

Sanctuary Home Care Limited

Ashley Cooper House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 18 January 2017. Ashley Cooper House provides accommodation and personal care for up to 16 people who have physical disabilities. 13 people were using the service at the time of the inspection.

At our previous inspection of 28 July 2016 we found the service was in breach of a Health and Social Care Act 2008 (Regulated Activities) 2014 regulation. This related to premises and equipment. The provider had not ensured that equipment was suitable for the purpose for which they were being used. We undertook a comprehensive inspection on 18 January 2017 to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ashley Cooper House' on our website at www.cqc.org.uk.

We found the action taken to address this was sufficient and the provider met our regulation. At the time of our inspection, the provider had replaced 16 doors and installed 13 automatic door closers. Despite the outstanding three automatic door closers which the service was awaiting delivery for, this did not hinder people's access to all parts of the building. The registered manager informed us after the inspection that the three remaining automatic door closers had been installed and that all doors were functioning correctly and were safe for people to use.

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 were happy living at the service. Staff delivered people's care in a kind and compassionate manner. People's dignity and respect was maintained. People gave consent to care and treatment. People were supported to pursue their interests and to remain as independent as possible.

People had received their medicines safely when needed. Staff managed and stored medicines appropriately. Risks to people's health were assessed and staff had sufficient guidance on how to protect them from harm. People's needs were assessed and staff had information on how to deliver their care. People's care was delivered as planned and met people's individual needs.

Staff were supported in their role and felt valued at the service. The registered manager's carried out supervisions and appraisals to monitor staff performance and address any knowledge gaps.

People and their relatives where appropriate were involved in planning and reviewing of people's care. People's care was provided in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People had enough to eat and drink and enjoyed the choice of meals offered at the service. People's nutritional and dietary needs were known and staff sought professional guidance to support them appropriately. People accessed healthcare services they required to main their well-being.

People and staff described the registered manager as approachable and open to ideas to develop the service. People were confident the registered manager would take their concerns seriously.

People knew how to make a complaint if they were not happy with the quality of the service. Complaints were addressed appropriately and to the satisfaction of people.

The service was subject to regular checks and any shortfalls were addressed to improve the quality of care.

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. Risks to people were assessed and managed appropriately. Staff understood how to safeguard people from the risk of abuse.

Staff were recruited through a robust recruitment and selection process. People's needs were met by sufficiently skilled and appropriate numbers of staff.

People received the support they required to take their medicines. Staff followed the provider's safe medicines management procedure.

Is the service effective?

Good ●

The service was effective. People received support from competent and knowledgeable staff. People received effective care as staff were supported in their work. Staff received regular supervision and appraisal to enable them to undertake their role.

People were supported in line with the requirements of the Mental Capacity Act 2005 and the conditions placed on them under the Deprivation of Liberty Safeguards.

People's health needs were met. People received food and drink that met their nutritional needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and delivered people's care with compassion. People were treated with dignity and their privacy respected.

Staff knew people well and respected their choices and preferences.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and responded appropriately to changes in their health.

People and their relatives were involved in the planning and delivery of people's care.

People took part in activities of their choice and pursued their interests. People's views and feedback were welcomed and acted on. People knew what to do if they were unhappy with their care.

Is the service well-led?

Good ●

The service was well-led.

People benefited from an approachable registered manager and a visible management team at the service. Staff felt supported and had their views to contribute to the running of the service considered.

Checks were carried out on the quality of the service and improvements where made when necessary.

Ashley Cooper House

Detailed findings

Background to this inspection

We carried out this inspection of Ashley Cooper House 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 unannounced inspection took place on 18 January 2017 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with five people who used the service and a healthcare professional who was visiting a person. We spoke with the registered manager, deputy manager, six members of staff including care staff and domestic and kitchen staff.

We looked at 10 people's care records and their medicines administration records. We reviewed eight records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI) to observe how people were supported during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from one healthcare professional.

Is the service safe?

Our findings

People received safe care at the service. One person said, "I have no concerns at all. I feel safe here." Another person told us, "Yes, I am safe here." A healthcare professional told us, "They [the staff] know how to keep the residents safe at the home."

People were protected from the risk of potential harm. Staff knew the signs of abuse and knew what actions to take to protect people from harm. A member of staff told us, "We have a safeguarding procedure we need to follow if there are any concerns of abuse." Policies and procedures were in place to deal with any allegations of abuse. Staff had completed training in safeguarding.

