Sanctuary Care Limited

Cranvale

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place over two days. On 26 August 2015 we carried out an unannounced inspection and it was announced on 3 September 2015. It was conducted by one inspector on the first day and two inspectors on the second day. Our last scheduled inspection was in September 2013, when the service met the required standards.

Cranvale care home is a purpose-built care home providing accommodation and personal care for up to 36 elderly people some of whom live with dementia.

The provider of the service is an organisation (Sanctuary Care Ltd). A registered manager is in place who is responsible for the day-to-day management of the service. 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 and associated Regulations about how the service is run.

Summary of findings

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns. However, we had concerns that medicines at the home were not managed safely.

The care plans we looked at included risk assessments which identified risks associated with people's care and guided staff about how to minimise these in order to keep people safe.

There were sufficient qualified and experienced staff to meet people's needs. Staff received support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support with planned activities and appointments.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff personnel records showed that appropriate checks were carried out before they began working at the home.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a nutritionally balanced diet and adequate fluids throughout the day to promote their health and wellbeing and they were offered a choice at mealtimes.

People were supported to see healthcare professionals in order to ensure their general health and well being were adequately maintained.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information about people's health needs, preferences and personal history.

There were effective systems in place for responding to complaints. People and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

Summary of findings

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 mostly safe. Staff provided safe care and knew the action to take if they had concerns about a person's safety.

However we found some concerns relating to the management of medicines in the service.

Risks associated with people's support were assessed and guidelines were in place for staff to manage these.

The service had robust arrangements in place for recruiting staff to ensure they were appropriate for their roles.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

People were supported to eat and drink to maintain a balanced diet and wellbeing.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Is the service caring?

Good

The service was caring. Staff were kind and gentle and respected people's preferences for their support.

Staff developed positive relationships with the people they supported. The atmosphere in the home was supportive.

Is the service responsive?

Good

The service was responsive. Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

People's healthcare needs were identified and met by professionals in order to keep them well.

Is the service well-led?

Good

The service was well led. We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from professionals was positive.

The staff felt supported by the management team and told us that they enjoyed working at the home.

Summary of findings

A quality assurance system was in place to check standards were being maintained and improvements made where required.	

Cranvale

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 over two days. On 26 August 2015 we carried out an unannounced inspection and it was announced on 3 September 2015. It was conducted by one inspector on the first day and two inspectors on the second day.

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also looked at the information sent to us by the registered manager in the provider information return (PIR) which was by CQC prior to the inspection. 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 spoke with five people who used the service, four relatives, six members of the care staff, the cook, a team leader and the registered manager. We also spoke with other health care professionals and representatives from the local authority with knowledge of the service.

We looked at the care records and other relevant records of four people who used the service, staff records and a range of records relating to the running of the service.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe at the service. One person said, "Yes I feel safe here." Two other people nodded when asked if they felt safe. We observed from people's body language and interaction with staff that they felt comfortable in the home. A family member told us, "My relative is safe in the home. I don't have any worries about them not being safe."

Staff told us they had received medicines training. The manager and the team leader had checked that staff who administered medicines were competent to do so. Medicines were stored in a medicines trolley. We observed how medicines were administered by the staff on the first day of the inspection. We found that the medicines trolley was left unattended whilst the staff member went to administer medicine to a person. We also saw that a relative had brought in a box of medicines for a person. This box was left unattended on the trolley whilst the staff member administering medicines carried out other tasks. This meant that people could access medicines which were not prescribed for them, without staff knowledge. This placed people at risk of harm. We looked at three medicine administration records (MAR). For one person we found that a named medicine on the (MAR) chart differed from that recorded in the person's care file. However, we saw that the person had received the correct medicine.

