Sancroft Community Care Limited

Sancroft Community Care Limited- Sancroft Hall

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

Summary of findings

Overall summary

About the service:

Sancroft Community Care limited-Sancroft Hall is a residential care home that provides accommodation and personal care for up to 62 older people some of whom live with dementia. The service was provided in six 'houses' within the care home. Two of the houses accommodated Asian older people. At the time of the inspection 56 people were using the service.

People's experience of using this service:

People told us they felt safe and staff were kind. Engagement between staff and people using the service was caring and respectful. Staff provided people with personalised care that met their needs and preferences.

People's care and support plans were up to date and personalised. They included details about people's individual needs and guidance for staff to follow to make sure people received the care that they needed and wanted.

Staff were caring and treated people with dignity. People's differences including cultural and religious needs were understood and respected by staff.

People were supported to maintain good health and to eat and drink well. People were supported to access healthcare services.

People's independence was promoted and supported by staff. Staff recognised and respected people's abilities. People were supported to access the local community and to carry out everyday living tasks independently.

Staff knew what their responsibilities were in relation to keeping people safe. Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse.

Risks to people's health and wellbeing were assessed and regularly reviewed. Staff took action to minimise these risks and keep people safe.

Arrangements were in place to ensure that people received their prescribed medicines safely.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers and skill mix were flexible and decided by evaluation of people's needs.

Staff had the skills and knowledge to provide people with the care and support that they needed. They

received the training and support that they needed to enable them to carry out their roles and responsibilities.

Staff understood the importance to people of social interaction. People had opportunities to participate in a range of social and leisure activities. People were supported to have the relationships that they wanted with family and friends.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was clean and safely maintained.

The registered manager showed effective leadership and the home was well run. Staff felt supported. Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement.

Rating at last inspection: This is the first inspection of the service since the new provider registered with us in February 2018.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Sancroft Community Care Limited- Sancroft Hall

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people and dementia care.

Service and service type: Sancroft Community Care Limited-Sancroft Hall is a 'care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Sancroft Community Care Limited-Sancroft Hall does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was a comprehensive inspection, which was undertaken during one day on 5 March 2019. The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any

statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR 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 used this and all other information we had about the service to plan our inspection.

During the inspection we spoke with the registered manager, operations manager, two assistant managers, four care workers, one laundry assistant, one maintenance person, two cooks, thirteen people using the service and four people's relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of eight people using the service, six staff employment records and a range of quality monitoring records.

After the inspection the registered manager supplied us with records that included one person's updated care plan and a menu in picture format.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living in the home.
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff undertook safeguarding adults training. They understood their responsibilities to protect people from abuse or poor care. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the host local authority, safeguarding team, police and CQC.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed regularly. They were updated when people's needs changed. People's risk assessments included details of the least restrictive risk management plans to minimise the risk of people being harmed.
- Staff knew what actions they should take to manage people's assessed risks, such as those associated with falls, skin care and nutrition.
- We saw that staff supported people to move and transfer safely. Staff knew that they needed to report any concerns to do with people's safety to management.
- Service checks of equipment and the water hygiene and of gas, electrical and fire safety systems were carried out as required. Each person using the service had personal emergency evacuation plan which included details of the support that they needed from staff to leave the premises in an emergency.
- Arrangements were in place to report maintenance issues, but it was not always clear from records that they had always been addressed. For example, a window handle had been recorded as faulty a month before our inspection and the maintenance record did not show if action had been taken to remedy this. Staff informed us of the action that had been taken to address this.
- The premises had several glass doors but not all of them had stickers on them to minimise the risk of people bumping into them. Following the inspection, the registered manager supplied us with photographs that showed the issue had been addressed.

Staffing and recruitment

- Discussions with people using the service and staff, and observations showed people received their care and support at times they wanted or needed it.
- The registered manager told us that they monitored and adjusted the staffing levels so that they were always enough to meet people's care needs and to ensure people received the support that they needed to attend appointments. One person using the service told us, "They respond whenever I press the call bell."

● Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people.

Using medicines safely

● The service had a policy in place which covered the recording and safe administration of medicines.
● Staff completed training in medicines administration. Their competency to administer medicines was checked and monitored to make sure their practice was safe. We observed that staff administered medicines safely.
● Medicines, including controlled drugs, were securely stored and at a temperature that ensured they were effective and safe.

Preventing and controlling infection

● There were policies and procedures to minimise and control infection. The premises were clean.
● The laundry arrangements ensured that people's clothes and bed linen were washed at appropriate temperatures to prevent and control infection.
● Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.
● Food hygiene practice was safe, and the service had achieved the highest five-star rating in food hygiene standards when checked by the Food Standards Agency in February 2018.

