The Fremantle Trust

Sancroft Hall

Inspection report

Sancroft Road
Harrow
Middlesex
HA3 7NS

Tel: 02088619930
Website: www.fremantletrust.org

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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

Our inspection of Sancroft Hall took place on 9 and 10 August 2017. This was an unannounced inspection.

At our previous inspection of Sancroft Hall in August 2016 we found that the service was not meeting the requirements of the law in relation to the planning and recording of care for people who lived at the home. During this inspection we found that the provider had made improvements in order to meet the requirements identified at the previous inspection.

Sancroft Hall is a care home situated in Harrow. The home is registered to provide care to up to 50 older people. Care is provided in five 'houses' of 10 people each. Two of the houses are specifically for elderly Asian people, and some of the people residing at the home are living with dementia. At the time of our inspection there were 46 people living at Sancroft Hall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Sancroft Hall told us that they felt safe. We found that people were protected from the risk of abuse or other harm. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they
were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

The medicines for people who lived at the home were well managed. Staff members administering medicines to people had received training to support them in this.

Staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet their physical and other needs and people told us that they did not have to wait for support when required. People who remained in their rooms for part of the day were regularly checked on.

The staff who worked at the home received regular training and they were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions about their care and support was contained within their care files. Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the relevant local authority.

DoLS authorisations are required for people living in care homes where they do not have capacity to look after their person safety and are supervised to ensure that they are safe within the home and outside. Staff members had received training in MCA and DoLS. Where necessary they had involved other professions and family members in making decisions about people's best interests.

People's nutritional needs were well met. Meals were nutritionally balanced and met individual health and cultural requirements as outlined in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Risk assessments for people were up to date and included guidance for staff on how they should manage any identified risk. People also had detailed care plans which outlined the care that people required. These included information for staff about how people preferred their care and support to be provided. Staff members recorded the care and support that was provided to people on a daily basis.

The home provided a range of individual and group activities for people to participate in throughout the week. Staff members engaged people supportively to participate in activities. People's cultural and religious needs were supported, both within the home and through regular visits to places of worship.

People who lived at Sancroft Hall knew how to complain. The records of complaints that we saw showed that these were dealt with quickly and to people's satisfaction.

People's care documents showed that their health needs were regularly reviewed. The home liaised with health professionals to ensure that people received the support that they needed.

The home had systems in place to monitor the quality of people's care and support. Where concerns had been identified we saw that actions had been taken to address these.

The home had a range of policies and procedures which reflected legal requirements and current best practice in care of older people. Staff members were required to sign to show that they had read and understood these.

People who used the service and staff members spoke positively about the management of the home. They spoke highly of the registered manager and the senior staff team.

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. Staff members had received training in safeguarding people and understood their roles and responsibilities in ensuring that people were safe.

People's medicines were given to them safely.

The provider had undertaken checks to ensure that staff were of good character and suitable for the work they were undertaking.

Is the service effective?

Good

The service was effective. The provider was meeting the requirements of the Mental Capacity Act (2005).

People were involved in daily care decisions and we saw that they were given choices.

Staff members received training and met with a manager on a regular basis to ensure that they were competent and supported in their roles.

Is the service caring?

Good

The service was caring. Staff members spoke positively about the people they supported and we observed lively and supportive interactions between staff members and people living at the home.

People told us that they did not have to wait for care or support if they required it.

People's religious and cultural needs were met by the home.

Is the service responsive?

Good

The service was responsive. People had care plans that were up to date and provided guidance for staff about how they should be supported.

People were offered a range of activities and were supported to

participate in these.

People knew how to complain and we saw that complaints had been dealt with quickly and to people's satisfaction.

Is the service well-led?

Good

The home was well led. People and staff members spoke positively about the management of the home.

Regular monitoring of quality of care and support had taken place and immediate actions had been taken to address any concerns arising from this.

The home's policies and procedures were up to date and reflected current legislation and best practice in care.

