Care Quality Commission

Sanctuary Home Care Limited

Ashley Cooper House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Ashley Cooper House provides accommodation and care for up to 16 people with physical disabilities. The service was last inspected in January 2014 when we found the regulations were met.

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

At this inspection we found that people were not protected from the risk of infection because the home was not clean in the shower rooms and toilets and equipment in these rooms was damaged. Although checks and audits were carried out to make sure the service provided was of high quality they had not addressed the issues of concern with the shower rooms and toilets.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

In other respects the home was safe. There were good arrangements to help people keep safe from abuse. House meetings included discussions to ensure everyone knew the action to take if there was a concern about abuse.

Risks were assessed and managed so people could carry out activities safely. Fire procedures were in place and advice was sought from fire authorities to make sure they were adequate.

There were good arrangements for working with health and social care professionals so people's health needs were met adequately. The home provided a balanced diet that met people's tastes, health and cultural needs.

Staff were trained and supported to look after people well.

People were supported in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions.

Staff were caring towards the people living at the home and they respected their privacy and dignity. Staff knew people well and were concerned for their well-being.

People knew how to complain and felt confident they would be taken seriously. Some people said they would like more activities to be arranged and would like to go out more often. People were asked for their views in meetings and surveys.

There was a stable staff and management team.

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?

The service was not safe. Although most areas of the home were in reasonable condition and clean, the shower rooms and toilets were not. There was broken equipment and unclean areas which were unhygienic and so people were not protected from infection.

People were protected from abuse because staff knew the action to take to ensure their safety. Risks related to people's care needs were assessed and managed and this helped to keep people safe.

Requires improvement

Is the service effective?

The service was effective. People were looked after by well trained and supported staff.

People were supported to access healthcare services when needed to have

their health needs met. People enjoyed meals that met their individual needs and tastes.

People were supported in line with the Mental Capacity Act 2005.

Good

Is the service caring?

The service was caring. Staff respected people's privacy and dignity and were warm and respectful when talking with them.

People got on well with staff and said they felt comfortable talking with them.

Good

Is the service responsive?

The service was responsive. People's individual needs were recognised. Although people used to be able to go out frequently, adult education classes had been reduced and this limited their opportunities to do so. Staff were exploring further chances for them to pursue their interests.

Meetings and surveys gave people chances to give their views to the manager and provider about the services. People knew how to complain.

Good

Is the service well-led?

The service was not well led. Although checks and audits were carried out they had not identified and addressed the shortfalls in the shower rooms and toilets.

There was a stable management team who people knew and felt confident in. They were approachable to staff.

Requires improvement

Ashley Cooper House

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.

The inspection took place 4 November 2015 and was unannounced. One inspector and an expert by experience carried out the inspection. 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 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 also looked at notifications sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the information we held about the service including records of notifications sent to us.

We met and spoke with ten of the people who lived at the home. We spoke with the deputy manager and with the chef and three care staff.

We looked at personal care and support records for three people and medicines records for four people. We looked at other records relating to the management of the service, including the communication book and accident and incident records. After the inspection we received information about staff meetings, house meetings and training.

Requires improvement

Is the service safe?

Our findings

Parts of the building were clean and hygienic, especially the kitchen. However parts of the home were not clean and people were not always protected from risks associated with an unclean environment, such as the risk of infection. We found the shower rooms and toilets were not visually clean. The visitors' toilet was not clean, and there was dirt visible around the pipework. There were unpleasant odours in two shower rooms. Shower rooms in the home were in poor condition and the decoration and fittings were damaged. In one shower room the cistern lid was missing from the toilet. Shower seats had plastic covered foam padding, however the covers were damaged and the foam core was exposed. This prevented effective cleaning and could have led to a risk of infection. One of the shower rooms did not have a shower curtain and others had curtains that were ripped and stained. The shower rooms did not have soap or paper towels in the dispensers, so people and staff could not wash their hands when they had used the toilet or assisted people with personal care.

