

Sanctuary Care Limited

Haven Residential Care Home

Inspection report

36-38 Wellington Road
Hatch End
Pinner
Middlesex
HA5 4NW

Tel: 02084215887

Website: www.sanctuary-care.co.uk/care-homes-london/haven-residential-care-home

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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

This inspection took place on 5 May 2016 and was unannounced. Haven Residential Care Home is a care home without nursing. The home is owned and operated by Sanctuary Care Limited. Haven Residential Care Home is registered to provide accommodation and care for up to thirty older people who may also have dementia. The home has a dementia unit.

At our last inspection on 9 September 2014 the service met the regulations inspected. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. On the day of our inspection we observed that people were well cared for and appropriately dressed. People using the service said that they felt safe in the home and around staff.

Relatives of people who used the service told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Comprehensive risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed.

Staff prepared appropriate care plans to ensure that people received safe and appropriate care. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

On the day of the inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. However some people and relatives we spoke with told us that there was not enough staff in the home. We spoke with the registered manager and were informed that the staffing levels were reviewed using the organisation's dependency assessment tool and the home had sufficient staff deployed to meet the needs of people. The registered manager also told us they had bank staff who knew the home and people well and were able to help if needed. The registered manager was also on call at all times.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy and there were no unpleasant odours. There was a record of essential inspections and maintenance carried out. The service had an infection control policy and measures were in place for infection control.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from management.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes.

People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly by staff and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS and we saw evidence that authorisations had been granted.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. Food was freshly prepared and presented well. Details of special diets people required either as a result of a clinical need were clearly documented.

People and relatives spoke positively about the atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

People who used the service and relatives we spoke with told us there were activities available for them to participate in. The home employed two half-time activities co-ordinators. During the inspection, we observed a volunteer do a quiz and a letter game with people which involved a good deal of discussion and engagement from people using the service.

Staff were informed of changes occurring within the home through daily staff meetings as well as quarterly staff meetings. Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at these meetings.

The home had carried out an annual resident's satisfaction survey in 2015 and the results from the survey was positive.

The home had a clear management structure in place with a team of care workers, team leaders, deputy manager, the registered manager and the provider. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

There was a comprehensive quality assurance audit process in place The service undertook a range of

checks and audits of the quality of the service and took action to improve the service as a result.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen. Complaints had been appropriately responded to in accordance with the home's policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People who used the service and relatives we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

The home was clean and there was a record of essential inspections and maintenance carried out in the home.

Is the service effective?

Good ●

The service was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were treated with respect and dignity.

Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people. People and relatives spoke positively about the activities available.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, team leaders, the deputy manager, the registered manager and the provider.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with him.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Haven 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. 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 5 May 2016. The inspection team consisted of one inspector, a specialist advisor and 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 we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also 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. The PIR also provides data about the organisation and service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing

We spoke with ten people using the service and six relatives. We also spoke with seven care workers, activities co-ordinator, the caretaker, the chef, the deputy manager, the registered manager and the regional manager. We spoke to one healthcare professional.

We reviewed six people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service told us they felt safe at the home. They told us "The staff are very attentive and there are plenty of them," "If you are in any sort of trouble, you press a button and someone comes to help. I haven't had to do that very often, but when I do they come quickly. I feel very safe and secure here" and "I feel safe here. There are people around all the time. You are never completely alone. They know what they are doing. The standard of care is good." One relative told us "I am very happy with the care here. I feel [person] is safe here. It is very good."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

People's care needs had been carefully assessed. Care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. As part of the inspection we looked at how skin integrity of people using the service was managed. There were no pressure sores at the time of our inspection. There were appropriate pressure sore prevention protocols in place and staff were aware of skin inspection, frequency of turning, turning charts and pressure-relieving mattresses. Care plans of people using the service detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores.

It was evident that the service had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. A care plan for each area of people's care had been drawn up based on the risks identified for each person. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition. Records showed one person had experienced a fall. We noted there was a falls management plan in this person's care record and they were being monitored to ensure they were not at risk of falling again.

