

Sanctuary Care Limited

# East Park Court Residential Care Home

## Inspection report

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Date of inspection visit:  
21 August 2019

Date of publication:  
01 October 2019

## 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

East Park Court Residential Home is a residential care home providing personal care to 42 people at the time of the inspection over two floors. The service can support up to 44 people some of which lived with dementia or a learning disability.

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

People were treated with kindness and compassion. People had personalised care plans and risk assessments in place which helped staff understand their needs and learn about their preferences.

People were supported by compassionate staff who respected their privacy and dignity. People were involved in regular reviews of their care and encouraged to offer feedback. People were supported to receive their medicines safely.

People received their medicines as prescribed. People were supported in a clean environment and staff wore protective equipment where required to reduce the risk of infection. Any accidents and incidents were reported by staff to the management team and actions were taken to reduce any future risk. This meant people's support was flexible depending on their level of need.

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. People's privacy and dignity was respected by staff.

People were supported to maintain a healthy diet and had access to healthcare professionals should they need them. People had detailed care plans which were updated when their needs changed. This ensured the staff knew people well and provided care which was effective.

The provider learned lessons when things went wrong and completed regular reviews of the quality of the service to ensure continuous improvements to people's care.

The management team completed quality monitoring audits to continuously improve the standard of care. Staff were involved in learning forums to share best practice and ensure a high quality of care to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 February 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.

# East Park Court Residential Care Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of 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

East Park Court Residential Care Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, regional manager, senior care workers, care workers and the activities coordinator. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit 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 <insert rating>. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had personalised risk assessments which included guidance to help guide staff support people safely. For example, people had risk assessments for moving and handling.
- Where people had behaviours of concern, staff worked with people and their families and professionals to effectively support people to reduce their distress.
- During our inspection we saw two pressure cushions were damaged. We raised this with the registered manager who acted immediately to replace these. Following our inspection, the provider assured us regular checks would be put in place to ensure pressure cushions remained in good working order.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I am safe. [Staff] are always here."
- Staff supported people to feel confident in raising concerns. One staff member told us, "Residents understood what safeguarding was but didn't know what to do about it." We saw staff spoke with people about the different types of abuse and how to raise concerns to improve their understanding.
- People were supported by trained staff who were knowledgeable about the different types of abuse and how to report concerns. One staff member told us, "I would report concerns to my manager who would speak to the safeguarding team."

### Staffing and recruitment

- There were sufficient staff to meet people's needs. One person told us, "I think there are enough staff. I don't think they are running around too much."
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

### Using medicines safely

- Medicines were managed safely. People were supported with their medicines by trained staff. One person told us, "I get my medicines on time."
- Staff recorded any support given to people with medicines in line with the home's medicine's policy and medicines were stored safely.
- Where people had "as required" medicines prescribed; protocols were in place and staff were knowledgeable about when people may need these.

#### Preventing and controlling infection

- People were supported in a clean environment by staff who were knowledgeable about protecting people from the risk of infection.
- Staff had access to disposable gloves and aprons and used these as required.

#### Learning lessons when things go wrong

- We saw incident reports were detailed and staff had clear guidance on reporting accidents and incidents.
- The registered manager reviewed all incident reports to identify where lessons could be learned and how they could improve people's care.



# 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.

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

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

- People's needs were holistically assessed and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "I find training really useful. It gives you a refresher and helps you look at things in a new light. For example, how important it is for people prone to falls to be wearing their glasses and hearing aids."
- Staff received supervision and appraisals. One staff member told us, "Supervisions are so useful. I've found it helpful to talk through any issues with a senior on a one to one basis."

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

- People were supported to make decisions regarding what they wanted to eat and drink. For example, people were shown examples of drinks to enable them to make an informed decision. One person told us, "The food is great; I'm a devil for vegetables, especially for greens. They have chicken and beef which I like."
- Staff engaged with people during meal times, this allowed people to build relationships with staff and receive additional support should this be required. Menus were displayed and tables were laid in a restaurant style.
- People's weights were monitored and people had access to professionals to support them with their dietary needs.

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

- Staff worked with other services to ensure people received care which met their changing needs. For example, staff sought guidance from the mental health team when people became distressed.

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

- The home was spacious and had multiple communal areas. All bedrooms had ensuite shower rooms and people were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.

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

- People had access to a variety of health professionals to support them to live healthier lives. For example, people were assessed by physiotherapists and district nurses.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People had capacity assessments which were decision specific and reviewed when their needs changed. Staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.
- Where best interests decisions had been made staff involved people's families and professionals. One staff member told us, "We try to involve people's families as much as possible."
- The management team understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

# 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.

Good: 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; respecting equality and diversity

- People were treated with care and compassion. One person told us, "I'm quite contented to think I've been here 12 months. My life wasn't worth living but I came here and now it's different. We have a joke every day."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, the home had a monthly religious service where people could take communion.

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

- Staff took time to listen to people and provide care in a personal way. One person told us, "Staff are quite good to talk to, I get on quite well with them."
- People, and if required their relatives, were involved in decisions around their care and support needs.
- Information was displayed in communal areas about accessing external health professionals and community organisations for people to use if they wished to. For example, how to access local opticians.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships which were important to them. One person told us, "I get a visit from somebody most days."
- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support.
- People are encouraged to maintain their independence. For example, during lunchtime people were encouraged to eat independently where they were able.
- People's right to confidentiality was respected and records were stored securely.

# 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.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were offered time and choices by staff. One person told us, "I have a choice of what time to get up. I get up about 8:15am." Another person told us, "I choose if I want a bath or shower and when I want to get up."
- People had personalised care plans which contained details of their preferences. For example, how people would like to be supported and by whom.

Meeting people's communication needs

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.

- The provider met the Accessible Information Standard. For example, people could access information in large print on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to varied range of activities such as musicians, days out and exercise classes. One person told us, "There's films, singing and dances." One relative told us, "[Person's name] loves the singing and dancing."
- People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "I have never made a complaint. You can talk to staff, I trust them."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- People had end of life care plans in place which explored their funeral arrangements and who they would be contacted in the event of their death.

# 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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives we spoke with offered positive feedback about the registered manager. One person told us, "[The registered manager] is nice. I am quite happy here."
- The management team were experienced staff who were passionate about the people they supported and the quality of the care they provided.
- The service had a clear vision and strategy to help ensure they delivered high quality care and support and achieved positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager if anything went wrong. The registered manager told us, "It's about ensuring we are open and transparent and looking at what we can learn when things go wrong."

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

- The management team regularly reviewed the quality of the service. During the inspection we found some pressure cushions were damaged and checks on the environment had not identified this. We raised this with the management team who acted immediately to ensure cushions were replaced and checks were robust enough to ensure any future concerns were identified.
- Despite this, we saw quality checks completed on various aspects of care such as people's care files and medicines records were effective. Actions were taken when inconsistencies were identified through audits and improvements were made.
- The management team and staff were clear about their roles and responsibilities.
- Since the last inspection the registered manager had sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

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

- The provider sought regular feedback from people and families during resident and relative meetings.

- Staff were given the opportunity to offer feedback during staff meetings. One staff member told us, "We talk about anything we could improve on and any ideas for the people who live here."

#### Continuous learning and improving care

- The registered manager made improvements where required to ensure continual improvements were made to people's care. For example, the registered manager discussed the menus with people and tailored these to meet people's preferences.

#### Working in partnership with others

- Feedback from professionals we spoke with was positive. One professional told us, "[Staff] contact us in a timely way to ensure people receive reviews of their care."