This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People received their medicines safely as prescribed by the GP. Staff were knowledgeable about the medicines, they knew about the purpose of the medicines people took and of the possible side effects people might experience. The medicine administration records (MAR) were in good order and showed staff kept to the medicines policy of the home. There was effective liaison with the GP, hospital doctors and visiting district nurses about medicines issues. People were supported to look after their own medicines when it had been assessed as safe to do so. Staff checked to make sure these people took their medicines as it was prescribed. Staff stored medicines securely in a locked medicines trolley to make sure people were safe.

People at the home were protected from abuse. People told us they felt safe in the home, one person said "I feel safe here." People discussed safeguarding matters at every house meeting, including keeping safe and what to do if they felt unsafe. One meeting included watching a film about safeguarding matters and discussing the content. Staff knew about how to recognise different forms of abuse and knew the action to take in response to a suspicion of abuse. They felt confident that senior staff would respond appropriately if they reported it to them. The provider had staff members who were 'safeguarding leads' and could give staff advice in the event of a safeguarding incident.

Staff assessed situations that put people at risk and put measures in place to minimise the risks. For example a person who could be at risk in the community had detailed guidelines to make sure staff assisted them to go out safely. Staff assessed people's risk of falling and the ways to assist people to be safe were detailed in care records. People who required assistance with moving and handling had their needs assessed and plans put in place to ensure that this was carried out safely. Staff had equipment to assist people to move safely.

There were enough staff to care for the people living at the home and to meet their needs. At the time of our visit there were three vacancies on the staff team and agency staff were employed to ensure sufficient staff were available. Staff told us there were three or four staff on duty during daytime hours and this was generally adequate to meet people's needs.

The provider followed safe staff recruitment procedures and this protected against unsuitable staff working with people. We spoke with a member of staff who was recruited recently. They told us they had to provide information for the organisation to make checks on their suitability for the post. These included referees' details (including a previous employer) and a work history. They also provided information for a check of the Disclosure and Barring Service records which

replaced criminal record bureau checks. The recruitment process included an interview with two managers and a person who used the provider's services. Appointments to posts were not confirmed until the person had successfully completed a probation period of at least six months.

Staff knew how to respond to emergencies and this protected people. The home had emergency equipment available including first aid kits, fire detection and safety systems. Staff did regular checks to make sure that the equipment was in good order. They held fire drills at least twice a year. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency. The deputy

Requires improvement

Is the service safe?

manager told us that the fire service was visiting the home on the day after our visit to check the fire safety arrangements were adequate and if improvements were required.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported and trained to meet their needs. Staff met with their line manager for supervision every six weeks and had appraisals once a year. Staff told us they felt supported by managers and said the staff training was useful. They did a range of courses including a range of health and safety courses such as safe moving and handling, fire safety first aid and food safety. Other training staff did included safeguarding in health and social care, communication, the role of the key worker, the duty of care and equality and diversity. Managers had provided staff with training about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They also gave staff information about the legal requirements of the Health and Social Care Act 2008, how they apply to care homes and the work of the Care Quality Commission.

New staff shadowed more experienced members of staff as part of their induction. Staff told us that the induction helped them in their work and that the team was supportive.

People gave consent to staff caring for them. When they came to live at the home they gave written consent for staff to take photographs of them and to share information with other professionals when necessary. The manager arranged 'best interests' meetings so decisions made on behalf of people who were unable to give consent were made in accordance with the Mental Capacity Act 2005 (MCA). Staff supported people to contact advocacy organisations and have an independent mental capacity advocate (IMCA) appointed. The manager and staff understood and knew how to use the Deprivation of Liberty Safeguards (DoLS) and made sure that people were not deprived of their liberty unless it was properly authorised.