Risks were reviewed to ensure any underlying themes were identified and appropriate action was taken to minimise the risk and re occurrence of risks to people in the home. For example, records showed that the number of falls was monitored on a monthly basis and there had been a high number of falls in the home. It was identified by the service that most of the falls were happening at night and early morning as people would try and get up and try to go the bathroom themselves. To address this, the service had replaced the sensor mats in people's bedrooms with infrared sensors which enabled staff to know when there was movement in the room and respond to people promptly if they were in any discomfort or distress during the night. The registered manager told us there had been a drop in the number of falls in the home. The home

had a falls champion and staff had undertaken training with the local authority in relation to managing falls.

We observed people had call bells in their rooms which were accessible to them. People also had pendants that they wore which ensured they were able to call for assistance wherever they were around the home. Each care worker has a pager which indicated where the call originated from so they knew where the person was and respond promptly. The service has an electronic system in place which showed the number of calls and the response time to each call. This was monitored by the registered manager on a weekly basis to ensure call bells were responded to in a timely manner.

We looked at the staff rota and discussed staffing levels with the registered manager. On the day of the inspection there were a total of 29 people using the service. The home has two floors and staffing levels usually consisted of one team leader and three care workers on both floors. During the night shifts there were three care workers and a team leader covering both floors.

On the day of the inspection the atmosphere was calm in the home and staff were not rushed. However we received mixed feedback from people using the service, relatives and staff about the staffing levels. One relative told us "Yes there is enough staff. They try their best to accommodate people and make sure someone is always here."

However people using the service told us "After 6.30pm if somebody wants to go to bed and they need two girls to do it, we are left with very little help. They have cut down on staff in the afternoon and evening. It has been raised at residents' meetings, but nothing's been done." One person described to us the day staff as "Wonderful", but was less complimentary about the night staff and told us "They're not all good." Another person told us "There is much too much staff turnover. They leave pretty regularly and a few of the replacements are not up to the mark."

Relatives also told us of instances in which there were not enough staff. One relative told us when they had returned to the home with their family member, they found the second floor unattended. "There were three residents who all needed some kind of help and no carer anywhere. I found four or five carers downstairs. People with Alzheimer's [dementia] can be very unsettled at that time of day. When a member of staff appeared she did not know who to deal with first, so I helped out. During the day there are enough staff but it tails off as the day progresses and they struggle around bed time and at night. I have mentioned this and they have taken it seriously. I think there are more staff around."

Mixed feedback was also received from staff. They told us "We don't have enough time to spend with people. Three care workers is not enough. Teamwork is good though and we do not use agency staff", "The night staff finish at 8am so they get some people ready as they like to get up earlier and we come and do the rest", "We cover each other. Sometimes it is busy but we have good teamwork" and "There is enough staff here. Always well staffed." We also noted that staff were on long shifts for example 8am until 8pm. Although when speaking with staff they told us they were happy with the shifts and they had breaks throughout the day. We also noted that staff were on long shifts for example 8am until 8pm. Although when speaking with staff they told us they were happy with the shifts and they had breaks throughout the day.

During the inspection, there was sufficient staff to attend to people's needs. Based on this feedback we discussed the staffing levels with the registered manager. We were informed that the staffing levels were reviewed using the organisation's dependency assessment tool and the home had sufficient staff deployed to meet the needs of people. The registered manager also told us they had bank staff who knew the home and people well and were able to help if needed. The registered manager was also on call at all times.

There were suitable arrangements in place to manage medicines safely and appropriately. Medicines were ordered on a 4 weekly basis, when levels reach a 1-week supply. This ensures avoidance of using medicines that have passed the expiry date.

The home has a medicines storage room on both floors. Both storage rooms are locked, as are the fridges. The fridge on the ground floor is used exclusively for medicines, and only the senior carer in charge of medication during a particular shift has control of the keys. The temperature of the storage rooms and fridges were controlled and checked daily.

We accompanied a staff member on the midday medicine round. We observed the staff member administer tablets, dissolved medication and an inhaler medicine and found her technique to be satisfactory. The staff member checked that the residents had taken the medicines correctly

We noted the good practice of blister-packed tablets and capsules in envelopes that are colour-coded for the appropriate round: pink for the morning, yellow for midday, orange for the afternoon/evening and blue for the night. We also noted the good practice of photos of the residents on the Medicines Administration Records (MAR), as well as a clear indication of people's allergies (in red). The MAR charts were appropriately and diligently initialled. There were appropriate arrangements for controlled drugs at the home and records showed that two staff signatures were entered for the administration of controlled drugs.

