

Sanctuary Care Limited

Juniper House Residential Care Home

Inspection report

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28 February 2017

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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 comprehensive inspection of this service on 28 February 2017.

The home is registered to provide accommodation and personal care for adults and who may have a dementia related illness. A maximum of 60 people can live at the home. There were 58 people living at home on the day of the inspection.

There was a registered manager in post. 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 told us that they felt safe and secure living in the home and that staff supported them to maintain their safety. Staff told us about how they minimised the risk to people's safety and that they would report any suspected risk of abuse to the management team. People told us that staff helped them by supporting them and offering guidance or care that reduced their risks. Staff were available to meet people's requests and care needs in a timely way. People told us they had not waited long if they requested assistance or used the call system when in their rooms. People told us they received their medicines from senior care staff who managed the administration for them, when they needed them. People also felt that if they needed extra pain relief or other medicines as needed, these were provided.

People told us staff knew the care and support they needed and relatives told us staff were trained and supported to provide the care needed for their family members. Staff we spoke with told us they knew the care people needed from their training courses and guidance from senior care staff and managers. Staff knowledge reflected the needs of people who lived at the home. People told us staff acted on their wishes and their agreement had been sought before staff carried out a task.

People told us they enjoyed their meals, had a choice of the foods they enjoyed and we saw where needed people were supported to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us they enjoyed spending time with staff and spent time chatting and relaxing with them. Relatives we spoke with told us staff were considerate, kind and friendly and took time to get to know and develop positive relationship with their family members. We saw people maintained their privacy and dignity and staff supported them to do this where needed. People's day to day preferences were listened to by staff and those choices and decisions were respected. Staff told us it was important to promote a person's independence and ensure people had as much involvement as possible in their care and support.

People were involved in planning their care and if requested their relatives were involved. Care plans reflected people's life histories, preferences and their opinions. People told us staff offered encouragement

to remain active and try activities on offer. People also told us they enjoyed their hobbies and interests and spent time reading, attend places of worship or going on day trips.

People and relatives we spoke with told us they were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with their care. The provider had reviewed and responded to all concerns raised.

The registered manager provided good leadership and management for the staff team. The staff demonstrated their commitment to care for people following best practice. They linked with care provider forums and ensured people had access to the local community. The service had a good reputation within the local community and also with health and social care professionals.

The provider had a robust programme of audits in place to monitor the quality and safety of people's care and support. Action plans were developed where shortfalls or people's feedback had identified any improvements that could be made. The provider continually strived to make things work better so that people benefitted from a home that met their needs. The provider's planned improvements were followed up to ensure they were implemented.

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 good.

People felt safe and free from the risk of abuse and there were sufficient staff throughout the day to support people's needs. People received their medicines when needed.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make some everyday choices and had engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Good ●

The service was well-led.

People who lived at the home and their relative's views and experiences were used to drive improvements required.

The registered manager provided clear leadership and management for the staff team.

Juniper House Residential Care 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of caring for relative using a service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning some people's care.

During the inspection, we spoke with twelve people who lived at the home and ten visiting friends and relatives. We also 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 also spoke with one chef, six care staff, two senior care staff, the registered manager and the regional manager. We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes.

Is the service safe?

Our findings

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person who had stayed initially for short period said, "I felt safe here, so much so I decided to stay after respite". One person told us that all staff helped to keep them safe and were on call and if needed, "You can depend on them [staff]".

All staff told us they would report any concerns about people's care immediately and action would be taken to keep a person safe. All staff said they would not leave a person if they suspected or saw something of concern. People's relatives and friends we spoke with told us they were assured the staff helped to keep people free from the risk of harm and safe living in the home. The registered manager had acted upon concerns raised and notified the local authority and CQC as needed.

People told us they were aware of their own risks, for example using equipment to aid walking. Where people needed support from staff to maintain their safety with these risks we saw that staff were available and knew the support and guidance to offer. One person told us, "Staff walk with me and my frame regularly to build my confidence". Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or additional equipment to prevent sore skin.