People said they enjoyed the meals at the home and the chef knew their individual tastes. One person told us "They make the food I want when I ask." Special food was prepared for people's birthdays and other celebrations. People could choose alternative meals from the menu. Meals were balanced and included fresh vegetables and fruit.

Staff assessed people's need for nutritional assistance using the Malnutrition Universal Screening Tool (MUST) and made referrals for the advice of a nutritionist if necessary. The chef was aware of and catered for people's dietary requirements such as their health needs relating to food. People had adapted cutlery and crockery to assist them to be as independent as possible and those who required assistance to eat were provided with it.

People said they saw health professionals when they needed to, including specialists and the GP. Staff worked in partnership with health professionals to assist people to maintain good health, providing information about people's progress and welfare and implementing their advice. People had 'health passports' containing essential information about their needs. These were designed to share information with other professionals who may had provided care, such as during a hospital admission, to make sure they met people's needs.

People were supported to exercise as advised by physiotherapists. Staff assisted people to follow exercise programmes and we saw a person carrying out their exercises during our visit. Staff were shown how to do the exercise by the physiotherapist and guidelines were put in place.

People were assisted by the design and facilities in the building which suited their needs. The ground floor where communal areas, offices and bedrooms were located was accessible to people with mobility needs as it had level access from the street and to the garden. Doors were wide enough to allow easy access for people using wheelchairs. Facilities to make drinks and snacks were accessible for people. The appearance of the home was domestic other than a metal hatch to the kitchen which had an institutional appearance, and there were plans to remove it. Most doors opened with an automatic opening device but in in one shower room an automatic device did not work and wheelchair users had to push the door open and closed. A person told us this was inconvenient and sometimes difficult.

Good

Is the service caring?

Our findings

People told us the home was a caring place and they got on well with staff. People described the home as “fantastic” and said they were “very happy here”. Another person said the staff were “nice” and described a particular member of staff as “good to talk to”. Another comment we received was “It’s good here. [Staff] look after us well.”

The atmosphere of the home was friendly and welcoming. People had formed friendships with each other.

Staff were polite and respectful when talking with people. Staff called people by their preferred names and we saw warm interactions between them.

People’s emotional needs were considered during their care. Staff knew people well and could recognise signs that they were becoming distressed. We saw a member of staff being caring and reassuring to a person who was becoming distressed. The staff member’s calm approach helped to comfort and support the person to settle and relax. Staff made observations in people’s care records about their emotional wellbeing so they could use the information to help people.

Staff communicated well with people. They gave people time to express themselves, listened carefully and checked they had understood what the person was saying. People were given choices wherever possible and were involved in decision making about their long term goals. For example a person who wished to live in a more independent setting was supported to begin managing their own medicines as staff recognised this was an important step in achieving their goal.

People were supported to celebrate birthdays and religious festivals and to include family members in their celebrations. People’s relatives were invited to the home for parties and to share a meal if the person wished them to.

People’s privacy and dignity were respected. Care tasks took place in private with curtains and doors shut. Staff were careful to maintain people’s confidentiality and conversations about private matters took place where they could not be overheard. Records were stored safely and only people who needed to see them did so.

Good

Is the service responsive?

Our findings

People's individual needs were assessed and planned for. Senior staff carried out assessments of people's needs before they came to live at the home. This was to make sure the person's needs could be met at Ashley Cooper House, and so they could arrange for equipment to be available. People and their representatives contributed to the assessments and care plans were developed from them. Staff reviewed care plans to keep them up to date, make sure they reflected the person's current needs and that the care they provided was appropriate for them. Health and social care professionals involved with the person were invited to take part and contribute to care reviews.

The care records gave individual information and built on people's abilities by including details of their 'strengths, skills and qualities'. One person said "I am independent as I can be. They help me when I need it." Care records reflected this and stated activities a person could do independently, such as make cups of tea, as well as areas where they needed assistance or prompting.