Staff knew how to whistleblow to keep people safe. They were confident the registered manager would act on their concerns. A member of staff told us, "We can whistle-blow on poor practice or any concern of abuse to the managers at head office or to external organisations like the local authority." Another said, "I definitely feel confident in using the policies, we are the resident's advocates here and I would not want anything happening that would be harmful to them. I would whistle blow without hesitation." Information was displayed at the service about how to whistleblow if necessary to ensure people were safe from abuse.

People's risks were managed appropriately to keep them safe. Risks to people were assessed and staff had sufficient guidance on how to support them as safely as possible whilst promoting their independence. Risk assessments had been carried out on people's mobility, environment, going out, nutrition and hydration. Care plans were in place and regularly updated with actions to be taken to minimise the risk of harm to people. For example, guidance was available for staff on how to support a person with their eating and drinking to reduce the risk of choking. A member of staff told us, "We follow what's stated in each person's care plan to help manage situations that can cause harm."

People used safe equipment. Routine checks were carried out on equipment such as wheelchairs and hoists to ensure it was safe for people to use. Maintenance records were up to date on checks done on smoke and fire alarms, fire extinguishers and emergency lighting which showed they were fit for purpose.

People received appropriate support to reduce the risk of harm from incidents. Staff recorded all incidents and accidents that happened at the service and reported them to the registered manager. The registered manager monitored the incidents and ensured staff took appropriate action to keep people safe from the risk of a recurrence. Regular reviews on risks to people ensured staff had up to date information on how to support them safely. Staff shared information about incidents with other professionals, at shift handovers and team meetings to manage the risks which reduced the likelihood of accidents. Records of quarterly staff meetings showed the registered manager had discussed accidents and incidents to draw lessons.

People were protected in the event of emergencies that could arise at the service. The registered manager ensured staff understood the procedures to follow if they discovered a fire to help to keep people safe. Staff carried out regular fire drills. Each person had an emergency evacuation plan which showed the level of support they would need to evacuate the building safely. Staff maintained records about any issues arising

from responses to the fire drills and any action taken to ensure they understood safe evacuation.

People's needs were met by a sufficient team of skilled staff. One person told us, "There is always someone around to help." Staff told us and staff rotas confirmed there were always enough staff on duty to support people safely. The registered manager ensured absences were adequately covered. They told us they took into account people's needs when making decisions on staffing levels to ensure there was appropriate cover when necessary. During our inspection, we saw staff respond to people's requests for support without delay.

People were protected from the risk of receiving support from unsuitable staff. One member of staff told us, "I had an interview for the job and talked about my work experience." The provider used safe recruitment procedures which included obtaining references, full employment history, confirmation of identity and criminal checks on all new staff. Staff told us and records confirmed they had only started to work at the service when all relevant checks were returned.

People received their medicines safely when needed. One person told us, "I get my medicines just about the same time every day." The registered manager had assessed people's needs in relation to the support they required with their medicines. We observed a member of staff support a person by explaining what the medicines they were taking and why they needed them. Medicine Administration Records (MAR) showed people had received their medicines at the correct dose and at the right times. Medicines were stored safely and locked away to minimise the risk of misuse. Staff regularly checked medicines stocks to ensure they were correct and any errors identified were rectified promptly. People received their medicines from staff who were assessed by the managers as competent to do so.

The premises needed refurbishment to improve the experiences of people living at the service. One person told us, "Like the garden...it is a good space and in the summer we like to go out, but it could do with a tidy up to make it better." The provider's quality assurance audit of 18 January 2017 stated, "The service is very tired and in need of full refurbishment throughout. The building is dark and in need of repainting." We asked the registered manager about this and they informed us this was being considered at provider level.

The provider had taken reasonable steps to resolve some issues at the service to keep people safe. For example, people and staff told us about the recurring issue of heating which impacted on their ability to stay warm when temperatures dropped. The registered manager informed us at the start of our inspection that the boiler had developed a fault overnight and this had been reported. An engineer came during our inspection and temporarily fixed the problem. The registered manager told us the provider was working on a long term solution to the problem. After our inspection, the registered manager informed us that a new pump had been installed which would help the boiler provide a consistent supply of heating and water for people. People, staff and the registered manager confirmed that despite the breakdown, the service ensured that people always had access to warm water when needed.

Is the service effective?