There were some people in the home that self administered their own medicines. There were policies and procedures in place for the self-administration of medicines and people who self-administered had been assessed to have the mental capacity to do so. However we did discuss with the registered manager that people may forget to take medicines or may not take them at the correct time. We were informed that the registered manager checked self medicating peoples medications on a weekly basis to ensure people were taking their medicines as prescribed and records confirmed this.

There were no insulin-dependent diabetics in the home. We enquired about blood glucose checks, and the team leader replied that the care workers do not do finger-prick checks with a Glucometer. These checks were performed by a district nurse on a 3-4 monthly basis.. Records showed that staff were due to have diabetes training on the 10th and 11th of May 2016.

We reviewed the most recent pharmacist's audit dated 29/04/2016. There were no concerns identified. . The pharmacist also indicated that there were no areas that required follow-up by a pharmacist. The audit covered all the important aspects, such as covert medication, self-administration, controlled drugs, disposal, and the availability of the latest edition of the British National Formulary (BNF) which is a pharmaceutical reference book.

Records showed that medicines competency assessments had been completed for staff who administered medicines to ensure they were competent to do so and had received medicines training.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

Records showed the fire alarm was tested weekly to ensure it was in working condition and monthly fire drills took place. The home had a fire risk assessment and a general evacuation plan in place. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire. Fire

equipment was appropriately stored and easily accessible in the home. The home also had an emergency grab bag near the reception area and there was a list of trained fire wardens and first aiders displayed.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lifts, gas boiler and electrical installations. The hot water temperatures had been checked weekly and recorded. There was a notice in the two assisted-bath rooms to alert care workers for the need to check the water temperature before people entered the bath. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures.

The home is newly built and has a caretaker responsible for maintaining the premises. The caretaker showed us the plant (equipment control) room on the third floor, which houses an array of machinery, boilers and filtering equipment. This room was also clean to a high standard. The laundry room was large, well equipped and clean.

Records showed a premises audit had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Areas such as checking hoists, slings, call bells, lifts food hygiene, Control of Substances Hazardous to Health [COSHH] and fire arrangements were also covered. The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut, adverse weather, chemical spills and emergency evacuation.

Is the service effective?

Our findings

Staff told us that they felt supported by their colleagues and management. They were positive about working at the home. They commented on the good team spirit amongst staff, good knowledge and skills possessed by all staff in the home which had helped to maintain a good working standard in the home. Staff told us "We cover each other. Everyone chips in. The activities person helps out too. We have good teamwork", "They help me with anything I need", "I am really happy here. I love my job. For me this is my second home" and "Its nice here. The company has been very supportive. I am happy here."

Staff had the knowledge and skills to enable them to support people effectively. We saw evidence that staff had undertaken an induction when they started working at the service. Records showed the service had implemented the new Care Certificate for their staff which is the benchmark set in April 2015 for the induction of new care workers. There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, dementia, end of life, moving and handling, fire safety, first aid, food safety, health and safety, infection control, MCA and DoLS, nutrition and safeguarding. There was a training matrix in place which clearly showed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. They told us "We have falls training and I have put my name down for NVQ. The manager reminds you all the time to do the training" and "I have done dementia training which has really helped."

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 when this is in their best interests and legally authorised under the MCA.

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. We noted that care plans contained information about people's mental state and cognition. Areas in which a person was unable to give verbal consent, records showed the person's next of kin and health professionals were involved to ensure decisions were made in the person's best interest.

Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for

people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People had their healthcare needs closely monitored. Care records of people were well maintained and contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as dentists, opticians and GPs. Information following visits by GPs and other professionals were documented in people's records. People generally told us they were happy with the medical care they received. One person told us: "If it is anything beyond normal, they get a doctor to come in and see you." One relative told us staff had dealt well with their mother's condition. "She had an infection last week and they were quick to phone the doctor." During the inspection, a GP came to the home to visit people and one person had come back from a hospital appointment. The registered manager told us they had three GP surgeries that were accessed by the home so there was always a GP that could be contacted when needed.