People's diverse needs were recognised and respected. In June 2015 a cultural diversity day was held at the home and the manager described this as a way of "ensuring equality and respect for all". People were able to have meals that reflected their culture and religious needs. The chef accommodated individual tastes and provided a menu that reflected the diverse needs of the people living at Ashley Cooper House.

People enjoyed activities in the home. People took part in activities in the home, such as playing board games, listening to music and watching television. Parties were held to mark special occasions such as birthdays and religious festivals. The manager carried out surveys about the events afterwards to assess what was successful and what future changes were needed.

People had fewer opportunities to take part in activities away from the home in recent months, since the local further education college had reduced the adult education classes available. A support worker had previously been allocated the task of developing the activity programme but they had left their post. Several people said they missed the classes they used to attend and would like opportunities to go out more often. A care worker was investigating possibilities for education classes but none had been found when we visited, A person said that there were trips out which had to be planned "I need to say in advance when I want to go so they can plan the time." However the person said "I'd like to go out more ……like the pub, it's difficult, I would like to be spontaneous and go when I want, for example if the weather's nice I'd go to the park." Some people went to social clubs in the local area where they had opportunities to make friends.

People said knew how to complain if they needed to and were confident their views would be heard. One person told us the process they would follow to do so "First I'd tell [my] keyworker, if that didn't work then the management, and then head office." Another person said "[I have] Never needed to complain, but if something wasn't right I would tell the manager… she would listen."

There had been no complaints made about the home in the last year.

People attended house meetings where they could hear about plans and give their views about events in the home. A person told us "They [staff] always tell you what's happening, when things change they make sure you know and understand. They're good." Each house meeting incudes standard agenda items – complaints, safeguarding, menus and health and safety which recognised the importance of people having the chance to give their views about these issues.

People who lived at the home had opportunities to express their views. For example the staff recruitment procedure included a person who lived at Ashley Cooper House as part of the interview panel. The provider introduced a 'customer involvement' group for people using their services to join and a person living at Ashley Cooper House had joined. As the group was newly established we had no access to information about what had changed as a result of the group.

People were invited to complete satisfaction surveys every six months. The results from the most recent survey carried out in June 2015 showed generally high levels of satisfaction with food, the staff and mostly high satisfaction with the environment.

Requires improvement

Is the service well-led?

Our findings

There were systems for the provider to review the quality of the service and we noted that care records were audited and improvements identified. However the quality assurance systems did not identify the areas which we found needed improvement. The area service manager went to the home every month to carry out quality monitoring visits. Although the visits included an inspection of the building we did not find reference to the poor condition of the shower rooms and toilets in their reports and no action had been taken to improve them. When we raised the concerns about these areas during the inspection we were not informed that the problems had been recognised and there was a plan to address them even though they were long standing. This made us doubt the effectiveness of the quality assurance systems.

The home had a registered manager in post as required by their registration with the Care Quality Commission (CQC). She had been registered since 2010 and was suitably qualified and experienced for her role. She worked with a deputy manager and they had worked together for two years. The management team was stable and staff said they felt supported by them. The administration assistant post was vacant and was filled for only a few weeks during 2015. This placed more pressure on managers to complete administration tasks which would previously have been delegated.

The manager was aware of the requirements of their registration with the Care Quality Commission (CQC) and adhered to the conditions of their registration. They made notifications to CQC as required by regulation.

The culture of the home was open and people said they felt confident talking to the managers. People living at the home were familiar with and to the managers. One person said they see the manager frequently “she walks around here [the communal area] a lot and we see her every day.” Staff also felt encouraged to discuss issues with the registered manager and her deputy manager. Staff said they felt supported by the managers, and had been told by the registered manager “[If you have] any problems, come to me.”

The provider’s staff management practices have been accredited by the ‘Investors in People’ organisation which assesses organisations on their staff management practice. This demonstrated the provider’s commitment to providing good business and people management.

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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People were not protected from the risk of infection because the home was not clean in the shower rooms and toilets. Regulation 12 (1) (2) (h)