Our findings

People received their care and support from staff who were skilled and knowledgeable in their role. One person told us, "They do it well." Another person said, "Staff look after us well." A healthcare professional told us, "The staff monitor people's health and report any concerns in a timely manner."

People received effective care as staff were appropriately supported in their role. Staff told us and records confirmed they had received regular supervision to reflect on their working practice and discuss training needs. The registered manager maintained a schedule to ensure staff received regular supervision. Supervisions enabled staff to discuss personal support and professional development and any gaps in their knowledge and any training they required. Staff told us the supervision process provided them with an opportunity to reflect and learn from their practice. Staff had undertaken an appraisal which reviewed their performance against agreed objectives and development needs. The managers observed staff's practice, discussed how to support people, and had made recommendations in supervisions about their practice.

People had care provided by staff who had undertaken an induction to ensure they understood their role. One member of staff told us, "The manager explained my role and the service's expectations in providing good care to people." Records showed all new staff underwent a formal induction which included getting to know people, reading their support plans, familiarising themselves with organisational policies on providing safe care and completing relevant training. Records showed new staff 'shadowed' experienced colleagues as part of their induction. The registered manager monitored new staff's performance during the probationary period and confirmed them in post on successful completion of their induction.

Staff received regular training which gave them the skills and confidence they needed to meet people's needs. Records showed the registered manager had ensured all staff attended relevant training which included safeguarding adults, moving and handling, health and safety, medicines management, infection control and equality and diversity. Staff undertook specific training in line with individual needs of people such as learning disability, diabetes and epilepsy to enhance their knowledge in supporting people effectively. Staff also attended 'refresher' training to ensure they remained up to date with current practice and guidelines. Staff told us they shared skills they learnt from training so all members of the team could benefit from it.

People consented to care and treatment. Staff involved people in making decisions about their day to day care and support. One person told us, "Staff always ask if I need support with things like having a bath or a shower." Staff told us they asked what assistance people required before they provided their care such as supporting them to choose daily meals and what to wear. Care records showed how staff supported people to understand the nature of the decision and the options available to them.

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. 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.

People were supported in line with the principles of the MCA. Staff had good understanding of how the MCA protected people who may not be able to make some decisions for themselves. Staff had received training on the MCA and were able to demonstrate how they applied the principles when they supported people. People had mental capacity assessments to ascertain whether they could make decisions about their care and treatment. Staff understood the circumstances in which 'best interest' decisions should be made. Records showed that relatives and other people who were involved in a person's care took part in a best interests' decision made on person's behalf in relation to their care and support needs.

People enjoyed their freedom and rights as appropriate to their health needs. DoLS applications were made to the local authority when necessary. Care records of people who were subject to DoLS showed staff had supported them in line with the conditions of the authorisation.

People told us they enjoyed the food provided at the service. One person told us, "The food is good and well prepared." Another said, "We get fresh food every day and they is a choice of what we can have." Resident's meetings records showed staff involved people in menu planning and took into account their preferences. The chef told us and people confirmed they prepared fresh food at the service. Staff had used food picture cards for people with communication difficulties to support them to make choices. Menus were displayed in the dining area to ensure people had access to information on the choices on what they wanted to eat and drink. We observed a member of staff support a person who required assistance with their eating in line with their care plan. People received support to maintain a healthy weight. Staff maintained records of people's weights and had made a referral to the GP when they had concerns about their dietary needs. We saw fresh food prepared in the kitchen. People had access to a choice of drinks, snacks and fruit.

People received the support they required with their day to day health needs. Staff monitored people's health and contacted the GP when they had concerns. One person told us, "Staff are good at getting the GP to come around." Each person had a health action plan that staff supported them to follow. Care records showed people's visits to hospital for check-ups, home visits by dentist, podiatrist and optician to support people with their health needs. Records showed staff had up to date information with the treatment and support people had received and any follow up appointments. Staff used daily staff handover meetings to talk about the outcome of people's health appointments and ensured follow up visits occurred. The manager received regular updates about people and checked on them when on duty and ensured staff took appropriate action to have people's needs addressed.

Is the service caring?

Our findings

People told us staff were polite and kind. They were positive about the care and support they received. One person told us, "I am happy here." Another said, "I like the staff. They are passionate and do a good job for us." Staff were respectful and ensured each person was given a choice to talk with us alone or with staff support.