Staff told us they that where people risks changed senior staff and the registered manager would review and detail any changes with the person and update the care plans. All staff we spoke with told us that any concerns were always addressed without delay and they were informed of any changes.

All people we spoke with told us staff were available and they were not left waiting for assistance, which included responding to requests and call bells that people used when they wanted staff. We saw that staff were able to spend time with people without rushing and spent time ensuring people were comfortable and making sure nothing further was needed. We saw staff were available for people in the communal areas throughout the day.

The registered manager had recently reviewed staffing numbers and was looking at how best to meet people's needs within the permanent staff team that were available. Staff told us when needed the deputy manager and registered manager would cover shifts.

All people were supported by senior care staff to take their medicines every day and one person said, "I have so many tablets I let the girls look after it all now". We saw people were supported to take their medicine when they needed it with senior staff taking time to explain the medicines and staying with the person whilst they took them.

Senior care staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. Senior care staff told us they knew when people needed medicines 'when required' and the information had been available to them alongside the medicine administration records (MAR) folder. Where people required a short term course of medicines

we saw that these had been ordered and administered. People's medicines records were checked frequently by senior staff and the registered manager to ensure people had their medicines as prescribed. The medicines were stored securely and unused medicines were recorded and disposed of by the pharmacy who provided the medicines to the home.

Is the service effective?

Our findings

People that we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. For example, by understanding how to manage their condition and well-being. Relatives said that staff and management were knowledgeable about their loved ones care needs and the support they needed.

Staff demonstrated they understood the needs of people they supported and had responded accordingly. Staff told us about the training courses they had completed and how it had helped them understand people's conditions better. The examples they gave were dementia care training and medicines administration training and how this helped people get better care.

All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. They told that apart from the management team being always available to talk to they also had structured routine meetings and supervisions to talk about their role and responsibilities.

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.

All people we spoke with said that they had a choice about their day to day decisions and all staff and management would listen to their request or decisions. People had agreed to their care and support and had signed consent forms where needed. These were recorded in their care plans and showed the involvement of the person wishes and needs. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, these had been involved in any decisions made.

All staff we spoke with understood the MCA and that all people have the right to make their own decisions and would not do something against their wishes. The regional manager had provided additional support sessions for staff to ensure staff understood the MCA and what it meant for people they cared for.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

People we spoke with told us they enjoyed their meals and had plenty of variety on offer. We saw that meals

or requests for snacks were provided and cakes and biscuits were available throughout the day. Staff asked people at mealtimes where they would like their meal and listened to their choice. People were able to eat in a restaurant in the next building as part of the providers overall complex. People had access to drinks during the day or people were able to ask staff for them.

Staff understood the need for healthy choices of food and people's individual likes and dislikes and were able to tell us about people's nutritional needs. The chef told us they had recorded people's allergies which assisted the kitchen staff to identify unsuitable ingredients.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "The doctor attends quickly and the chiropodist comes to see me". One visitor told us, "The GP is very dedicated and will come as soon as a poorly resident is reported to them". Other professionals had been involved to support people with their care needs. For example, attending hospital appointments for assessments and review of their health needs. Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Is the service caring?

Our findings

People we spoke with told us about living at the home and how the staff were kind, caring and attentive to them. One person told us, "Everything is spot on, it's wonderful here". The different atmospheres in the communal lounges varied from quiet and calm to lively with staff and people enjoying their time together. We saw people and their family and visitors had developed friendships with the care staff. One person told us that, "I feel very lucky to be here, it's very nice". People were comfortable with staff who responded with fondness and spoke about the person's interest. Where people were quiet staff looked for non-verbal signs to see what people preferred or enjoyed. One relative told us, "[Person] is happy, comfortable and very content".