Sancroft Hall

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 inspection took place on 9 and 10 August 2017 and was unannounced. T

The inspection team comprised 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.

During our inspection we spoke with eight people who lived at Sancroft Hall and three visiting family members. We also spoke with six care staff, the activities co-ordinator, the deputy manager, two assistant managers and a regional director from the provider company. Following the inspection we spoke with a representative from the local commissioning authority.

We spent time observing care and support being delivered in the main communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at records, which included nine care records, nine staff records and records relating to the management of the service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with other information we held about the home.

Good

Is the service safe?

Our findings

People who lived at the home told us that they felt safe. One person told us, "Oh yes I do feel safe here. I have a lovely room with the sunshine coming through." Another person said, "I feel safe because I am looked after and spoken to."

People's medicines were managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff. Staff administering medicines had received training in safe administration of medicines. Medicines records were checked on a daily basis, and we saw that further regular monitoring of medicines had taken place such as monthly audits and 'spot checks'. Records were in place to show that regular blood tests had taken place for people who required this in relation to medicines such as warfarin. Medicines controlled under the Misuse of Drugs Act 1971 were safely stored and managed in accordance with current regulations and best practice guidance. Unused medicines were safely stored prior to their return to the pharmacy. Signed records showed that these had been collected by the pharmacist.

During our previous inspection of the home in July and August 2016 we had noted that PRN (as required) medicines protocols for people did not include guidance for staff members on when and how such medicines should be administered. During this inspection we saw that people's PRN protocols had been updated and ensured that guidance was provided for staff on when to administer these.

Risk assessments for people who used the service were personalised and had been completed for a selection of areas including people's behaviour, medicines, falls, pressure ulcers, infection control and moving and handling. We saw that these were up to date and had been reviewed on a regular basis.

There was an up to date safeguarding adults policy that included contact details for the local authority safeguarding team. The staff members that we spoke with demonstrated that they understood the principles of safeguarding, and how they would respond to and report suspicions and concerns that a person may be at risk of abuse. We saw evidence that training in safeguarding had been received by all staff members. We looked at the safeguarding records for the home. These showed that safeguarding concerns had been appropriately managed.

The home looked after small sums of money for people. We saw that these were well recorded and receipted. Family members and appointees were involved in the processes for money management and there was recorded evidence that they were kept up to date about how people used their money.

We looked at the home's staffing rotas and made observations of the support that people received. We saw that people received care and support when they required. Staff members responded promptly to ensure that people were provided with the assistance they needed and did not rush people when they needed time. There were enough staff members to support people to take part in activities. People told us that they did not have to wait long for assistance if they required it.

We looked at nine staff records. These showed that appropriate recruitment and selection processes had been carried out to ensure that staff were suitable for their role in supporting people who lived at the home. The files included copies of satisfactory references and criminal records checks. Where staff members were nationals of countries outside the European Union, we saw that checks in relation to their eligibility to work in the UK had been made.

Staff members were seen wearing disposable aprons and gloves when supporting people with their care. We also observed that catering and domestic staff used appropriate protective clothing. Anti-bacterial hand rub was located in several areas of the home to minimise the risk of spread of infection. Soap and paper towels were accessible in bathrooms.

Checks of equipment were carried out. Moving and handling equipment, such as hoists and the home's lift were inspected and serviced regularly in accordance with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

Temperatures of fridges and freezers, and the storage of medicines were monitored on a daily basis. Regular monitoring of hot water temperatures to ensure that people were not at risk of scalding had also been carried out.

Our observations of the home environment showed that it was clean and that there were no obvious risks to people. There was an up to date health and safety risk assessment for the home. The records that we looked at showed that regular health and safety checks had taken place and that identified actions had been dealt with. Fire safety guidance was displayed at the home and fire equipment had been regularly serviced. Fire drills were carried out quarterly. Person centred emergency evacuation plans were in place for people living at the home. Accident and incident records were well maintained and these showed that appropriate actions to address concerns had been taken.

The provider maintained an out of hours emergency contact service and staff members that we spoke with were aware of this.