People knew the staff team who supported them and they had developed positive and caring relationships. One person said, "They are all lovely, it doesn't matter who you get." Staff showed they knew people's likes and dislikes and respected their preferences. A member of staff told us, "We know people well and can tell if they are having a good or bad day. Sometimes people just need a little more time to talk." Care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. People told us that staff treated them with respect and kindness. During the inspection, we saw staff speak to people in a caring and friendly manner.

People were involved in planning for their day to day living. Care records showed that people's views and preferences were reviewed regularly. Where these had changed, staff had updated their care records to reflect this. People told us that their views were listened to and respected.

People were treated with respect and staff promoted their privacy and dignity. One person told us, "Staff are respectful and polite." Staff understood how to protect people's privacy. Another person said, "They knock before they enter." One member of staff told us, "We close doors and curtains when we support people with personal care." We observed staff called out their name and knocked before entering a person's room. We saw staff spoke discreetly with people about the support they required with their meals or personal care and ensured other people around them could not hear. People confirmed personal care was provided in private and in the room of their choice.

Staff understood and respected people's cultural and religious beliefs and supported them as they wished. People in the service were of different backgrounds and held different religious beliefs. Staff used this information to plan their service delivery to ensure there were no conflicts when celebrating religious occasions or when preparing meals. Staff had sufficient knowledge through training they received about equality and diversity which ensured they were aware of issues that might arise in this area.

Staff understood people's communication needs which enabled them to provide them with appropriate care. Care plans contained information about how people communicated. We observed staff support a person to communicate their needs while taking into account their abilities as indicated in their communication support plan. Staff told us they used a writing board and asked a person what they would like to do, showed people clothing of what they wanted to wear and pictorial aids of activities about what they could do. They waited for the person to write back, point at things and nod to show their preferences.

People were encouraged and supported to maintain relationships with relatives and friends if they wished to do so. One person told us, "My family is welcome here and I have no problems if I want to visit them. Staff

help with the arrangements." People told us staff organised functions to celebrate important occasions important to them such as anniversaries. People told us their relatives were made to feel welcome at the service. Records showed staff supported people to visit their relatives and attend functions in the community where they met with their friends.

People were involved in making decisions about their day to day care. One person told us, "I meet with staff and talk about my care and how I want to spend my time." People decorated their rooms as they wished and had photographs and ornaments of sentimental value to them. The registered manager ensured staff involved people in the care planning process to ensure they understood them better.

Staff respected people's right to confidentiality and communicated with family members and relatives with their permission and did not speak about them in front of other people. Staff discussed people's care needs in a respectful and compassionate way. People had access to advocates to support them to make complex decisions about their care.

People received the support they needed to be as independent as possible. One person told us, "I just need help with my personal care. They help but let me do as much as I can for myself." Staff told us and records showed they supported people with their needs and promoted them to remain as independent as they could. A member of staff told us, "We talk to people and offer them choices as this promotes them to be more independent and less dependent on us. We try to ensure people do not lose their skills." People's care plans had information on what they could do on their own and had guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. For example, a person's record showed they needed to be prompted to wash their face as they were able.

Is the service responsive?

Our findings

People said staff understood their needs and looked after them in the way they wanted. People were involved in assessing their needs and planning for their support and care. Staff involved healthcare professionals who knew people well in the planning of their care which ensured they responded to their individual needs.

People received care that was appropriate for their needs. Each person had their needs assessed before they started to use the service. The assessment contained details about the assistance the person required and how and they wished to be supported. This ensured the service was appropriate to meet the person's needs and expectations. People's assessments records contained information about their health, history, preferences. Staff had developed care plans using this information. Staff checked people's support needs in relation to their physical and mental health, developing of new skills and following their interests. Records showed staff involved people's next of kin or other health professionals such as GPs and social workers to ensure they had accurate information about people's needs and the support they required.

People received personalised care suitable for their health and well-being. One person told us, "I meet regularly with my keyworker and talk about the support I need. They take note and help as discussed." Each person had a keyworker who was an assigned member of staff who they spoke to about their care and support. The keyworker spent additional times with people to maintain communication and to build relationships with them. Another said, "I feel I am consulted about my care and support." Staff carried out regular reviews of people's needs and the support they required and involved their relatives where appropriate and other healthcare professionals. Care records confirmed reviews had taken place and were up to date and reflected changes to people's health and support needs.

People received care that was responsive to their needs. For example, staff knew how to support a person whose behaviour challenged the service and others. Records showed staff had sufficient information on how to provide the support and manage situations to ensure they were not a risk to themselves or others. Staff told us the guidance was effective in managing this aspect of their care.