One person told us they had developed friendships with other people that lived at the home and particularly enjoyed meeting their friends at mealtimes. They told us it was, "Nice to have a bit of company" alongside the staff. Relatives told us the staff were approachable and friendly with everyone and there were no restrictions on visiting. One relative told us, "The home has a lovely atmosphere, friendly and respectful". We saw that visitors were welcomed by staff at the home who took time to chat with them. One relative told us, "You would have to go far afield to find nicer staff".

People told us the staff involved them with the care they wanted daily, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. Relatives told us the care suited their family member and staff frequently checked and asked if people required anything. Where people stayed in their room they felt staff provided frequent checks and they had not felt isolated. One person told us, "They [staff] don't leave people on their own, always someone to chat with".

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day. One staff member said, "We are a good team, it's a great home to be in".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "The staff are excellent, good people who treat me with respect. It's a happy carefree care home". When staff were speaking with people they respected people's personal conversations or request for personal care. Staff spoke respectfully about people when they were talking and having discussion with other staff members about any care needs.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. Staff took time to talk with relatives about how their family member had been. One relative said, "I was very upset that [family member] may have to move". However they were pleased that the registered manager and staff had been able to look at alternative ways for the person to remain at the home and have continued to meet their needs. We saw where changes to people's health had been recognised and acted on by staff, for example where infections had been acted on people were getting medicines to treat the condition or provide pain relief. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates. One relative told us, "This place is amazing. I'm thankful my relative is here, it's consistently good".

People had their needs and requests met by staff who responded with kindness and in a timely manner. One person told us that it was nice having staff available to ask for assistance if they felt unwell or wanted something checked out. People's health matters were addressed either by staff at the home or other professionals. On the day of the visit the staff responded immediately when a person became unwell and took steps to ensure the person received the care they needed.

Staff told us they recorded and reported any changes in people's care needs to management who listened and then followed up any concerns immediately. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The staff member's leading the shift would share any changes and help manage and direct staff.

We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. They told us they enjoyed singing, cheese and wine evenings, reading and games. Some people were also supported with religious choices and received visits and bible readings in support of this.

The registered manager had employed one member of staff dedicated to providing activities alongside spending individual time with people in their rooms. They had recently recruited a further staff member to provide this seven days a week. One member of staff told us that this often involved just sitting with a cup of tea and chatting or playing dominos.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "The staff are wonderful. No complaints at all". People said the registered manager always asked them how they were or if they wanted to talk about anything. All staff and the registered manager said

where possible they would deal with issues as they arose. The registered manager told us they also had a 'niggles' book at reception where people could leave small queries and they would respond accordingly.

Is the service well-led?

Our findings

People and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. We were told by one person, "I get good care". A visiting relative told us they had, "Picked the best care home" for their family member. Another relative said, "I am very happy that my [family member] is here I do not want them to live anywhere else". People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, planned care reviews, and 'resident and relative' meetings.

Relatives told us they had a good relationship with the registered manager and staff team. They all found the management team accessible, approachable and supportive. The registered manager welcomed everyone in to the home and chatted with them all about how things were going. Everyone we spoke with said they would recommend the home to friends and family.

The visions and values of the service were shared by the whole staff team and the management team had spent time with staff so they understood and followed those values. The registered manager told us, "Kindness is at the heart of the organisation". The staff team told us that the provider made sure people were cared for. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to. The staff team was led by the registered manager and the staff team told us they enjoyed working at the home.

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed on a weekly, monthly, six monthly or yearly basis and included areas such as care planning documentation and people's care needs. The registered manager had submitted these as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made monthly checks to ensure these audits were a true reflection of the home and the care provided. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made.

Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible and formed part of the auditing process.

The registered manager's skills and knowledge were supported by their regional manager and other registered managers at the provider's other locations. They discussed their homes and what had worked well. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. Amongst other things they shared information about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies.

The registered manager felt supported by the provider to kept their knowledge current. The provider also referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best

practice and any changes within the industry. They also worked with specialists with the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.