

Sanctuary Home Care Limited

Eastgate Residential Home

Inspection report

12 Speakman Street
Longton
Stoke On Trent
Staffordshire
ST3 4JR

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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

We carried out an unannounced inspection at Eastgate Residential Home on 30 April 2018. This was the first ratings inspection since the provider had registered with us in March 2017.

Eastgate Residential 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.

Eastgate Residential Home accommodates a maximum of 11 people. The service contains four flats, each of which have separate adapted facilities and seven additional bedrooms with en-suite facilities. At the time of the inspection there were seven people using the service on a permanent basis and two people were using the service on a temporary respite/assessment basis.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

People received safe care and we found there were enough staff to provide support to people that met their needs. We found that people were consistently protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service. People were protected from infection and cross contamination risks.

People were supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's nutritional needs were met by staff. People were able to choose what they wanted to eat and drink. People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained. Staff received training to enable them to support people effectively. The environment was adapted in a way that met people's needs.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld, people were able to have time to themselves in their private rooms. Staff encouraged people's

independence and respected people's choices. Staff understood people's individual communication needs and relationships with relatives were maintained.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. People understood how to complain if they needed to because complaints procedures were in a format that people understood. Plans were in place to gain people's views of how they wanted to be supported at the end of their life.

Systems were in place to assess and monitor the quality of the service people received. People and staff were encouraged to provide feedback about the service. The registered manager was approachable and supportive to both people and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough suitably recruited staff available to meet people's needs. Medicines were managed safely and infection control measures were in place to protect people from potential infection risks. Systems were in place to ensure that improvements were made when issues had been identified.

Is the service effective?

Good ●

The service was effective.

People were supported to consent to their care and where systems were in place to ensure that decisions were made in people's best interests and in the least restrictive way. People enjoyed the food and were supported with their nutritional needs.

People received support from staff who were sufficiently trained. People's health was monitored and health professionals' input was sought and followed where needed.

People were involved in the decoration of the service and the environment was designed and adapted to promote people's safety, independence and social inclusion. There were systems in place to ensure that people received consistent care from staff and external services.

Is the service caring?

Good ●

The service was caring.

Staff were caring and showed patience and compassion when they supported people. Staff treated people dignity and respect and their rights to privacy were upheld. People were supported to make choices in the way their care was provided. Staff understood people's individual way of communicating and people were supported to maintain links with friends and family.

Is the service responsive?

Good ●

The service was responsive.

People accessed the community with support and were able to participate in hobbies and interests that met their preferences. People's preferences in the way they received their care were respected by staff.

People's care was reviewed and updated to ensure they received care that met their changing needs. People knew how to make a complaint and the complaints procedure was available to people in a format they were able to understand. The registered manager was in the process of gaining information from people and/or their relatives about their end of life wishes.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff felt able to approach the registered manager. People and staff had been asked for feedback which informed service delivery. Staff felt supported in their role.

There were systems in place to monitor and manage the service. The registered manager and provider had a clear overview of the service. The registered manager worked in partnership with other agencies to make improvements to the way people received their care and they understood their responsibilities of their registration.

Eastgate Residential Home

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 was 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 was unannounced and took place on 30 April 2018. The inspection was carried out by one inspector.

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. 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. We also reviewed other information we held about the service. This included notifications about events at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with three people who used the service. Some people were unable to communicate their experiences of the service so we observed care and support in communal areas to assess how people were supported by staff.

We also spoke with three staff, the deputy manager and the registered manager. We viewed three records about people's care and medicines administration. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person said, "It's nice here and staff are good to me". Staff were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "If I suspected any kind of abuse I would report it immediately. There are many signs of abuse which could include marks on a person's body or a decline in their emotional wellbeing". We found that where there had been safeguarding concerns these had been reported to the local safeguarding authority and an investigation had been carried out. The registered manager understood their responsibilities to report any concerns to the local authority for investigation. This meant people were protected from the risk of abuse.

