

Sanctuary Home Care Limited

Ashley Cooper House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashley Cooper House is a residential care home that provides personal care and accommodation for up to 16 people some of whom have physical disabilities. At the time of this inspection, 12 people were receiving support from this service.

People's experience of using this service and what we found

Care records lacked information related to discussions that staff had with people about their end of life wishes. We made a recommendation about this.

Although some staff had not recently completed training in mental health awareness and epilepsy, they had guidance on how to support people safely. People were not always involved in making food choices, but they enjoyed the meals provided. Staff were not provided with opportunities to share their feedback anonymously should they wanted to. Immediately after the inspection, the registered manager told us the actions they took to address these areas.

Staff followed the provider's procedures to support people safely if they noticed them being at risk of harm or when incidents and accidents took place. Risk management plans were robust and person-centred. Pre-employment checks took place to ensure staff's suitability for the job. People had support to manage their medicines safely. Systems were in place to ensure hygienic care for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Healthcare professionals guided staff where people required support to meet their health needs. Information was collected to assess people's care needs to ensure they were provided with the right support.

People and their relatives told us that staff were caring and compassionate. They knew people's personal histories and their individual support needs. People had opportunities to discuss their choices in how they wanted to be cared for. Staff supported people to enhance their independence where possible.

People's care plans were detailed and person-centred. Staff were aware of how best to support people with their communication needs. People were provided with information on how to report their concerns and felt confident to approach the management team if needed.

There was a good leadership at the service promoting staff's support in their job and encouraging development to motivate them in providing good care for people. Team working values were shared aiming to achieve high quality services. Quality assurance processes were in place to monitor the effectiveness of the care being delivered for people.

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

Rating at last inspection- The last rating for this service was good (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Ashley Cooper House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was unannounced and carried out by one inspector 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.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the care home on 16 July 2019 and spoke to nine people, one relative and a healthcare professional asking for their feedback about the service delivery. We also talked to the registered manager and two staff members working for the service.

We reviewed a range of records. This included four people's care records, two staff files, training, recruitment and medicine records and other documents relating to the service delivery.

People using the service had complex communication disabilities and were not able to communicate their views to us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

We also contacted one healthcare professional asking for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of the staff that supported them, with one person saying, "[Staff] don't put you at risk."
- There were processes and procedures in place to support people should abuse take place. Records showed that appropriate action was taken to protect people where a concern of abuse was reported.
- Staff were aware of the actions they had to take should they noticed people being at risk of harm and abuse, including sharing their concerns with the provider and the registered manager as necessary.

Assessing risk, safety monitoring and management

- Risk management plans were comprehensive and included details of the potential risks to people, level of risk and how it impacted on people. Staff were provided with guidance on how to manage the potential risks to people's well-being in relation to falls, nutrition, mobility and daily activities.
- Systems and processes were in place to ensure fire safety at the service. Fire exits were accessible and clearly marked to guide people in the event of fire. We reviewed a recent internal fire risk assessment carried out by the provider. The registered manager told us about the actions they took to meet the recommendations made.

Staffing and recruitment

- People told us there was enough staff to support them when they needed assistance, with one person saying, "There is always enough staff and at all times."
- Records showed that staff were required to complete a job application form, attend an interview and provide two references before they started working with people. Staff had to carry out a criminal record check before they commenced working for the provider and this was renewed every three years.

Using medicines safely

- People had the necessary support to manage their medicines safely. One person told us, "I know my medicine. The staff are good and always make me aware of what medicine is for. It's important to know what you put in your body."
- Records viewed were appropriately completed and up-to-date. Information was available regarding the medicines people were taking, reasons for medicines being taken and possible side effects. Staff used a note asking to be not disturbed during the time they were administering the medicines to people, so they would not make any mistakes.
- The registered manager told us about the actions they took if people refused to take their medicines,

including requesting a GP to change the time of the medicines being administered to a person to accommodate their daily activities.

Preventing and controlling infection

- Staff told us, and we observed them using appropriate clothing to protect people from risk of infection, including gloves and aprons.
- Information was visibly displayed for staff to follow on how to wash hands which ensured hygienic care for people.