Learning lessons when things go wrong

● The service had responded to incidents of people falling. They had liaised with the host local authority and providing two staff with the training that they needed to be Falls Champions as part of a falls' prevention programme. Falls Champions have a range of responsibilities including sharing best practice to promote people's safety and prevent falls. The registered manager told us, and records showed that the number of falls had reduced since taking this action.
● Accidents and incidents were fully recorded along with actions taken afterwards to reduce the likelihood of them happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People told us that they made choices and received the care and support from staff that they needed and wanted. One person using the service told us that they chose when they got up and what they wanted to eat.
● People's needs were fully assessed with their involvement before they moved into the home. This helped the provider and the prospective person to decide if the home was suitable for the person and met their needs and preferences.
● People's care plans and risk assessments showed that people's needs had been individually effectively assessed and contained the information and guidance that staff needed to deliver the care and support that people needed. For example, a person's diabetes care plan contained information on identifying the symptoms of the condition, along with guidance on what to do if these signs were observed.
● People's relatives told us that they felt involved in the care of their relatives and were kept well informed about their needs.

Staff support: induction, training, skills and experience

● People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about all areas of the service and about their role and responsibilities. One person using the service told us, "They [staff] seem to know what they're doing. I think they are doing an incredible job."
● Staff received the training that they needed to carry out their role. We noted that some people had Parkinson's (medical condition). The registered manager told us that training for staff about this condition would be organised.
● Staff told us that they felt supported. They received regular supervision and appraisal of their development and performance.
● Staff had a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and communication needs.

Supporting people to eat and drink enough to maintain a balanced diet

● People using the service told us that they enjoyed the meals provided by the service. They told us, "I like the food here, it's okay". "The vegetarian food in the home is very good. I can have tea and biscuits". "I like the food here" and "The food is delicious like homemade."
● The service understood and supported people's religious and cultural dietary needs. Several people living at the home were of Asian origin. A cook employed by the home specialised in Asian cooking and we saw that there was always an option of a meal reflecting people's cultural preferences.

● Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. However, we noted that some people's drinks monitoring records were not totalled up and did not include details of the amount the person should aim to drink every 24 hours to ensure that their nutritional needs were met. The registered manager told us following the inspection that the issue had been addressed and was being monitored.
● The menu was in written format which may not be accessible to everyone using the service. We discussed where people may benefit from a menu showing visual choices. Following the inspection, the registered manager supplied us with a draft of a menu that included pictures of the meals provided.
● During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were given alternative meals where requested. Hot drinks and snacks were regularly available outside of meal times.
● People's weight was monitored closely. Staff knew that they needed to report all changes in people's weight to management staff, and to healthcare professionals when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care

● Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
● Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.

Adapting service, design, decoration to meet people's needs

● The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
● Adapted bathrooms included hand rails, adjustable baths to meet people's care needs.
● There was some picture signage to help people find their way around the home and to locate bathrooms and communal areas. We discussed dementia friendly environments with the registered manager that included large clear signage and colours to help support people's independence by helping them with their orientation needs.
● People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.

Supporting people to live healthier lives, access healthcare services and support

● People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed.
● Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed.
● People were supported by staff to keep as mobile as possible. People were encouraged to get out of bed everyday [when able to do so] and to be as active as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans included information about their capacity to make decisions about their care and support. People told us that they had freedom to move around within the building as they wished.
- People were supported by staff that had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.
- The registered manager understood her responsibilities regarding DoLS. Referrals had been made to the local authority to seek lawful authorisation for DoLS when needed, such as where it was unsafe for a person to go out of the home on their own.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service and our observation confirmed that.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● There was a friendly, welcoming atmosphere. People told us that staff were kind and that they were treated well. Staff were respectful to people and provided them with assistance in a considerate manner. People's relatives told us, "I find the home very nice and provides good care to [person]" and "It is really a good place and [person] is comfortable." One person told us, "I can't fault them on caring. I can be difficult sometimes, but they are always very patient."
A person said that a priest from their faith visited the home and they appreciated this. Another person told us that a staff member read to them from a religious book. They informed us that staff recognised that they could no longer read the book without assistance, and was very thankful for this help.
● People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected, and some staff spoke other languages to support people where English was not their first. People who practiced a religious faith were supported to do so. One person using the service told us "I am religious. We sing our religious song here and they celebrate Diwali (Diwali party) and they took me to a temple." A faith representative visited the home regularly to provide worship for several people for whom this was important.
● Several people living at the home were of Asian origin. The home had employed staff members who were able to speak with them in their first language. We observed staff conversing with people in people's birth language.
● Where preferences had been expressed in relation to the gender of staff members providing personal care this was recorded in the care plan.

Supporting people to express their views and be involved in making decisions about their care

● People were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background. People told us that they made everyday decisions and choices including when they wanted to get up and what they wanted to wear. People told us, "I am getting good care here; to be honest with you, I have a very big room. Food is very tasty and staff [are] lovely, no need to grumble. The home is like a five-star hotel."
● Residents meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, care, activities and catering. Records showed that action had been taken to address the issues raised.