Care records showed that nutritional needs of the people who used the service were assessed. People's weights were recorded monthly so that the service was able to monitor people's nutrition and there was detailed information about people's nutritional needs in their care plans.

Most people spoke positively about food at the home. They told us "It's very nice food. I enjoy good food. What they serve is what people like" and "There are certain things I cannot eat but my needs are always catered for", One person told us they did not want a cooked lunch and a salad is made for them every day and left in the fridge to eat when they liked. The person told us "They do cater for me." One relative told us "They were very good at settling my mother in. She was forgetting to eat and she has put on one and a half stone since she's been here. The food is okay." However some people told us "It is mediocre. It has to be reheated, so what starts off as roast lamb ends up as roast leather", "I would like the menu to be more detailed. I like to know what sort of fish we are having and how it is cooked." They also told us the menu was often inaccurate. "The soup is nice, but it is never what you ordered. The other evening I ordered roast chicken and got scrambled eggs."

We spoke with the head chef about the food prepared in the home. He told us there was a standard menu in place but alternatives for people were always available. He was knowledgeable of people's dietary needs and preferences and told us that all the food prepared in the home was freshly prepared daily

During the inspection we observed people having their lunch and evening meal, which was unhurried and the atmosphere was relaxed. Dining tables were laid attractively and people sat at tables with one another and were able to engage with staff and people who use the service. We observed that meals were presented attractively. Staff took care to offer people choices about what they wanted. Portions were generous and lunch was appealingly presented. People were shown two 'demonstration' plates and asked to choose which meal they wanted. People were offered water, juice and teas and coffees during the meal. Staff were attentive and created a pleasant atmosphere chatting with people over lunch. We saw that people who were supported to eat were helped in a respectful manner by staff sitting next to them, and taking the time required to help them to eat. We saw that people were able to eat in their own rooms if they preferred and there seemed to be enough staff available to support people in their rooms as required.

During the evening, we observed a late evening meal accommodated for people who liked to eat at a later time. The chef told us they had two evening meals prepared each day. He told us "I have to make sure people are happy with their food."

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a

sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

Care plans showed that some aspects of end of life care had been discussed with people using the service and relatives. However the information was limited to whether the person preferred a burial or wished to be cremated. The information did not detail how and where people wished to be cared for. The registered manager told us he would review this area and add more information for people's end of life care and requirements. There were "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place which had been signed by a GP and detailed they had been discussed with relatives to ensure this decision was made in the person's best interest. However the DNACPR forms had not been signed by family members to show their involvement and agreement. The registered manager told us he would review the forms and ensure family involvement was correctly recorded and they were signed by them.

The home was built three years ago and benefits from modern facilities, technology and modern décor. The public areas were attractively decorated and comfortably furnished to a high standard. Corridors were wide and painted in pastel colours with contrasting wooden handrails to aid visibility. There were pictures and large-faced clocks on the walls. Display boards with pictures indicate the week's activities. There was a television in each of the two lounges: this was on quietly in the background and was not intrusive. During the inspection, we observed people had access to the remote control and chose the programmes they wanted to watch.

The lounges were spacious and were attractively and comfortably furnished. Each lounge had a food serving area in an open-plan arrangement, which was also kept clean to the same high standard. There were fresh flowers on the dining tables and linen tablecloths. There was an attractive garden leading from the lounge on the ground floor. This was used by people on the day we visited, which was warm and sunny. There were "quiet room" on the ground floor and the first floor available for people to use if they wished.

Bedroom doors resemble house front doors and were painted in bright colours with brass knockers. As well as brass name plates, there are 'memory boards' by some front doors with personal photos to aid recognition. People had personalised their rooms with photos and ornaments. Bedrooms were bright, well-furnished and comfortable with good-sized, en-suite bathrooms. Bathrooms and toilets for communal use were well maintained and clean. The home appeared clean throughout and there were no noticeable odours.

Is the service caring?