Good

Is the service effective?

Our findings

People that we spoke with were positive about the support that they received from staff members. One person said, "They are very caring," and another person told us. "I think the staff are well trained."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed that assessments relating to people's capacity to make decisions had been undertaken and that these followed the code of practice associated with The Mental Capacity Act 2005 (MCA). Care plans provided information for staff about how they should support people to make decisions. We saw that applications had been made to the relevant local authority team in relation to Deprivation of Liberty Safeguard (DoLS). These were in place for people living at the home who were under continuous supervision and unable to leave the home unaccompanied due to risk associated with lack of capacity to make decisions. The home maintained a record of when DoLS authorisations were due for renewal, and we saw that renewal applications had been made at least two weeks prior to the end of each person's current DoLS authorisation.

Training in MCA and DoLS had been provided to all staff at the home and the staff members that we spoke with demonstrated that they were aware of the requirements of the MCA and understood their roles and responsibilities in relation to this.

People were asked for their consent with regards to care planning and risk assessment and this was recorded in their care plan. Where people were unable to record consent, the home asked family members or other representatives to support any such decisions, and the involvement of others in this process was recorded by the home.

Training records for staff members showed that new staff members received induction training that met the requirements of the Care Certificate for staff working in social care services. We saw evidence that core training was refreshed on a regular basis. The training programme included additional training sessions in, for example, dementia awareness, positive behavioural approaches and end of life care. The provider also supported staff members to undertake qualification training. We saw certificated evidence that a number of staff members had achieved or were working towards accreditation under the Qualification Credit Framework for staff working in health and social care services.

One staff member told us, "I have regular meeting with my manager, and I can always get support and

advice immediately if I need it." We also saw records which showed that staff had received supervision from a manager on a regular basis to ensure that they were competent and confident in their roles. Annual performance appraisals had taken place during the past year. Monthly staff meetings had taken place and that these were well attended. The minutes of recent staff meetings showed that there was a focus on the care needs of people who lived at the home. We saw that quality and safety issues had also been discussed on a regular basis.

People's health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including; GPs, dieticians, opticians, chiropodists, psychiatrists, and dentists. They also attended hospital appointments. During our inspection we saw that people attended health appointments supported by staff that they were familiar with.

The home's physical environment was suitable for the needs of the people who lived there. Communal areas were clean and well furnished. Bedrooms were clean and contained personal items such as ornaments, pictures and televisions. People were able to use a lift to move between floors and there were hand rails on each corridor to aid mobility. Some door frames had been painted blue to assist with orientation and there was picture assisted signage on communal bathroom doors. The doors between units within the home were not locked so people were able to move around the home if they wished. The garden was accessible for wheelchair users and a shelter was provided for people who wished to smoke.

The deputy manager showed us improvements that had been made to the home since our last inspection. These included redecoration of some communal areas and the creation of a dedicated medicines storage room. We found, however, that some areas of the home were not well lit which might pose difficulties for people with dementia or visual impairments. The owner of the property had recently changed and the regional director told us that they would be working with the new owners to ensure that future redecoration and refurbishment was designed to create a more dementia friendly environment.

People's individual dietary and nutritional needs were met. The daily menu was displayed at the reception area. Menus were displayed on tables in the dining areas. We observed that people were asked what they wanted to eat and were shown the food if they needed help to make a decision. There were at least two choices provided for each meal and, where people did not want what was on the menu we saw that they were offered alternatives. The home catered for special diets and individual preferences. For example two of the units within the home provided support to people of Asian origin. A separate 'pure vegetarian' kitchen was used to prepare Asian vegetarian meals for people who chose these. People told us they enjoyed the food at the home and one person confirmed that they could choose an alternative meal if they did not like what was on the menu. We saw that they were offered their choice of hot and cold drinks and snacks throughout the day.

