

Sanctuary Home Care Limited

Shaftesbury Court (Manor Close)

Inspection report

Manor Close
Trowbridge
Wiltshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Shaftesbury Court is a residential care home, registered to provide accommodation and personal care for up to nineteen adults with learning or physical disabilities. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The accommodation is on a single storey level and is comprised of a large communal lounge area, with four 'wings' leading off of the lounge. Each wing has four bedrooms, shared bathroom and kitchen area. There was a bungalow attached to the service, which provides accommodation for up to four people. The service is also registered to provide personal care to people living in their own homes. This service was only being provided to one person at the time of the inspection.

A registered manager was in post; and both the registered manager and deputy manager were present during our inspection, as well as the regional manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff told us they felt supported by the management team. Staff also expressed that they felt they could raise any concerns or feedback and that they would be listened to.

Infection control risks in relation to the environment were not always identified. We found out of date food stored in the fridges, as well as flaky paint and chipped surfaces preventing thorough cleaning of door frames and worktops. Other risks for individuals were identified, such as the risk of falls. These were assessed and detailed with appropriate actions and risk assessments in the care plans.

At the last comprehensive inspection in August 2015, the service was rated as 'Good' overall, with 'Requires Improvement' in Safe. In the domain of Safe feedback was provided regarding the maintenance of the environment. Changes were made to address this; but at this inspection there were environmental areas of the service that had continued to need attention and these may not have been present at the last inspection – such as flaking paint, missing cupboard doors, stained flooring. Staff raised concerns at the length of time equipment took to be repaired and explained the knock on effect this had to the time they could spend with people

The management and staff teams had a very positive approach to the care and support that the service provided. We saw the team working efficiently and effectively together, with staff positively engaging with one another and each person they supported. Staff understood the values of the service and were invested in wanting to do the best for each person.

As part of the inspection we asked the registered manager to provide contact details for health and social care professionals who had involvement with the service. After the inspection, two professionals responded with their views. One professional said they had "no concerns at all" and another described the service as

"very good, it is very person centred and they try everything they can to help people maintain their independence".

Each person had a care plan and where possible staff encouraged and supported the person to be involved in the care planning process. There was a creative and modern approach to supporting people to be involved, including the use of a mobile phone application and an electronic tablet. One person preferred to discuss their care plan while receiving one-to-one time with a member of staff outside of the home, while on a walk.

Consent was sought before support was provided and staff evidenced an understanding of how to communicate with each person – using the communication tools where possible. Staff had a strong understanding of the Mental Capacity Act (MCA) and could relate the principles of the act to the people they supported.

During the inspection there was sufficient staff available to ensure that two people could receive one-to-one support for an activity of their choice; others were engaged in a group activity baking a cake with the chef and there were staff available in the communal areas as well. Those who required one-to-one support during meal times received this and the staff displayed an understanding of the needs of the individuals they were assisting.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Infection control issues were not always identified. Flaking paint and chipped surfaces made areas difficult to thoroughly clean.

Out of date food products were found in the fridges and cupboards.

Medicines were safe; but there was one discrepancy in the stock check for one prescribed medicine.

Risk assessments were in place, identifying specific risks for individuals and detailing the support required.

Staff understood the safeguarding processes.

Safe recruitment processes were in place.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Mental Capacity Act (2015) and applied the principles when supporting people.

People's healthcare needs were met; and people were supported to make choices around improving their health.

Independence was supported through the use of specialist equipment

Is the service caring?

Good ●

The service was caring.

Staff communicated with people in the way they preferred. Communication tools were in place and people were empowered to use these.

People were relaxed and comfortable in the environment and appeared to enjoy the company of staff.

Staff understood how to treat people with dignity and respect their privacy.

Is the service responsive?

Good ●

The service was responsive.

Creative ideas were used to encourage individuals to maintain their independence.

People understood their care plans and knew what was included in them.