People were supported to manage risks to their safety whilst their independence was promoted. One person said, "I do quite a few things for myself, but staff have to be with me with other things or I might hurt myself. I need support making a hot drink as I might burn myself if not". We saw staff supported this person whilst they were in the kitchen to ensure that their risks were mitigated. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we saw that the risk assessments in place contained positive risk taking strategies so that people were able to remain as independent as possible, whilst their risks were managed. This meant people were supported to be safe from harm because their risks were managed and mitigated whilst their independence was promoted.

People told us there was always enough staff available when they needed support. One person said, "Staff help me when I need them too. There is always someone about. [Staff member's name] is coming in today so that I can go out and staff take me on holiday too". During the inspection we saw that there were enough staff available to provide support when people needed it. Staff also told us that there were enough staff employed to ensure that people were supported safely and people were able to access the community when they wanted to. Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant there were enough suitably recruited staff available to support people with their health, wellbeing and social needs.

We saw that people were supported with their medicines as required and staff administered medicines in a dignified and caring way. Staff explained to people what medicines they needed to take and gave people time to take their medicines. We saw that where people required 'as required' medicines these contained detailed guidance for staff to follow. Medicine Administration Records (MARs) we viewed showed the medicines people needed, the frequency and the amount. We saw the MARs had been completed accurately by staff. We saw that people's medicines were stored in secured cabinets within their own rooms. This meant that medicines were managed safely.

People we spoke with were proud of the cleanliness of the service and were involved in the cleaning of the service to help people with their daily living skills. One person told us that they helped with the cleaning of their flat and they helped to wash dishes and do their own laundry. They said, "I like it clean. It's always

clean here". We saw that the environment and equipment were all clean and there was a cleaning schedule in place. We saw staff cleaning the service alongside people throughout the inspection. We saw staff wearing gloves and aprons when required to ensure the risk of cross infection was prevented. Staff told us that personal protective equipment was available at the service at all times. The deputy manager showed us how they assessed had the infection control risks and the audit system in place to ensure that they prevented the risks of cross contamination. This meant people were protected from the risk of infection and cross contamination.

Staff told us that the registered manager spoke with staff where there had been any issues within the service. For example; if a staff member had not carried out support that was required. One staff member said, "If there are any issues the [registered manager's name] will discuss this with us either at supervision or at team meetings. It means we can improve and make sure people get the support they need". The registered manager told us that they were committed to ensure people received a good standard of care and where they had identified concerns they spoke with staff to ensure that issues were rectified. This meant the provider had systems in place to ensure lessons were learnt when things went wrong.

Is the service effective?

Our findings

People consented to their care where able and were encouraged to make decisions about their daily living routines. One person said, "Staff ask me what I want to do and I choose my food, clothes and lots of other things". We saw staff gave people time to make decisions about their care and were patient to enable people to respond. Staff we spoke with had a good understanding of how they needed to support people to make decisions and their responsibilities where people had difficulty in making certain decisions. One member of staff said, "If people have difficulties making decisions then best interest decisions need to be made". This meant people were supported to consent to their care.

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. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA and what it meant for people they supported.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw referrals had been made for Deprivation of Liberty Safeguards (DoLS), where people had restrictions in place to keep them safe. Staff we spoke with understood why certain restrictions were in place for people and how they needed to support people in the least restrictive way. This meant that people were supported in the least restrictive way and in line with the MCA.

People we spoke with were very happy with the food. People told us that they were able to choose their meals and they discussed the food they wanted as a group at meetings. One person said, "I like the food. We choose what we want to eat and help to cook things". We saw staff asked people what they wanted at lunch and sat with people and chatted with them whilst they were eating and gave encouragement where needed. We saw that people helped themselves to drinks throughout the day with support from staff if they needed guidance. There were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as cut into small pieces or mashed. We observed staff supported people in line with their assessed nutritional needs during the inspection. This meant people were supported with their nutritional needs and mealtimes promoted engagement with staff and other people who used the service.