Our findings

People using the service and relatives spoke very positively about the care workers and the care they received. They told us "Each and every one is very good. You cannot fault this place". "I am very happy here. The staff are very nice. It's my second home", "There are no worries here with the staff" and "I tell myself I am on holiday. It is a lovely place to be."

Relatives told us "They go above and beyond. They have sat with people all night if needed. "Staff work well as a team. I have never heard any disagreements between them" and "I am very happy with the care. The food is lovely. It is very welcoming like a home. Their bedroom is like home."

During the inspection, we observed positive relationships between people and the staff. People were relaxed and at complete ease approaching staff and the registered manager. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated with them in a way that they understood. We observed people were comfortable with each other and care workers were very attentive towards people's needs. Staff frequently checked to see if residents had everything they needed.

Care workers spoke to people affectionately and respectfully. For example at lunch, one care worker approached a person who needed assistance with their lunch and asked: "May I help you? I will bring you something nice to eat if you allow me." When a person apologised for something, the care worker said to them "You don't need to be sorry." Another care worker told a person they were assisting "I have missed you. I have come to see how you are." The atmosphere at the home seemed warm and caring. We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with dignity and respecting their privacy.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. For example people went to the dining areas, lounge areas and bedrooms themselves and chose what they wanted to do and where they wanted to go throughout the day.

Care plans also set out information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. We noted the information was very specific to the persons needs to ensure they felt at ease. For example, in one person's care plan it stated "[Person] needs to be guided on what they need to do" and " [Person] doesn't want someone telling them what to do as they get annoyed and anxious. For instance, if you notice that [Person] needs the toilet instead of saying, 'Let's go to the toilet.' you can say, 'Would you like to use the toilet?' [Person's] answer might not be relevant at all that's why staff needs to guide [person] to the toilet and or show them where the toilet is. When prompting [person], staff need to make it sound like a question.'

Is the service responsive?

Our findings

People and relatives spoke positively about the service and care people were receiving. One person using the service told us "The staff are marvellous. Everyone is treated very well." One relative told us "I am very happy with the service. It is lovely here, very welcoming. It's like a home here.

The service provided care which was individualised and person-centred. One person using the service told us "It really is a good home here." Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves. The care plans contained a night care plan for people which showed people's bedtime routine, their care regime before they sleep and whether they needed checking during the night.

Care plans were reviewed monthly by staff and were updated when people's needs changed. Care workers told us and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day. The registered manager told us and records showed that every morning the team leader would go round the home and meet with people to see if they were okay and if they needed anything. This demonstrated the registered manager were aware of people's specific needs and provided appropriate information for care workers to enable them to provide the care and support effectively and safely. When speaking with care workers, they were able to tell us about people's personal and individual needs.

Records showed there were regular formal review meetings with people using the service and relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Any changes with people's care were documented and actioned as necessary. The registered manager told us and records confirmed reviews of people's took place on a six monthly and yearly basis. We were also informed for a new person admitted to the home, their needs would also be assessed after six weeks to ensure the person was settled in the home.

People using the service and relatives we spoke with told us there were activities available for them to participate in. They told us "There is plenty to do here" and "There is plenty on offer." The home employed two half-time activities co-ordinators. According to the display board at the home, an activity takes place every morning and afternoon. These include hand massage, bingo, crossword, hangman and exercise. One of the activities co-ordinators told us and records showed that there were visits from speakers, local schools and fortnightly from U3A (A self help education network for the elderly). Occasionally, small groups of people were taken out to lunch locally. The activities co-ordinator seemed sensitive to the needs of people. She told us that one person did not like to join in so they sometimes hold activities around their chair in which they and others participate.

Volunteers helped out with activities. During the inspection, we observed a volunteer do a quiz on the first floor which is the dementia floor. It was imaginative and engaging with many questions relating to events from the past. Later during the day, a member of staff played a letter game with people which involved a

good deal of discussion and engagement from people using the service. On the downstairs floor, people were sitting outside in the garden as it was a sunny day. The activities co-ordinator was considerate of people's needs whilst sitting outside in the garden and got people hats to wear to avoid any discomfort from the sun. We also observed one person was supported to keep a pet dog who we were told was the person's constant companion. The registered manager also showed us an opera concert at the home was also being arranged. Talks from external parties such as the Police had been arranged and children from the local school had come to the home and put on a show. Records also showed that the home had a tea morning for Dementia Day. People's birthdays were also celebrated at the home.