Involvement in the local community was encouraged and people told us about their social plans.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The home was not well maintained and shortfalls were identified but not addressed.

The infection control audits were not identifying all shortfalls.

The registered manager promoted a positive and forward thinking culture within the team.

Staff spoke positively about the registered manager.

Shaftesbury Court (Manor Close)

Detailed findings

Background to this inspection

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

This was a comprehensive inspection; the inspection was unannounced and took place on 3 January 2018. The inspection was carried out by two inspectors.

Before the inspection we asked the provider to complete the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the records we held about the service, including details of any statutory notifications submitted by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with three people to gain their feedback and help us understand their experience of using the service. We also spoke with three support workers, including one team leader, the registered manager, deputy manager and area manager. Local authority assistant commissioners were present at the service during the inspection and provided us with their feedback.

We looked at the care plans and records for three people; including the medication records and daily notes. Three staff files were reviewed, as well as the staff training records, policies and procedures, quality monitoring systems and audits of the service.

Is the service safe?

Our findings

Infection control processes were not always effective in identifying all risks. The kitchen bins did not have lids and two ovens were in need of being cleaned. A request had been made one week before the inspection, from the service to the organisation Sanctuary Supported Living, to source contractors to deep clean the ovens. Uncovered and out of date food was found in the fridges and cupboards. Although people had their own fridge, staff were not always supporting people to manage their food storage safely. Action was taken during the inspection to address the issues highlighted with out of date products and the items were removed. We observed conversations taking place with one person, supporting them to understand the reasons why the food needed to be removed.

Personal protective equipment (PPE) was in place to support staff in providing safe care; there was liquid soap, paper towels, aprons and gloves available. Staff explained that there was no infection control lead within the team. Concerns regarding the environment and décor were highlighted at the inspection in August 2015. Although work had taken place since the previous inspection, there was stained lino in one wet room. Some door frames and corridors had flaking or chipped paintwork and this had been identified by the service as requiring maintenance. The registered manager had made a request prior to the inspection, to the provider to address the paintwork. There were some areas in the kitchen that had cracked and stained worktops. These maintenance issues would make it difficult to ensure the home remained clean throughout and for infection control.

Overall, there were safe practices in place to manage the storage and administration of medicines. However, an issue with the stock check of medication for one person was identified. When reviewing the medication administration, it was found that the prescribed medication for one person had not been counted during the medicine stock checks. There were discrepancies between the number of prescribed sachets present and the number recorded in the Medication Administration Record (MAR). When asked, staff were unable to explain how the error had occurred. The impact of this upon the person remained low, as there were alternative prescriptions that were used for the same purpose and the medicine was not used to support a critical healthcare need.

Where risks were identified and assessed, appropriate risk assessments were in place. One person told us they were free to go "off out and about" within the community, but living at the service meant they were supported to be safe.

Staff were knowledgeable about the different types of abuse and could explain how and where they would report any safeguarding concerns. One staff member said "If I had safeguarding concerns I would escalate it to the manager. I know that if I was unhappy with how things were then managed I could go to an external body like CQC".

Safe recruitment practice was being followed. All appropriate checks were made and recorded before staff began work at the service. These records included evidence of pre-employment references and satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment

decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People were supported with their personal allowances and there were safe money handling practices in place. We observed staff checking the money with one person for their trip out. The person signed their own cash book and the money was kept safe; the person said they had access to their money when they wanted it.

Personal Emergency Evacuation Plans (PEEP) were in place in the care plans. These provided clear guidance for staff in the event of an emergency to enable them to evacuate people from the home effectively.

Is the service effective?

