

Sanctuary Home Care Limited

Shaftesbury Court (Manor Close)

Inspection report

Trowbridge
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Date of inspection visit: 10 August 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Shaftesbury Court (Manor Close) provides accommodation (without nursing) and personal care for up to 19 adults, some of whom have learning disabilities, autism and physical disabilities. The accommodation for people is on single story level and comprises of a large communal area and four 'wings' each with four bedrooms, shared bathroom and kitchen area and a bungalow for up to four people. The service is also

registered to provide personal care to people living in their own homes. At the time of our inspection 17 people were living in the home and one person (who lived in their own home) received personal care.

This inspection took place on 10 August 2015 and was unannounced.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe, however risks regarding the safe use of bed rails had not been documented. This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although the home was clean, the majority of the decor and fittings; such as flooring and doors and frames were shabby and worn. The registered manager showed us evidence of work expected to commence within the next two weeks to refurbish the flooring, doors and bathrooms. The work included redecorating walls and ceilings throughout communal areas. We saw this was highlighted in an internal quality audit recently, and since then the registered manager has been actively following up on the arrangements being made for the work to commence. The registered manager was aware of the potential breach in Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and assured us the work will commence. We will be monitoring this with the registered manager and will take action if the home isn't properly maintained within a timely manner.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. However two people's consent to the safe use of bedrails had not been obtained. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were positive about the care they received and praised the quality of the staff and management. Comments included "The staff know what they are doing".

We observed staff interacting with people in a calm, relaxed and friendly manner, involving people in choices around their daily living. Communication between care staff and people they supported was engaging, humorous and encouraging.

The registered manager responded to all safeguarding concerns. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

People's medicines were managed appropriately so people received them safely.

People were supported to eat and drink enough. Where people were identified at being at risk of malnutrition referrals had been made to appropriate nutritional specialists.

Staff told us they felt supported. Staff received training and supervision to enable them to meet people's needs. There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

We saw records to show formal complaints relating to the service had been dealt with effectively. People explained they were confident that any concerns or complaints they raised would be taken seriously and be dealt with promptly.

There were systems in place to respond to any emergencies or untoward events. The registered manager and provider had systems in place to monitor the quality of service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was overall safe, however parts of the home such as doors and flooring were not maintained to ensure a safe environment. We were assured repairs would be made.

People told us they felt safe, however risks regarding the safe use of bed rails had not been documented. This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

Systems were in place and being followed which ensured people received their prescribed medicines safely.

There were sufficient staff to meet people's needs safely.

Requires improvement



Is the service effective?

The service was effective.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards. However we found consent had not been obtained for two people regarding the use of bed rails.

People were cared for by staff who had received appropriate training to meet their individual needs. There were arrangements in place to ensure staff received regular supervision and training.

People's health care needs were assessed. Staff recognised when people's needs were changing, and worked with other health and social care professionals where necessary.

Good



Is the service caring?

The service was caring. People described the staff as "very kind and caring."

We observed staff were compassionate, attentive and respectful. People were treated with dignity and kindness by staff and were supported to make choices.

People were asked what they wanted to do daily and their decisions were respected.

Good



Is the service responsive?

The service was responsive

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

Good



Summary of findings

People had access to activities both within the home and their local community.

People told us they knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Is the service well-led?

The service was well-led. The registered manager provided strong leadership, demonstrating values, which were person focused. Staff had a good understanding of the aims and values of the service and had opportunities to express their views in what they described as an “open culture”.

There were clear reporting lines from the service through the management structure. Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

The registered manager had systems in place to regularly monitor the quality of the service.

Emergency plans were in place which included an on-call system for staff to be able to seek management support.

Good



Shaftesbury Court (Manor Close)

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 checked 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 10 August 2015 and was unannounced. The was carried out by one inspector and a bank inspector. A bank inspector is a person employed by the CQC to assist in the inspection process.

Before we visited we looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to

send to us. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. During the visit we looked at documents and records that related to five people's support and care, five staff personnel and training files, and quality monitoring documents. We looked around the premises and observed care practices throughout the day. We spoke with seven staff members.