Controlled drugs were stored in a locked cupboard in a separate room. We carried out a controlled drugs audit. We found that for one medicine, the number of tablets written in the controlled drugs register was different from the actual number of tablets in the box. We saw in the provider information record sent to us that there were four medicine errors in the home in the last twelve months. The manager had arranged for the affected staff to do retraining and taken staff disciplinary action. Therefore, we found that medicines were not consistently managed. People were at potential risk from unsafe management and medicine administration by staff. This meant that there were inadequate systems in place for the safe management of medicines at the home. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to protect people. Staff confirmed they had read the policies and told us that they had received training in safeguarding adults. A flow chart was displayed in a visible area which gave details about who to report safeguarding concerns to and included a contact number for the local authority and the police. Staff understood how to respond to incidents of abuse and were aware of how to report any concerns. Records we hold showed the provider had notified us about safeguarding incidents and had worked with the local authority. The provider had taken action to make sure people living at the home were protected from risk of harm or abuse.

Care and support was planned and delivered in a way that ensured people were safe. Risk assessments had been developed in relevant areas such as moving and handling, falls prevention, nutrition and hydration. Risk assessments considered the most effective ways to minimise risks and were reflective of people's needs. They helped staff to determine the support that people needed if they had a sudden change of condition or experienced an increased risk.

There were sufficient staff available to support people in line with their care plans. Staffing levels were reviewed regularly and adjusted when people's needs changed or when they needed support with appointments.

The service had a robust staff recruitment system. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

We found there were systems in place to respond to emergencies that could occur. A fire safety check was carried out in 2015 with a satisfactory report. Other health and safety checks and assessments were being completed weekly by allocated staff. Staff had completed first aid training and there was a first aider at the service. We saw checks were made to ensure the environment was safe and the senior staff had a lead role for health and safety. Checks carried out included checking fire alarm equipment as well as electrical appliances and kitchen equipment to ensure they were safe to use. A food hygiene inspection carried out in 2015 gave a score of 5.

The accommodation was clean. The environment was in need of refurbishment and decoration. Therefore there was a plan in place to maintain and improve the environment in

Requires improvement

Is the service safe?

order to ensure that people were cared for in a pleasant and secure environment. People told us that the downstairs part of the home was very hot, which was also experienced by us. When asked if people were happy about the temperature in the home, they told us, “The staff are powerless, it is the management that need to sort out the heating. The temperature control needs to be fixed. It is causing people to get too hot in their rooms. The manager knows about it.” The manager informed us that an action plan was in place to address this issue.

Good

Is the service effective?

Our findings

People told us the staff were good and supported them well. One person said, "The staff are kind and help us." A relative commented, "The staff do a good job. I think she has been looked after well here." This was reflected in our observations and discussions held with staff.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff told us that they received appropriate training relevant to the work they did. They told us that they found the training valuable and it gave them confidence to carry out their role effectively.

We looked at training records and found that staff had attended several courses relevant to their role. Training included safeguarding adults, infection control, first aid, medicine management, dementia awareness, Mental Capacity Act 2005 (MCA) training and deprivation of liberty safeguards as well as health and safety. Staff told us they were encouraged to attend training sessions and to identify any specific training needs. We saw that extensive information was available to staff about the signs and symptoms of dementia and how to support people with dementia.

Staff felt supported by their manager. They confirmed and records showed that they had regular supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers. Annual appraisals were planned to take place this year. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

The registered manager demonstrated a clear understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager explained how capacity assessments were carried out and reviewed regularly. Where the staff identified limitations in people's ability to make specific decisions they worked with them, their relatives and relevant advocates to make decisions for them in their 'best interest' in line with the MCA. The manager had made appropriate applications for DoLS authorisation for people who required this and CQC had been notified of the decision.

Staff had an awareness of the MCA and had received training in this area. They were clear that, when people had the mental capacity to make their own decisions, this would be respected. We observed staff working with people and saw they offered choices and respected people's decisions.

People we spoke with seemed happy with the food provided by the home. Menus were placed on the tables giving details of the food choices for the day. People chose their main meals and were supported by staff to sit where they wanted to sit at lunch. People were encouraged to eat and drink and where people required support with eating this was offered sensitively and discreetly. We saw that care plans were in place for eating and drinking and that people's preferences were identified. There were records about people's dietary needs in care plans and on the kitchen wall. For example, for people who required a low sugar diet or a low protein diet. The member of staff we spoke with was aware of people's specific dietary needs. We asked people if they liked the food during lunchtime. Comments included, "I can choose what I want to when they show me the menu. I don't like the fish" and, "Yes I choose, it is really good that we can choose. They give us something else if we don't like what is on the menu".