Our findings

Staff received a comprehensive induction into the service and completed The Care Certificate. This included training in areas such as health and safety; dementia awareness; and the Mental Capacity Act (MCA). There was a structured training programme in place to provide ongoing development and ensure that staff had the skills and knowledge to deliver effective care and support. There was specialist clinical training provided around aspects of care such as stoma care and epilepsy management, to meet the needs of the people using the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Detailed and clear documentation was in place for assessing mental capacity. Staff were knowledgeable and confident about MCA and were able to relate the principles of the act to individuals they supported. One member of staff said "we assume everyone has capacity and for some people it may fluctuate". Another member of staff told us "for some people they can make day to day decisions such as what to wear, or what they would like to do. It isn't up to the staff, it is for us to support them to make those decisions. But for some people they lack capacity with the bigger decisions and will require input from their relatives or health professionals." All necessary DoLS applications had been submitted by the registered manager to the local authority.

People were supported to eat and drink enough. Each person had their own fridge, with foods of their choice. People could also access drinks and snacks in the communal areas throughout the day. During the inspection, people were offered regular drinks. At lunchtime some people chose from the hot meal options and others opted for an alternative such as a sandwich. Specialist adapted equipment was in place to support people to drink independently. This included raised cup holders to enable the person to reach their drink on the table, from their wheelchair, with ease.

Healthy lifestyles and meal time independence were encouraged. One person said that they chose to lose weight and had achieved their intended weight loss to improve their health. This achievement was supported by the staff and the person said that staff had respected their decision regarding which foods they would like to eat as part of making healthier choices. The same person also explained how they accessed healthcare support and said "I see my GP when I want to".

Input from health and social care professionals was sought and hospital passports were in place. A hospital passport contains information for health professionals outside of the service to use in providing person centred care and treatment. One person explained the support they received as part of their rehabilitation following an injury. They said they attended a group session one day per week, with a focus on developing their cognitive skills.

Is the service caring?

Our findings

People accessed the community independently, or received one-to-one staff support to do so. We met one person who was on their way out, supported by a member of staff and they said they were going to the cinema, followed by a visit to their favourite restaurant for lunch. Another person discussed their plans for the day and said they would take a trip out in the afternoon to the shops. We observed conversations taking place, where people discussed what they would like to do during one to one time.

People were supported by patient and caring staff. One person required support with their lunch. The member of staff supported them with at the person's pace, the interaction felt calm and demonstrated that staff understand the needs of the individual. The staff member shared well received banter and humour with the person and this created a very friendly and relaxed atmosphere at the dining table.

People were comfortable in the company of staff. People moved freely around the home and were at ease in their surroundings; choosing to spend time in the central lounge area. The chef supported people in the kitchen areas to participate in baking a cake on the morning of the inspection. People were also supported to prepare food for the main meals. The kitchen spaces were suitable for wheelchair access and had lowered worktops to enable people to be involved.

Bedrooms were personalised and contained people's items of choice to make their bedroom environment more homely. The communal areas were neutrally decorated and lacking personalisation to reflect the people using the service. One professional told us "Overall I think the team do their best with the resources they have and that the residents are happy and well cared for."

We saw people being treated with kindness, respect and compassion. For those who appreciated friendly banter with staff, the humour was appropriate and well received in building rapport. One professional told us "I found the staff to be caring and that they had a clear understanding of what was important to each resident as an individual. I observed some really person centred interactions between the staff and the residents."

People were supported with dignity and their privacy was respected. A staff member told us "we make sure we knock bedroom doors and gain consent, but also when supporting someone with personal care we make sure they are covered when they need to be and that the door is closed." Two people told us they were free to see their partners when they wished and that staff respected their privacy, but they understand that the staff are there if they have any concerns.

We observed people making decisions such as what they wanted to do with their time. There was evidence in place to show that people were supported in other decisions such as their care planning .

Is the service responsive?

Our findings

People were involved in the creation of their care plans. The care plan for one person had a list of "Permissions" explaining their level of consent for different aspects of their care, such as "entering my room" and "personal care". Technology was used to support people to be involved in their care planning. One person used an application on their phone and another composed emails to the registered manager with updates for their care plan. One person said "I have a care plan and I help staff to develop this."