The deputy manager was available throughout the day. The registered manager (who was on leave) decided to come to the home to be involved in the inspection process. We contacted three health and social care professionals for feedback. We received one response from a social care professional who provided positive feedback.

Is the service safe?

Our findings

We looked around the communal areas of the home. Although it was clean, the majority of the decor and fittings; such as flooring, doors and frames were shabby and worn. One member of staff said “We all know the environment isn’t good, but we’re having a new build”. None of the people we spoke with expressed any concerns about the quality of the environment.

The registered manager showed us evidence of work expected to commence within the next two weeks to refurbish the flooring, doors and bathrooms. The work included redecorating walls and ceilings throughout communal areas. We saw this was highlighted in an internal quality audit recently, and since then the registered manager has been actively following up on the arrangements being made for the work to commence. The registered manager was aware of the potential breach in Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and assured us the work will commence. We will be monitoring this with the registered manager and will take action if the service provider does not ensure the premises are properly maintained within a timely manner.

We saw grab rails fitted onto two people’s beds. We spoke with both people who explained why they were in place, and it was evident they were in place to help them. One person explained they were “struggling to move myself in bed, so the night staff suggested these”. The person said they “found them useful”. All of the staff we spoke with described how to use them safely. However there was no risk assessment or information in the care plan to explain how to use them safely. This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw one commode which appeared rusty and one wheelchair with dirt and food debris on it. We raised this with the deputy manager who explained three new commodes had been ordered recently. We were told the wheelchair was cleaned at the weekend; however the deputy manager said the daily cleaning schedule was to be amended and night staff were to carry out more thorough checks and cleaning of such equipment.

We saw risk assessments had been completed for a variety of areas, including moving and handling, falls, behaviour,

finance, making hot drinks and use of transport. We saw these had been reviewed on a monthly, three or six monthly basis, according to the level of risk identified. Each person had their own fire Personal Emergency Evacuation Plan (PEEP); which gave staff guidance on how to evacuate the person in the event of a fire.

People told us they felt safe in the care home. One person explained “I feel very safe here, staff are all great”. Another person said “I know I’m safe here, the staff are kind.” A third person said “The staff know what they are doing”. Throughout our visit we saw that people did not hesitate in approaching staff when they wanted support or assistance. This indicated they felt safe around the staff members.

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. One member of staff said “I wouldn’t hesitate to report any concerns. I have reported abuse in the past”. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required.

Only staff who had completed a medicines administration course were able to administer people’s medicines. The registered manager and deputy manager had also carried out an assessment of staff’s competency in medicines administration via observation and a written test. We observed safe practices for the administering and storing of medicines were followed. The member of staff explained and checked the person knew what the medicines they were taking were for. Staff signed the The Medication Administration Record (MAR), after they had observed the person taking their medicines. The MAR and medicines were kept in the person’s locked cupboard in their bedroom. People told us they received their medicines when they needed them. One person explained “I want the staff to give me my medicines. I’m happy with how they do it, they take them out of my locked cupboard and give them to me”. We saw medicines were stored appropriately. We saw systems were in place for auditing and controlling stock of medicines.

When required (PRN) medicine protocols were in place. We saw guidance in people’s care plans which explained the circumstances in which they may be required. For example, “Ask if X wants pain relief for his headache”. For another

Is the service safe?

person who was prescribed medicine up to four times per day, the care plan stated, “Ask morning and evening if X needs it. At other times he will ask if he needs it”. The person was asked twice a day to score their mood level (from 1-10), and then decide if they felt they needed the medicine.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving the service. All staff were subject to a formal interview in line with the provider’s recruitment policy. We saw records to show some people living at Shaftesbury Court met and ‘chatted’ to potential new staff members informally as part of the interview process. Records showed their opinions and questions were considered as part of the formal interview process. We looked at five staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person’s past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people’s needs. We looked at the home’s roster which indicated there was a consistent level of staff each day and during the night. All of the staff said there were enough staff on duty on each shift. One member of staff said, “We have been a little short of our own staff, but new staff are being recruited. We use agency staff if we need to”. Each person we spoke with said there were enough staff to support them with their individual care needs and daily activities.

