regular meetings with people and their relatives. They shared information about the general management of the service; any matters of concern and any feedback or update about the service. For example, recruitment updates and planned building and maintenance works.

Staff told us that the registered manager promoted an open and inclusive environment. They said the registered manager encouraged them to acknowledge and learn from mistakes to improve the quality of care people received. Regular staff meetings were held which were used to update staff about people's care and well-being and support people required and other matters relating to the day to day operations of the service. Minutes of meetings we reviewed showed that the registered manager addressed staff morale, poor working practices and staffing levels. The registered manager also used team meetings to ensure staff understood their roles and responsibilities in relation to providing effective care to people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff were not always polite and considerate in their approach and in the way they cared for people.