People's nutritional needs were assessed and monitored, and guidance for staff members on supporting people with dietary needs or who required assistance with eating was contained within their care plans. The care records showed that people's daily food and fluid intake was recorded and monitored. We also saw that there was regular monthly monitoring of people's weight. Where there were concerns about unexplained weight loss or gain or poor food or fluid intake we saw from people's records that relevant health professionals were consulted and guidance developed for staff.

Medical appointments and visits by health professionals were recorded along with the outcomes of these. Important information in relation to people's health needs was passed on to incoming staff members at a 'handover' at the beginning and end of each shift. The home was participating in a local 'PACT' scheme designed to ensure that there was an effective transition of information and support between the home and

health services should a person be admitted to hospital. We saw that detailed information about people's health and care needs and preferences were in the process of being recorded in relation to this. The deputy manager told us that this information along with people's current medicines would be sent along with them should they be admitted to hospital. In accordance with the scheme, when people returned to the home, medicines and updated information regarding their care and treatment would be returned with them.

Good

Is the service caring?

Our findings

People told us that staff members were caring. Comments included, "The staff are very good with caring," and, "Some staff are brilliant, and the others are very good."

We saw that staff members interacted with people in a positive and respectful manner. We observed staff initiating conversations with people and chatting to them with them when providing support. For example, in two communal areas of the home we saw staff sewing labels on to clothes. We observed that they engaged people in lively discussions whilst they were doing so. We also saw staff engaging people in unplanned singing and dancing within the communal areas. People appeared familiar and comfortable with the staff members who supported them.

We observed that where people required personal support this was provided in a timely and dignified manner. Some people chose to spend time in their rooms. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support. The people we spoke with told us that they did not have to wait for long periods if they required individual support.

Staff members spoke positively about the people whom they supported. They were able to describe their knowledge of people's individual needs. One staff member told us, "Their needs can change from day to day. It's important that we observe and understand to help them as best we can."

People were supported to maintain the relationships that they wanted to have with friends, family and others important to them. During our inspection we saw that some people were visited by family members and observed that these visitors were welcomed by staff at the home. During our inspection we spoke with a family member of a person who no longer lived at the home. They had called in to deliver ice creams for people. They told us, "I come here to thank them because they looked after [my relative] so well. They were so happy here and the staff couldn't do enough for them."

Care plans included information about people's cultural and spiritual needs. People's care plans included information about their histories, interests and faiths. The staff members that we spoke with were knowledgeable about people's individual cultural needs and interests. Arrangements had been made for faith representatives to visit the home on a regular basis. Some people visited a local place of worship on a weekly basis with the support of staff members. Staff members working in the two units within the home which supported people of Asian origin were able to communicate with people in their first language and had had understanding and experience of their cultural needs. We saw that decoration of the communal areas included, for example small altars and other items that reflected people's cultural origins. We observed that staff members in these units engaged people in culturally relevant activities. For example, we saw a well-attended singing and music session taking place. The home had a policy on personal and sexual relationships and information in relation to this was contained within their care plans.

Care plans recorded information about peoples' end of life preferences and needs. This included information about whether or not people wished to remain at the home or be admitted to hospital, along

with information about how they would like to be supported by staff at the home. Some end of life plans had not been completed. The deputy manager told us that some people did not want to discuss end of life planning and it was important to respect their wishes. We saw recorded evidence that the home worked with palliative care nurses and other health professionals to support people at the end of life.

Good

Is the service responsive?

Our findings

People told us that the home was responsive. Comments included, "I am involved in my care plan," and, "There are lots of activities for us here." One person said, "I have nothing to ask for as my needs are met totally. I only get annoyed when the lift doesn't work."

At our last inspection in August 2016 we found that the quality of care plans for people living at the home was variable. Although some plans were detailed, others did not include information about how care should be provided. The daily care notes for one person did not reflect the behaviours that we observed. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that the provider had taken action to address our concerns in relation to people's care plans and care notes. Care plans were up to date and contained guidance for staff on how to meet people's needs. These were clearly linked to people's assessments of need and risk assessments. We saw that there had been regular reviews of care plans and these had been updated where there had been changes in people's needs. The care notes that we viewed identified the care and support that people received.