We spoke with the member of domestic staff employed by the home. They explained the measures in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule for each or the four wings and the bungalow. Staff could explain the procedures they would follow to minimise the spread of infection and how they would manage soiled laundry. We saw adequate stocks of personal protective equipment such as gloves and aprons were available for staff to use to prevent the spread of infection.

Is the service effective?

Our findings

We saw staff communicated with people effectively and explained to them at all times what would be happening next or later in the day. People told us this reassured them and helped them to make informed choices and decisions for themselves.

People told us staff understood their needs and provided the care they needed,. Other comments from a social care professional included “from the care plans I’ve seen the service is very person centred. Everyone has individual needs taken into account and their own space is respected. The plans were up to date and very thorough.”

We saw people had regular access to healthcare professionals. Records showed people attended regular appointments about their health needs, such as dentists and specialists. Concerns about people’s health had been followed up and there was evidence of this in people’s care plans. One person told us “I see the doctor whenever I ask”. When asked if the service meets people’s health needs, a social care professional stated “from the care records I observed, I would say, yes they do this well.”

People had access to food and drink throughout the day and staff supported them when required. We saw snacks and fruit was available for people, and we observed people being encouraged to drink frequently throughout the day. We saw staff and people living in the home had ‘tea’ breaks and ate lunch together if they wished, this promoted a friendly and sociable time. All food preparation, cooking and serving was undertaken on each of the four individual wings of the home.

Each person did their own shopping for all meals and had their own refrigerator. The main meal of the day was prepared by the cook, and people were encouraged to be involved. We saw one person helping to prepare the lunch for the day. One person explained how they “choose my food. I can do my own if I want, but I do like X (the cook’s) cooking”. Another person said “I go out and shop once or twice a week, and X cooks with us”. We saw weekly menus had been devised and agreed with people.

The staff we spoke with described how they had regular meetings with their line manager to receive support and guidance about their work, and to discuss training and development needs. At these meetings; areas where personal or professional development was required were

identified to maintain good practice. We saw records which showed regular meetings took place, and action taken where any shortfalls were identified. Staff said they received good support and described how they were able to raise concerns outside of the formal supervision process. Comments from care staff included, “I feel so well supported”, and “There is lots of training available”. One agency member of staff said “I had a good induction, and shadowed staff before I worked on my own”.

The registered manager explained the provider was including the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. Records showed the induction process included reading the provider’s policies and procedures and by shadowing more experienced members of staff to meet and get to know people they would be supporting. We saw records to show staff inductions and probationary periods had been signed off by the registered manager. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe peoples’ likes, dislikes and preferences.

There was a programme of training available. Staff told us they received the necessary training to meet people’s needs such as moving and handling, medicine and health and safety. Staff told us they were well trained and received specific training for example, challenging behaviour. They said they could also request extra training for example, for the specific needs of people they were supporting. The registered manager explained the majority of training was given via DVD which was followed up by competency questionnaires. We saw these were in place and action had been taken such as additional training where any shortfalls or concerns had been identified. A social care professional described how they “viewed staff files during my visit in March 2015 and their training is excellent, with policy changes being discussed in their regular staff meetings.”

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with

Is the service effective?

demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and its principles. They were able to describe areas such as 'best interests', not restraining people and ensuring people had a say in the care they received. Comments from staff included, "Sometimes it is different from what families want but good assessments and care plans ensure that we know what is expected of us". Staff explained how they "assumed everyone had capacity, and that no one was being deprived of their liberty". The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Staff were able to describe how they gave people choice, and how they obtained consent from people before they supported them with personal care. One member of staff said "Everyone has their choice respected. They are all involved in planning their care". One person's care plan

stated, "I do not like someone taking away my right to choose". The care plan explained how this person, who had very limited verbal communication, was able to express choice and give consent.

We saw people moving freely inside and outside the home. People were not restricted on when they could leave the home. We saw heard people telling staff they were "going into town shopping," we saw risk assessments were in place to support the people to do this safely and independently of staff. This meant where possible, people were not restricted on when to leave the home.