Learning lessons when things go wrong

- Processes were in place for reporting, recording and monitoring any incidents and accidents taking place. An electronic system was used to record any relevant information about the incidents occurring which automatically generated prompts for the actions to be undertaken to ensure consistency and safe care delivery.
- The registered manager told us that any concerns reported to them were shared with the staff team in order to agree actions to prevent the repeated incidents taking place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- Supervision and appraisal meetings were carried out to discuss staffs' developmental needs, including training required to perform their duties as necessary. Competency assessments were undertaken to observe staff on the job and to check their knowledge in how they safely managed people's medicines.
- Staff were up-to-date with the mandatory training courses, including health and safety safeguarding, Mental Capacity Act 2005 (MCA), Dementia awareness and fire safety. Although some staff had not recently completed training in mental health awareness and epilepsy, records showed that a comprehensive level of guidance was provided for staff in how to support people with these conditions. The registered manager told us that these training courses were not mandatory and therefore staff had not attended it regularly. Immediately after the inspection, the registered manager informed us that staff were in the process completing the training and that they requested the provider to make these courses mandatory, so staff would be required to complete it on annual basis. We will check their progress at our next comprehensive inspection.

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

- Although people were not always provided with the food choices, they enjoyed the meals that were prepared for them. People's comments included, "The foods good, I especially like garlic and pasta", "I get what is on the menu" and "There is salad, you have no choice in the matter." People told us they could ask for specific meals if they wanted to, with one person saying, "I get food I like now, I can ask for it."
- The service employed a chef to cook the meals for people. Menu plans viewed showed that people mostly had sandwiches for lunch. The registered manager told us that different meals were also cooked at the lunch time and that people had a choice of a filling for their sandwich. After the inspection, the registered manager contacted us to say they took actions to ensure they provided people with a variety of food and that from now on they asked people to choose what they wanted to eat for their lunch. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

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

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

We checked whether the service was working within the principles of the MCA.

- Staff were aware of the importance of respecting people's right to make their own decisions. One staff member told us, "We encourage people to make decisions and if they don't have capacity to decide, we have arrangements in place to support them, but it doesn't mean that they cannot make everyday choices."
- Information was recorded regarding people's ability to make everyday decisions and where they required support to make informed choices.

- A form was used to monitor DoLS authorisation requests submitted by the service to local authorities.

Records showed that the service applied to renew the DoLS applications before the expiry date. The registered manager knew the conditions applied to the authorised applications and took actions to meet these.

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

- Records showed that an assessment was carried out when people were first referred to the service.

Information was gathered to make a decision if the service was able to provide the right level of support for a person. The registered manager told us they also encouraged the person to visit the home, so they could make their own decision about the suitability of the accommodation.

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

- We observed people moving around the home freely. Large communal spaces were allowing people to move around with the wheelchairs. People had access to the outdoor facilities and spent time in the garden relaxing.
- The service provided facilities to accommodate different activities, such as arts and crafts and movie nights. People had access to a kitchenette and were able to make themselves a cup of coffee or a meal should they wanted to.

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

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

- Information was available about people's health needs and the assistance they required to monitor their health conditions. People had a health action plan in place which was regularly updated to ensure good care delivery.
- The registered manager provided us with examples of how they worked in partnership with the healthcare professionals to support people's well-being, including GPs, district nurses and physiotherapists. A healthcare professional told us, "My clients are well looked after" at the Ashley Cooper House.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were friendly and caring. Their comments included, "The staff are friendly, they come in if you're in danger, at all other times they are polite" and "The staff are lovely and humble." A family member told us, "Here is like a family, [my relative] has been cared for here for [a long time]." A healthcare professional said, "The staff team are providing person centred care and encouraging the services users' strengths."
- People had support to meet their religious and cultural needs where they required assistance. One person told us, "[Staff] have introduced me to a church down the road, there is a mosque as well." People's records included information relating to people's cultural and religious beliefs for staff to follow as necessary.
- Staff told us how they helped people to meet their cultural, spiritual and religious beliefs, including support for a person to prepare meals according to their religion.
- People told us that staff had time to have conversations with them, with one person saying "[Staff] are patient and listen to what I have to say."