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. We spoke with people about their health care. Visiting relatives told us they were kept informed of changes in their relative's health needs. Care records showed that people had access to health care professionals including doctors and district nurses. Records of professional's visits and outcomes were recorded in the care records that we looked at. For example, we saw involvement from the district nurses and GP who visited the home frequently. We saw that staff followed guidance provided by them such as for catheter care. The district nurses confirmed that they had recently provided training about catheter care to all the staff. We saw other examples where people's health was regularly monitored. People living with diabetes, those who were at risk of developing pressure sores or had difficulties mobilising independently, all had their needs regularly assessed and were referred to

Good

Is the service effective?

external healthcare professionals where needed. This meant that people could be assured that staff supported them to make their own decisions whilst taking appropriate action to protect their health and welfare.

Good

Is the service caring?

Our findings

We saw that people were happy with the care and support provided by the staff. People commented, “Yes they are lovely”, and “They are very kind”. Another person smiled when asked if they thought the staff were caring. A visiting professional told us, “The staff seem attentive and caring.” Relatives told us, “They are very respectful and caring” and “We are very happy with the staff, they all listen to us.”

Staff were able to describe people’s likes, dislikes and what their care needs were. We observed that staff offered choices of activities and food to people and respected their choices. For example, if they wanted a bath or shower and whether they wished to remain in their room or join others in the communal areas. People told us they got up and went to bed when they wanted. We saw this on the morning of our inspection. People were encouraged to be as independent as possible. For example, people had the right equipment to promote their independence for mobilising safely around the home. We saw equipment such as walking frames, were left close to people so that they did not have to wait for assistance.

When staff assisted people with personal care they ensured that doors were closed to protect their privacy and dignity. We observed that the staff on duty met people’s needs in a competent and sensitive way.

All staff were aware of maintaining people’s confidentiality. They told us how they treated information confidentially and said they would only share information with other professionals as required.

We saw that all staff had received training in end of life care and knew how to respect people’s wishes at the end of their lives. They told us they would support people and their families with kindness and respect during this time. No one at the home was receiving end of life care at the time of the inspection.

Good

Is the service responsive?

Our findings

People's needs were assessed by the registered manager and/or senior staff before they came to live at the home. This included all aspects of care such as the person's health care needs, mobility, their nutritional needs, personal care, communication and medicines. Information was readily available about people's preferences, likes and dislikes and how they preferred to be supported.

At the time of the inspection the home was looking after eleven people who were placed there to receive respite care (people placed for a short period of time). They were placed there to receive support from a physiotherapist or occupational health services until they were 'fit' to return to their own homes. We asked the manager about the process followed for people on respite placements. They told us that respite placements were treated in the same manner as people who lived there permanently. An assessment of their needs was carried out and risk assessments as well as an interim care plan were developed. This was done to ensure staff had the information they needed to provide safe care and meet their individual needs. We spoke to two representatives of people who were placed at the home on 'respite'. Both were complimentary about the home and wanted their neighbour to continue their stay at the home.

We saw that care plans gave sufficient instructions for staff to deliver the individual care each person needed. Care plans were reviewed monthly with the involvement of people who used the service and their relatives if they wished. They were reviewed and updated more frequently if people's needs changed, for example, when a person returned from hospital. The service used the 'Resident of the Day' model to ensure each person's care plans and other records were updated each month. This was further checked for completion by senior team leaders.

A relative told us, "The staff are very good and always provide good support." A professional told us, "The staff make appropriate referrals to us and follow our instructions. They are attentive and caring."

We saw that activities for people were provided daily by an activities co coordinator. There was a weekly timetable of planned activities advertised on noticeboards. We observed activities taking place which people enjoyed such as bingo, board games and listening to music. We saw that where people preferred to spend their time in their bedroom, staff made time to go and chat with them on a one to one basis.