People's care plans included information about, for example, their personal histories and interests, communication, health, mobility, behaviours and dietary needs. Information about people's likes and dislikes and their preferred routines was clearly recorded. We saw that a care plan for a person with a mental health condition included information for staff about how they should support this.

A range of activities took place at the home. We saw, for example, people participating in seated exercise activities and singing sessions. We saw that an ice cream event had been brought indoors due to poor weather. People were seen to enjoy the ice creams and we noted that a person who was unable to hold a cone was supported to eat the ice cream of their choice from a bowl. We also observed a poetry session taking place. Each participant read a verse of a poem and each verse was followed by a discussion led by a skilled facilitator who involved all of the people who were taking part. The provider produced a monthly reminiscence newsletter containing stories that might be of interest to the people living at the home. We saw that copies of this were placed in communal areas. When we asked about this the deputy manager and area manager told us that this was used to generate discussions with people. They showed us that a supporting document was produced for staff containing ideas and prompts for generating discussions. The home also organised outings for people, for example visits to local eateries, parks and other places of interest. Some people were supported to attend a local place of worship on a regular basis. We saw photographs of people participating in other events such as parties, cooking sessions, cultural days, barbecues and art and craft activities. People told us that they enjoyed the activities at the home and some said that they had participated in outings.

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The home had its own hairdressing salon and a hairdresser visited regularly. There was also a small shop that was open on three afternoons each week. This contained items such as toiletries and confectionery. During the second day of our inspection we saw that two people living at the home were working in the shop

supported by a staff member.

Regular residents meetings took place on each unit within the home. We looked at the notes of the most recent meetings and saw that people had been involved in discussions about planning activities, menus and any changes at the home.

The home had a complaints procedure that was available in an easy read format. People who lived at the home told us that they were able to complain and knew who they should speak to if they were unhappy about anything. We looked at the home's complaints log and saw that complaints had been addressed quickly and to people's satisfaction,

Good

Is the service well-led?

Our findings

People told us that they saw the registered manager regularly and one person said that they missed him when he was away. Comments from people included, "I am more than satisfied. Sometimes I grumble, but that is nothing," and, "He makes his rounds every day. He eats lunch with us too."

The registered manager for the home was supported by a deputy manager and two assistant managers. Senior care workers were also in post. During our inspection we saw that assistant managers and senior care workers took responsibility for each unit at the home. During our inspection the registered manager was not at the home, but we saw that the deputy manager spent time in each unit and communicated positively with people who lived at the home, staff members and visitors. People and staff members told us that they had missed the registered manager when he was away and were looking forward to his return.

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We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

There were systems in place to monitor the quality of the service and we saw recorded evidence of these. Regular auditing of records and procedures took place at the home, including audits of medicines, care plans, infection control and health and safety arrangements. The provider undertook regular monthly monitoring which included reviews of records and feedback from people living at the home and staff members. The monitoring records contained information indicating reasons for any concern, along with action plans with timescales for completion. We saw that appropriate actions had been taken within agreed timescales. Annual satisfaction surveys had also taken place. The most recent survey of the views of people who lived at the home and their family members had been analysed and showed high satisfaction rates.

Regular monitoring of safeguarding concerns, incidents, accidents and 'near misses' had also taken place. The provider had promptly submitted notifications to CQC where required.

Staff members spoke highly of the registered manager and told us that there had been many improvements at the home since he had been in post. They told us that senior managers were visible at the home and were approachable if they had any concerns. One staff member said, "Working here is fantastic. The management team is great and the staff feel respected."

Regular monthly team meetings had taken place. The minutes of these meeting showed that showed that information and concerns arising from quality monitoring activities were regularly discussed. The staff members that we spoke with told us that they were involved in discussions about the care and support that was provided to people, including involvement in reviews and best interests meetings.

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The records that we viewed showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meeting and visits with such professionals was recorded in their care files.