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

- People told us there were activities to choose from to keep them occupied, with one person saying, "[Staff] keep you busy, I enjoy board games." Records showed, and people confirmed they received support to go out in the community and visit places of interest. Their comments included, "I'm going to [a town] for a week, I love it there. I go there every year" and "We have already been on trips this year. We had a BBQ last week and all our families came."
- People were supported to express their views on how they wanted their care to be delivered. They had a nominated key worker who helped them to plan their short- and long-term goals. A keyworker is a staff member who oversees the care of an individual and ensures that the care plan is adhered to.
- Processes were in place to gain people's consent to the care they received. People were asked to sign their care records if they agreed to the proposed support, including medicines management.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected. Their comments included, "[Staff] are good, they are polite and always ask for permission" and "[Staff] show respect, if I'm in my room, they knock before they come in."
- People provided us with examples of how staff encouraged them to be independent. One person told us, "I've done cooking to help me be independent. I can't cook eggs and bacon, I struggle to do this. I like to

water the garden." Another person said, "I like making my bed and cooking a meal."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and where needed supported them to express their views. A staff member told us, "We help people to communicate, for example, we read the body language of a resident who is not using verbal communication." People had access to an easy to read to enable them to understand information about their rights and complaints procedure.
- People told us that staff looked after their care and support needs well. Their comments included, "I feel looked after by staff, they check the windows are closed. The staff open the windows for fresh air, I like fresh air when I sleep", "I like the staff, they are helpful and know how to look after me" and "I can get anything done, I just ask. The staff are great." A health care professional told us, "I found the staff helpful and able to provide me with the time to answer any questions. The manger has been very accommodating and kept me involved with my service user's situation. I'm very satisfied with the way the manger and staff have dealt with any issues and they have ensured that all relevant professionals are involved where needed."
- The registered manager told us they currently updated care plans to ensure they met people's support needs. Care plans viewed were comprehensive and provided detailed information in relation to people's personal history, skills and areas of achievement. One person told us, "[Staff] know my history, wants and needs, where I've been, it's all written up in the files."

Improving care quality in response to complaints or concerns

- People told us they knew the complaints procedure and that they were confident to raise their concerns if necessary, with one person saying, "At a residents meeting, [the staff team] explained the complaints process. I would go to the [registered] manager, to her boss or ombudsman if needed."
- Records showed that any complaints received were investigated and acted upon to address the concerns raised to the satisfaction of the complainant.

End of life care and support

- The service did not care for people at the end stages of their lives.
- Where appropriate, people were supported to discuss their end of life wishes. The registered manager told us people did not always want to talk about their end stages of life and that these conversations were not recorded. We discussed the importance of having these conversations recorded and the registered manager

agreed to review the processes in place to ensure appropriate record keeping for this. We will check their progress at our next comprehensive inspection.

We recommend that the provider seeks guidance on best practice relating to the end of life wishes discussions.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- We found the registered manager motivated and focused on providing person-centred care at the service. The registered manager was involved in everyday running of the service which helped them to understand and address people's individual care needs as necessary.
- We observed people and staff having caring relationships. Staff responded to people's support needs with compassion and people felt free to tell staff how and when they wanted to be assisted.

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

- The registered manager told staff how important their role was which motivated their involvement in providing good care for people. They said, "I regularly tell staff that I cannot do my job well without them."
- The registered manager was aware of their registration requirements and knew the different forms of statutory notifications they had submit to CQC as required by law. Our records showed that these were sent to CQC in good time since the last inspection.
- Processes were in place to ensure effective communication between the staff team. An on-call service was available should staff require guidance during the office out of hours. Staff used handovers to pass on information to each about their duties as necessary.

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

- Staff told us they were well supported in their role and that any advice or guidance required was provided for them by the management team. One staff member said, "I love working here, we have good working relationships and the support when needed." However, systems were not in place for staff to provide anonymous feedback about the service delivery. We discussed this with the registered manager who told us they would address this immediately. We will check their progress at our next comprehensive inspection.
- People told us that the registered manager was available to talk to when they needed to. Their comments included, "The [registered] manager is good, she gets a thumbs up" and "[The registered manager] holds an open-door policy." A relative said, "The [registered] manager is welcoming. I can call, and I get an update."
- People were regularly asked for feedback about the quality of the services provided for them and the last survey results viewed showed that they were mostly happy with the support provided for them. One person

told us, "[Staff] always ask for feedback. Like after the BBQ, we had a feedback survey to do."

Continuous learning and improving care

- Quality assurance processes were in place to monitor the service delivery. We reviewed the registered manager's audits for medicines and health and safety which showed that any issues identified were addressed promptly, including changes required to ensure fire safety at the service.
- People's care plans were regularly reviewed by the management team to ensure they were meeting people's current support needs.
- Staff were given extra responsibilities to gain knowledge and learn new skills where they showed interest, including taking a role of a champion in safeguarding and medicines management.

Working in partnership with others

- The registered manager told us they received information and updates from the CQC about the changes taking place in the health and social care sector. They used the CQC methodology to check their working standards and that they were meeting legal requirements, including how they supported people with oral hygiene.