Staff had completed dementia awareness training and the registered manager had completed the leadership in dementia training at Worcester University. They were the dementia champion for the home. We saw that although there were people living with dementia at the home there was little signage or other appropriate activities taking place for this group of people. The manager informed us that they had an action plan in place to support people living with dementia or other mental health conditions. This was to improve signage throughout the home that would assist people in identifying their bedroom, the toilets and bathrooms and other communal areas. The signage would enable people to increase their level of independence and reduce their need for staff support. We saw that the home had a lounge upstairs which contained a range of reminiscence items from the 50s and 60s including sewing machines, a dressing table, mirrors, crockery, posters and various clothes as well as other memorabilia. However, this space was not used by people for the purpose it was set up for. We discussed this with the manager who told us that they were consulting with staff and people, for suggestions about how to make best use of these materials.

Information about making a complaint was available and people told us they felt able to raise issues as and when they arose. We looked through complaint records and saw that each complaint was responded to and investigated by the registered manager. A person who used the service told us, "Yes I would speak to the manager or the team leader if I have a complaint. The manager is really helpful, she's very nice. She works hard, is very caring and is very responsive." Relatives told us, "Relatives meet with the manager to discuss any issues, which are duly dealt with by the manager." People provided examples where they had raised issues with staff, both informally and formally and told us these had been acted upon. For example, missing laundry or the quality of food. Records showed that the registered manager recorded people's complaints and acted on them in a timely manner.

Good

Is the service well-led?

Our findings

People spoke highly about the manager and told us they were satisfied with the quality of the service provided. We received positive feedback from staff who told us the registered manager was “supportive”. Staff told us that the management team encouraged them to attend training. They used team meetings to share information and highlight what was going well as well as discuss areas for improvement. The registered manager was aware of the legal responsibilities of being a registered person and had notified the Care Quality Commission of all significant events in line with their legal duties.

The manager completed a monthly audit of accidents and incidents which occurred at the home. This included falls and incidents of behaviours that challenged. This enabled the service to identify themes, patterns and triggers so that action could be taken to reduce risk and prevent incidents from reoccurring.

The service had a number of systems in place to monitor the quality of care provided and take action to make improvements where required. A timetable was in place which detailed when audits were due so the management team and provider could monitor and allocate these checks to ensure they were completed. We saw the audits in place included checks of care plans, complaints, monthly weights, pressure ulcers, staff training, supervisions, care reviews, infection control, health and safety and medicines. Where audits identified issues or concerns a clear plan of action had been developed. This set a timescale and detailed how the issues would be addressed and who had responsibility. The audits were used to help enhance systems, reduce risk and improve the quality of care provided. For example, we saw that people who had multiple falls were referred to the falls clinic and measures to reduce/prevent further falls had been implemented by the staff.

People were encouraged to become involved with development of the service and were given the opportunity to contribute to decisions made. People and their relatives were given questionnaires to complete. A relative we spoke with said, “I’ve had a questionnaire and evaluation forms sent through.” Staff told us they felt able to give their views on the service and how improvements could be made. People were supported by staff who enjoyed their job and understood the values and aims of the service.

The operations manager visited the home on a monthly basis to carry out a full audit of the service. They produced a report of their findings which included a plan of action for the management team to work towards. The leadership team demonstrated a commitment to supporting staff to have the skills to help people with dementia to live well. They used the experiences of people who used the service and specialist organisations to enhance staff knowledge. The manager was a dementia champion and was enthusiastic about championing good practice to improve the experience of people living with dementia. This enabled the provider to gain assurance the home was being effectively managed and staff worked hard to ensure that good quality care was being provided.

People's records were kept securely in order to protect their confidentiality. This showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality. However record keeping generally, for example, the maintenance of staff files needed to be improved for ease of access to current information. The manager agreed that the files needed to be improved and said that this would be prioritised for action. We looked at the Provider Information Return (PIR) which outlined areas for further improvements such as improving the quality of supervision and its recording. Improving signage in the home for people who lived with dementia (used to help improve and adapt the philosophy of care for people who lived with dementia), improving the general environment with in the building, all of which was aimed to help improve the experiences of people who lived at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There were inadequate systems in place for the safe management of medicines. Regulation 12(2)(g).