People were supported to access health professionals when they needed to. We viewed records that showed people had been supported to access dentists, district nurses, G.Ps and specialist teams. We saw

that advice received was documented and followed by staff. For example; advice had been sought regarding one person's epilepsy. Guidance was recorded in care plans to ensure staff understood the actions they needed to take in the event of a seizure. Staff we spoke with understood the support they needed to provide as recommended by professionals. The records we viewed showed that people's health was assessed and monitored regularly. This meant people were supported to maintain their health and wellbeing

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction before I started to provide support. It was good I shadowed another member of staff for two weeks which really helped". Staff told us and we saw that they received training to ensure that they had the knowledge to support people safely and effectively, such as autism and managing behaviours. One staff member said, "I have had had training in lots of areas. The managing positive behaviour was very informative and how we can support people promoting positivity" The records we viewed confirmed staff were trained to carry out their role effectively. Staff told us they received supervision on a regular basis with the registered manager. One member of staff said, "Supervision is good. It is a two way conversation where we can discuss the role and any improvements needed such as training". This meant staff were supported to carry out their role effectively.

The environment and been designed and adapted to promote people's safety, sensory needs and social inclusion. There was equipment to help people remain safe whilst promoting independence, such as grab rails and shower seats. People had their own private rooms and there were Communal lounges and kitchens on both floors so people were able to socialise or spend time in the privacy of their own room. Signs were on doors to help people when moving around the service, which included push and pull signs on doors and names of the rooms. We saw there was sensory room for people to use and people had been involved in choosing their own décor to ensure they were involved in the way the service was decorated. Pictures of people's achievements were also on display within the service. For example one person had competed in the special Olympics and there were pictures of this person wearing the medals they had received.

Staff told us that they attended a handover session at the beginning of each shift, which ensured they were able to provide a safe and consistent level of care to people. The handovers ensured that any risks were highlighted and if there had been any changes in people's needs. Staff also told us that they had staff meetings and supervision sessions where they could raise any concerns or make suggestions about improvements to people's care. We saw people had 'Hospital Passports' which ensured that important information about people was available to hospital staff if they were unwell. This showed that the service ensured that people received consistent care within the service and across other services.

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person said, "The staff are very nice. I like them a lot". Another person said, "It's good here. Everyone is nice and friendly". We observed caring and compassionate interactions between people and staff. For example; staff spoke with people in a polite and caring way and showed patience when people asked them for support. We saw staff chatting with people throughout the day and asked people how they were. Staff complimented people on the clothes they were wearing and people were happy to see staff, sharing a laugh with staff and reminiscing about certain events that they had visited together.

People who used the service were supported to establish and maintain relationships with their families and friends. One person told us that they regularly met up with friends at a local club, which they enjoyed. Another person told us that they visited their family at home for overnight stays. The records we viewed confirmed what people had told us and showed that people were supported to visit friends and family on a regular basis, which ensured that people were able to maintain links with people that were an important part of their lives.

We saw that people's independence was promoted and they were involved in various areas of daily living, such as; cooking and maintaining a clean and tidy home. One person said, "I do my own laundry and I make my own meals with help from staff when I need it". We saw this person preparing their meal and they chose what they wanted to eat. This person also showed us that they had their own key to their room and staff had supported them to get a bus pass so that they could access public transport. We saw staff supporting people throughout the day ensuring that people had the opportunity to do things for themselves which promoted their independence.

Staff encouraged people to make choices in the way they received their care and people's choices were respected. One person was unable to communicate verbally and used personalised signs to tell staff what they wanted. For example, if they were in pain or wanted support. Staff we spoke with understood this person's way of communicating and we saw staff communicating with this person throughout the day. We also saw that there were picture cards that another person used to express themselves and make choices. This meant that people's choices were gained in line with their individual methods of communication.

We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. We saw people accessing all areas of the service and some people sat in the lounge area, some people were sat at the dining table and some people chose to relax in their rooms. We saw this was people's choice and staff respected what people wanted to do throughout the inspection. We also saw that people's dignity was protected because staff ensured that people received personal care in private and spoke with people in a way that made them feel that they mattered. For example; staff gave people their time when they were asked questions and sat with people when they were talking about various issues. This meant staff that respected people's right to privacy and their dignity was maintained.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I am going to Blackpool with [member of staff] we have a good time when we go on holiday. I'm going to the zoo too I really like all the animals and I will see a lot at the zoo". One person was at college on the day of the inspection to help them learn about daily living skills such as cooking and to also improve on their maths and English skills. This person enjoyed sports and had been supported to attend the local 'Special Olympics' and had gained silver and gold medals at the event. People smiled and laughed as they told us about the outings that they had been on with staff and the plans they had for holidays in the next year. Records we viewed contained details of people's interests and how staff had supported them to visit places that were of interest to them. For example; one person told us how they enjoyed going to a local line dancing event and how they had improved in their dancing. This meant people were supported to access interests that met their preferences.