One relative and one person did tell us that they thought there could be more activities and that they could be more intellectually stimulating. They told us "There are not enough activities in the afternoon. It's a long afternoon if they don't go out. I feel there are fewer activities lately" and "We have hangman and bingo. These are children's games. The problem here is that we don't know what is going on in the world. I have asked them to bring the outside in – for example political people. A newspaper session would be good."

The registered manager told us newspapers were ordered for people each day. Records were kept which showed what activities people participated with. We discussed with the registered activities that could be more relevant to people who have dementia or a cognitive impairment. He told us he would look at more intellectually stimulating and dementia specific activities for people in the home.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy.

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the management of the home. They told us "He comes round regularly and asks how we are. He does get things done if you tell him. I admire the work he puts in. He's sometimes here on the weekends" and "If anyone has a complaint, they can talk to him. The people who run the home are very helpful."

Relatives told us "The manager is very good. He knows everybody's name", "He's very approachable", "Everyone is nice. The manager is nice, they respond very well. I have no complaints." and "[Person] is very fond of the manager. He always comes round and says hello."

There was a management structure in place with a team of care workers, team leaders, deputy manager, registered manager and the provider. Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. Staff told us "They are very supportive if we need anything", "It is all settled now. The manager is very good. He is supportive and tells us his door is always open", "The manager is very approachable. We can go to him for the smallest thing. You can ask him anything" and "Well done to Sanctuary Care for helping their staff."

The registered manager told us there had been changes with the management but it was more settled now and there was more direction. He told us "We have good staff here and it's important that they have embraced the changes. It is not just about me, I can't say that. It is about them too and we work together."

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us "We have staff meetings. We can talk and the manager listens. He is really nice", "Since the manager had come on board, everyone is kept updated. It's changed for good since he came. He is a nice man", "If we have any problem, we can say, the manager solves it as much as he can" and "We always discuss at the 10-10 meetings. The registered manager acknowledges and shares everything. He helps us grow."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

There were systems in place to monitor and improve the quality of the service. We found the service obtained feedback from people via questionnaires. We noted the feedback was generally positive. Records showed a comprehensive report had been produced on the findings.

There were monthly residents' and relatives meetings at the home where they could give their views on how

the home was run. Minutes of the meetings showed a variety of topics were discussed with people such as activities, food, medicines and the premises. However some feedback indicated issues were not always acted on. One person told us they had raised the question of staff shortages at meetings. "But nothing's been done. You can put suggestions to the residents' meetings but they are not acted on." Another person told us "There are ups and downs but on the whole they are very good." One relative told us "I feel you have to push things a bit and not everybody can do that for themselves." The registered manager told us they always ensured they acted on what was discussed at the meetings. We discussed with the registered that action points from each meeting should be noted which would evidence how the service have addressed matters raised in the meetings. He told us he would ensure this was documented.

The home also had a 'Managers Surgery' every Friday in which people and relatives could come and speak to the manager about any issues they had. One relative confirmed this and told us "Yes, there is a special time slot when we can speak to the manager." People using the service and their relatives also told us they could speak to the registered manager at any time.

The service had an extensive auditing process in place to evaluate the quality of service being provided to people using the service. The registered manager showed us an audit that had recently been conducted by the provider in February which covered aspects of the service including care plans, medicines, and completion of MAR sheets and training of staff. The audit also included a 'Well being observation tool' which meant the auditor had sat and observed how people were cared for and the interaction between people and staff. Areas of improvement and actions to be taken were noted. The registered manager told us and records showed that the Regional Manager would also conduct an audit to ensure any issues raised were addressed promptly. The service also had a Service Improvement plan in place to ensure improvements were managed effectively and implemented in the home.

The registered manager told us since he has been appointed as registered manager he has been well supported by the regional manager and the provider. The registered manager also has a mentor to support him and provide the necessary support and guidance with his role.