Care plans reflected people's individual needs and had been created with involvement from those who wished to be part of the process. One member of staff said they were a key worker for one person who did not wish to be involved in the care planning process, whilst at home. The member of staff said "we sometimes will go for a walk along the canal path and chat about things while we are out and about. This helps (the person) to be involved as they open up more when we are having one to one time away from the home".

A variety of diverse tools were in place to support people's communication needs. Staff told us about the electronic tools in use, and we saw two people using alphabet charts to spell words to converse with staff. One member of staff told us some people using the service used some aspects of Makaton to communicate and said that staff had an understanding of this.

In a resident survey, completed in 2016, 95% strongly agreed that they were happy with the support they received. Resident meetings took place and each month the home had a different theme. In the November 2017 meeting, one person expressed that they would like the theme to be 'light'. The person was supported to facilitate and deliver a workshop around the theme to others at the service.

People were encouraged to make choices around how they spent their time. We met with one person who was about to head out to the cinema with a member of staff. They expressed their excitement about going to see the film and about visiting their favourite restaurant for lunch afterwards.

During our inspection people baked cakes with the support of the chef and one person who stopped to chat was about to head off out for some one-to-one time with a member of staff. They said "I have one to one time with staff three times a week. I also listen to the children read at the school down the road every Monday. My dad visits every Thursday and I go shopping every Wednesday." Another person said "I have broadband in my room and I spend my time by sometimes going to town, or I might stay in and play computer games".

The service had a minibus, which was used frequently to support people to access the local community. One person had their own transport that staff could use to support them to maintain their social interests, see their family, and attend health appointments.

End of life care was discussed where appropriate. The person's involvement in the end of life decisions was recorded in their care plan.

Is the service well-led?

Our findings

A registered manager was in post at the service and was present during the inspection. 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.

Staff displayed the values of the service through the person centred care they delivered. One member of staff said "what I really like about working here is how open and honest you can be. The atmosphere is one of team work and if something isn't right, we know we are listened to." The staff consistently described the overall ethos at the service of supporting people to be as independent as possible. One member of staff said "if someone can feed themselves, but it is the equipment that prevents them from doing so, then we will find that equipment to support them to maintain that independence. If someone can do something for themselves, then it is important they continue to be able to do so".

The registered manager explained that there are challenges with receiving timely maintenance support from the organisation. The registered manager said they need to frequently chase up requests to replace or repair equipment. One member of staff told us that the two overhead track hoists were out of service due to faults, and that they were using the manual hoists and this takes their time away from supporting others. We found that there was one tumble dryer not working and there was a washing machine in the garden awaiting collection due to not working. An additional washing machine was identified as having a fault.

Staff and a health and social care professional all told us the biggest challenges the care service experienced were due to the maintenance of the building and equipment needing repair or modernisation. We confirmed these views during the inspection. One member of staff said "I'd like to see the building really reflect the people's needs; such as, wider corridors for the wheelchairs." The registered manager and regional manager explained potential plans for the future around the modernisation of the service.

There were a range of policies and procedures in place. All required audits and policies were in place and kept up to date.

The registered manager had a clear vision and credible approach to delivering high-quality care and support. When discussing sustainability and how the registered manager responded to lessons learned; one example was regarding the staffing structure and the recent changes to incorporate team leader roles. There was evidence that feedback was considered as new ideas were trialled and then reflected upon to identify what had worked well and what could be developed.

The registered manager explained they were keen for the service to be involved in projects within the organisation of Sanctuary Care; such as trialling new technology. The service had been asked by the organisation to trial using new audit tools.

All staff spoke positively about the registered manager. Each staff member we spoke with said they would feel confident approaching the management team to discuss any feedback, concerns, or requests for additional training they may have. Staff regularly had the opportunity to meet with the management team. All staff told us they had regular supervision meetings and one staff member said "we have staff meetings and supervisions where we can discuss matters".

The service had good connections with the local community. Students at the local college studying Health and Social Care, undertook work experience placements at the service. Two of these students had been appointed to support worker positions.