We saw that people's preferences and interests were detailed throughout their care plans. The information we viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. For example; people's preferred food and drink, toiletries and interests were detailed in plans. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs. Staff explained how they ensured people were treated equally and their diverse needs were considered. One staff member said, "Everyone is individual and it is important that we ensure people are confident to express themselves". This meant people were supported in line with their preferences and staff understood the importance of promoting equality and diversity.

People we spoke with knew how to complain and felt able to approach staff if they were unhappy. One person said, "I would speak with [registered manager's name] if I wasn't happy". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there had been no formal complaints at the service since the last inspection, but there were systems in place to deal with any complaints that may be received.

At the time of the inspection the service was not providing end of life care. We saw that some information had been gained regarding people's end of life wishes. The information contained details about the person's wishes in relation to involvement of family members and where the person wished to be cared for at the end of their life. We saw that a care plan audit had been completed in March 2018, which had identified that people's end of life wishes needed to be gained and included in their care plans. The registered manager told us they were working on this area to ensure people's future wishes were planned for. This meant that the registered manager had started to gain information about people's end of life wishes to ensure that care was provided in line with their preferences.

Is the service well-led?

Our findings

We saw that people approached the registered manager and talked with them with ease and the registered manager listened to people and took account of people's wishes. We saw that the registered manager spent time working alongside staff and staff told us that the registered manager was approachable and gave them guidance and support when they needed it. One member of staff said, "The registered manager is really good, approachable and fair. If there are any issues about my performance they would speak with me about it but in a respectful and professional way". Another staff member said, "The registered manager is supportive and the regional manager is approachable too. I could go to either if I needed to". The registered manager and the staff explained the values of the organisation. A staff member said, "The organisation has five values that I carry out my role against. It is important to respect people's individuality, understanding diverse needs and I change and adapt to people's needs". This meant the service was led by a registered manager who was approachable and supportive to people and staff.

We saw people were encouraged to give feedback on the way they were supported through regular keyworker meetings. We saw that people were involved in these meetings, which showed that people had been asked if they were happy with the care provided, the activities they have been involved in and people's future plans were discussed. We saw that people were supported to answer questionnaires about their care. The feedback we viewed was positive and people were happy with the support they received. Staff were encouraged to provide feedback and inform service delivery within supervision and at team meetings. Staff told us that any suggestions made had been listened to and acted on. For example; staff had requested further information about the Specialist Intervention Team (IST) and arrangements had been made for the IST to attend a staff meeting to provide staff with an overview of the service they provided to people. This meant that people and staff were involved and their feedback was gained to make improvements to the quality of the service provided.

The registered manager carried out regular quality checks on how the service was managed, which were forwarded to the provider to ensure they had an overview of the service provided. These included checks on medicines management, care plan audits and infection control audits. We saw where concerns with quality had been identified the registered manager recorded how improvements were to be made. For example; we saw the care plan audit had identified that a person's care plan needed updating. An action plan was in place to ensure that this was completed. The regional manager completed quarterly visits to the service to carry out an audit to ensure that the registered manager was carrying out their role effectively. The registered manager had completed a service improvement action plan which showed areas that had been identified as needing improvement. The improvement plan had been signed and dated when completed and validated by the regional manager to ensure that all actions identified had been completed in a timely manner. This meant there were systems in place to monitor and manage the service.

We saw that the registered manager had contact with other agencies to ensure that people's changing needs were managed. This included health professionals such as G.P's, hospital staff and consultants. We saw that the registered manager arranged for social work visits when required to ensure that people's needs were met. This meant that the registered manager worked in partnership with agencies to ensure people's

care needs were met.

The registered manager understood their responsibilities of their registration with us (CQC). We had received notifications of incidents that had occurred at the service, which are required by law. These may include incidents such as alleged abuse and serious injuries. The meant that there was a culture of openness and transparency within the service