We spoke with two people who had bed rails in situ. Both people stated that they were in place to help them and did not restrict their movement in anyway, in fact they said they "help me to move position as I use them to hold onto." However, there was no supporting documentation to confirm consent had been obtained. The deputy manager said this would be addressed immediately.

Is the service caring?

Our findings

People spoke positively of the care they received and the relationships they have with staff. Comments we received included the staff are “engaging”, “enthusiastic” and “They’re (staff) a lovely lot”, “The staff are all nice to us, kind”.

People who use the service had good relationships with staff members and we saw people frequently seeking support from staff without hesitation. Staff showed respect and consideration for individual need when talking with people, they involved people in their care, discussing what was going to happen and ensuring this was acceptable to them. This was also evident in people’s observed responses to staff, laughing and sharing a joke with them.

We saw a notice board which had staff members’ photographs on it. Staff said this informed people who would be working during the day and night. Other visual aids were used to help people stay informed and to make choices such as; activity planning, resident meeting minutes and a menu for the main meal of the day; with alternative options.

The support plans we saw demonstrated people were involved in making decisions about the support they received. People we spoke with explained they felt involved in the support they received.

People’s preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. People explained how they were involved in regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Is the service responsive?

Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; “I choose what I want to do, I like to spend time in my room, and I know I can go out when I want”, another person explained; “My door is always shut when I want it to be.” Another person said and “I know all about my care plan, it’s all discussed, but I don’t really want to read it” Support plans we saw were well organised, individualised, and took into account each person’s needs and wishes. People were encouraged to provide information about themselves so that staff understood their needs well. When appropriate, family members had contributed to the development of support plans to include details about their relative’s likes, dislikes and interests. People described how the support was tailored to their needs and was reviewed accordingly to meet these. Everyone we spoke with said they were involved in reviewing the care on a regular basis.

People were supported to take part in their interests and social activities both within the home and in the community. During our visit there was a lot of activity during the day, with people going out for short periods of time, preparing meals and socialising with staff. One person said “I can go out whenever I want”. A social care professional said “some people have voluntary jobs in the community and the home is on a good public transport link so those who are able to, are accessing the community.”

The home has one vehicle and two people living at the home own their own car. One person said “Sometimes I can’t go out because there isn’t a driver on duty”. We raised this with the registered manager who said where possible they try to ensure a driver is on duty, and try to recruit staff who can drive. However there are good links to public transport as an alternative.

People were consulted about the care and support they received. Residents meetings were held with staff support. Throughout the inspection we saw staff spent time with people to make sure they received the care that was centred on them and was responsive to their needs. For example

Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. One person explained how they would “speak with Sam (the registered manager) and she would sort out any problems”. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

The complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. A social care professional said they had found the registered manager to be “totally approachable.”

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and staff we spoke with were clear about the management structure and lines of accountability. The service had clear values about the way care should be provided and the service people should receive. Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt well supported in their role and did not have any concerns.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The registered manager described how they focused on ensuring the team worked together effectively to meet people's needs. This had resulted in staff explaining how well the team worked together, feeling

valued and there being 'high staff moral'. The staff we spoke with described there being an "inclusive and open management style within the home." Without exception, everyone we spoke with described the registered manager as being 'approachable, honest and supportive'.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the registered manager and area manager. The audits covered areas such as care plans, staff records, the safe management of medicines and health and safety. There was evidence of learning from incidents / investigations took place and appropriate changes were implemented. Staff described the systems in place to report any accidents or incidents; they said that these were acted upon very quickly.

We discussed with the registered manager the plans they had for improving the service in the coming year. They explained the refurbishment of the home was the priority.

Everyone we spoke with said they had opportunities to feedback on the service they received. We received the following comments from people; "I let the staff know how I feel, they listen to me which is important." Another person explained they had regular meetings which are minuted so everyone knows what was discussed.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present out of normal office hours to address any concerns raised. Staff confirmed there was an efficient and responsive on-call system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks regarding the safe use bed rails.</p>