Respecting and promoting people's privacy, dignity and independence

● People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person using the service told us, "They [staff] always knock at the door; I can have my door open or closed."
● People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required. Some people made themselves drinks and their own breakfast. Staff told us that they encouraged people to do as much for themselves as possible to maintain and develop their independence.
● People's private and personal information was stored securely, and staff understood the importance of confidentiality.
● People were supported to maintain the relationships and friendships that they wanted.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care and support plans were personalised and included very detailed up to date information about people's individual needs, abilities and preferences. Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.
● Plans described how to support people with their mental health needs and emotional wellbeing. For example, one person's anxiety escalated when they became concerned about their health and disorientated. Guidance for staff to follow to reduce the likelihood of the person becoming anxious included, "Staff to provide [person] with relevant information regarding [person's] health and her surroundings."
● We checked whether the provider supported people's needs in line with the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people have information made available to them that they can access and understand. Most information including people's care plans and the menus were in written format, so not be accessible to every person using the service. However, we heard a staff member describe the food that was available to people in their own language when they couldn't read. The registered manager told us that improvements would be made regarding the accessibility of information. Following the inspection, the registered manager supplied us with a menu in pictorial format.
● Activities organised by an activity coordinator were available each day. An activities programme included daily exercises, bingo, film afternoons and a weekly afternoon tea session. There were also regular 'one off' events. Forthcoming events included St Patricks Day and St Georges Day parties and a Jazz afternoon. Asian television channels were available at the home. During the inspection people took part in some group activities including bingo, singing of religious songs, and a 'make and eat pancake event'. Other people did puzzles, reading and drawing. We saw a staff member engaging people in a board game. Some people watched television or listened to music. People told us, "I take part in the singing of the religious songs. They [staff] also cut my nails and apply the nail colours", "Most of the time I [read a] Gujarati newspaper, [or] watch television in my room." One person said they liked the bingo sessions and told us, "I do every activity going if I feel like it." One person's relative told us that they felt that there were not enough activities. We noted that during a residents meeting people had requested more cooking sessions and outings. However, it was not clear whether action was being taken to address those requests. The registered manager told us that action was being taken to develop and improve the range of activities and that action plans from residents meetings would be completed.

Improving care quality in response to complaints or concerns

● The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I wouldn't stop short if I had a complaint, but they sort things out for me straight away." Complaints records showed that action had been taken to address complaints and to minimise the likelihood of similar

complaints recurring. For example, one person complained that the sound of call bells ringing kept them awake at night. Action had been taken to address the issue by reprogramming the call bell system.
● Care staff knew that they needed to report to management any complaints about the service that were brought to their attention by people using the service, people's relatives or others.

End of life care and support

● At the end of their lives people were supported to remain at the service [when this was what they wanted], in familiar surroundings, supported by their family and staff who knew them well.
● Healthcare professionals including GPs, palliative care nurses and tissue viability nurses provided the service with guidance, and support.
● Staff received end of life training. Some staff had achieved a qualification in end of life care. The local hospice had provided twenty staff including the registered manager with training in caring for people at the end of their lives.
● The quality of detail about people's end of life wishes and needs varied. Some records were detailed, others had little information recorded. The registered manager told us that the service aimed to develop and improve people's end of life plans, so that the service had the information needed to provide people with personalised end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

● People, relatives and staff spoke highly of the service and the registered manager's leadership. Comments from people's relatives included, "I do know the manager. She is marvellous and very supportive" and "Manager is very nice, approachable. Her door is open to everyone." One person using the service told us "I know the manager and the deputy manager, all are very cooperative and helpful." We saw a person take the registered manager's hand and told her, "I feel safe and happy here now thanks to you."
● Staff members spoke positively of the management of the home. One said, "I have been here for years and it is better now than ever. The new company is very good." A newer staff member told us, "I can't fault the management."
● The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to us.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
● There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. The provider used learning from these to develop and improve the quality of the service provided to people.
● Care staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and anti-discriminatory practice. They were clear about their roles in supporting those goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People had the opportunity to complete feedback surveys about their views of the service. Recently completed surveys indicated people were happy with the service.
● The service produced a newsletter that shared information about the service and forth coming events.
● Staff meetings provided staff with the opportunity to receive information about the service, provide feedback and to discuss best practice guidance. Relatives/residents meeting also took place, so people had the opportunity to discuss issues to do with the service.

● People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to follow to meet those needs.

Continuous learning and improving care

● The registered manager told us about the development of the role of falls champions and of prevention of falls training having been provided to staff which had led to a reduction in the numbers of falls in the home
● The Provider Information Return (PIR) provided us with details of how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information. For example, the PIR informed us that emotional risk assessment would be completed for people at risk of social isolation and/or depression. A care plan that we looked at included this information.
● A staff survey showed that staff had requested more training. This had led to additional training having been provided for staff.

Working in partnership with others

● The service worked in partnership with health and social care professionals to improve the service for people. For example, engagement with palliative care health professionals helped staff develop the knowledge and skills that they needed to improve people's experience of end of life care.