People were supported to attend activities and pursue their interests at the service and in the community as they wished. One person told us, "I enjoy going out, bowling and going to the cinema." Staff knew and valued people's history, their interests and preferences. Records showed the person went out regularly and enjoyed the trips. Another person attended a local college to improve on their knowledge and skills which they said was important to them. The registered manager ensured two staff were assigned to lead on activities each day to ensure people were supported to undertake activities of their choice. Staff told us they spent time with people who could not participate in group activities on a one to one basis. A person's care plan showed they had time allocated for this to reduce social isolation and to support them with activities of their choice.

People's views about the service were considered and acted on. People told us the registered manager and staff sought their views and feedback about the service through regular resident's meetings and surveys and

felt their concerns were taken seriously. They told us the registered manager used their feedback to understand their day to day experience with their care. Records showed the service had used feedback to make changes to their menu, functions and activities schedule.

People and their relatives knew how to make a complaint and felt assured that any issues of concern would be listened to and taken seriously. One person told us, "If I am not happy I talk to the staff or the manager. They are very good at dealing with any issues." The provider had a complaints procedure which was made available to people and their relative along with other information about the service. People understood the complaints procedure which they said was explained to them by the registered manager but had not needed to use it. The service had not had any complaints in the last 12 months. The registered manager was able to explain to us how they would act on concerns or complaints raised in line with the provider's policy.

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was approachable and supportive. People knew who the management team were and felt confident and able to contact them should they need to. People said they were involved and informed about the service they received. People said the registered manager and staff spent time with them and understood their needs. We observed the registered manager was visible around the service. It showed by the way they interacted with people and staff that a good rapport had been established.

There was a positive and open culture at the service. Staff told us they could approach the registered manager and discuss their concerns. Staff and records confirmed they had regular team meetings where they discussed operations of the service and how to provide effective care. Staff said they enjoyed working at the service because the registered manager encouraged teamwork and that they felt supported by their colleagues. Communication records showed information was shared at handover meetings at the start of each shift, which ensured staff knew people's needs before they started providing their care.

Staff were supported by the registered manager and felt valued at the service. A member of staff told us, "The manager listens and readily gives advice. She has an open door policy, is available and staff can pop into the office to see her." Staff understood their roles and responsibilities and were aware of procedures informing their practice. Staff understood the service's vision and values and told us how it shaped their way on how to support people by involving them in their care and support. The registered manager discussed the values and vision of the service with staff and how they applied these to provide people's support. This ensured staff embedded the values in their practice in a way that put people at the centre of the service whilst promoting their independence, dignity and respect. We observed and heard from our discussions with people and staff, it was apparent that the provider's ethos and vision for the service had been adopted by everyone.

People had close links with their community. The registered manager supported people to engage effectively with community groups, charities and local health organisations. This ensured people's health, recreational and spirituals needs were met and improved the quality of service they received.

The service adhered to the requirements of their registration and had notified the Care Quality Commission of all significant events which had occurred in line with their responsibilities. Staff told us the registered manager promoted openness and transparency within the service and ensured they learned from any mistakes and admitted when things went wrong. This reflected the registered manager was aware of their responsibility in relation to their duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. People and their relatives were confident to question practice and report concerns.

The registered manager involved people and their relatives in developing the service. The service obtained feedback from people and their relatives through meetings and surveys and analysed their suggestions on the changes they wanted to see at the service. People had made suggestions to the way they held functions

including the food served at parties and the entertainment. For example, 90% of people thought the food and choices provided were good and 80% enjoyed the activities offered at the service. Staff were aware of this and planned to implement the changes at the next function such as providing finger foods in addition to a full course meal.

People had talked with the registered manager about the modernisation of the premises. We were told this idea was being considered at provider level. The provider produced an annual report to people and updated them on what action the service had taken to address any concerns they had and how they had developed the service. Records showed the registered manager had discussed with people about their safety in relation to the doors that had been installed to improve access.

The registered manager used systems in place effectively to monitor the quality of the service provided and made improvements if necessary. Checks and audits were carried out on the safety and maintenance of the building and environment to ensure the premises were safe for people to use. The registered manager carried out audits to ensure staff were following procedures when administering people's medicines. Checks on care records showed these were appropriately completed and up to date. The service was subject to unannounced quality audits from senior managers within the organisation to determine the quality of service provision.