Sanctuary Home Care Limited

Shaftesbury Place

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

Shaftesbury Place is a residential care home for 19 people who live with a physical disability. Some people also live with a learning disability and mental health needs. The service predominantly met the needs of younger adults but also of people under the age of 65 years. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 17 people received care and support under this service. Accommodation for the care home was provided across two floors; on the ground-floor in four units called 'households' and on the first floor in three (single occupancy) flats.

The service was also registered to provide 'personal care', when required, to people living in their own accommodation. Another nine flats were located on the first floor and were rented by people who had a separate rental agreement in place. Two of these people received support with their personal care to enable them to live as independently as possible. We looked at the support these people were receiving. CQC does not regulate or inspect the private accommodation of people receiving support under this service. People from the nine flats and those who lived in the care home socialised together within Shaftesbury Place.

The home must have a registered manager in post and the same one had remained in post since 2010. A registered manager is a person who has registered with the CQC 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 knew who the registered manager was, they liked her and they told us they found her easy to talk with.

At our last inspection on 16, 17 and 18 December 2015 we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

This inspection was carried out on 13 and 14 June 2018 and was unannounced.

Why the service continues to be rated 'Good'.

People received the care and support they required to live safely and as independently as possible. People had access to other health care and social care professionals to support their wellbeing. Staff were knowledgeable and had the right skills to meet people's physical and psychological needs.

People were encouraged and supported to develop their daily living skills, to improve their overall education and to socialise as they wished to. They were supported to develop friendships and maintain

family links. Staff supported people's independence. They tailored people's care and support around their needs, abilities, goals and aspirations. People had good relationships with the staff and people's different communication needs were supported.

People were actively involved in planning and reviewing their care. Where appropriate and if the person wanted, family members were also involved in this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice.

Improvements were taking place to make it easier for people to access their care records when they wanted to. Plans included making this possible through an application (an App) on the person's computer or Smart phone. Complaints could be raised and addressed through the provider's complaints procedure. Any area of dissatisfaction was taken seriously and managers aimed to resolve these, where possible.

The registered manager had continued to manage the service effectively. They were trusted and respected by people and the staff. Management staff worked well together to ensure the systems and processes in place supported the home's compliance with necessary regulations. There were effective quality monitoring processes in place, which monitored the quality of services and care provided to people. Actions which were required to sustain good practice and to make improvements were carried out. People had a voice in the running of the home and their feedback was taken into consideration when plans and improvements were made.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? This service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Shaftesbury Place

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 unannounced comprehensive inspection took place on 13 and 14 June 2018. It 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. In this case physical disabilities.

To help us plan this inspection we reviewed information we held about the service since the last inspection in December 2015. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications received from the provider. This is information the provider is required by law to send to us, about significant events which relate to or involve people who lived at the home.

During the inspection we spoke with eight people who lived at the home and who received care and support under the home's registration. We spoke with the registered manager, deputy manager and two care staff. We reviewed the care records of three people and medicine records of one person. We reviewed three staff member's recruitment records. We reviewed complaints records, a selection of audits, the home's current business plan, maintenance records, and fire risk assessment. We requested to be forwarded to us and received the staff training record and evidence of provider follow up related to recommended fire safety actions.

Good

Is the service safe?

Our findings

We asked people if they felt safe and they all said "Yes I do." People told us they felt physically safe, for example, one person said, "There are no steps, from a physical point of view everywhere is flat, inside and outside so I feel safe." Another person said, "They [staff] lock everything up and the windows and my door is locked automatically [person's preference]." People also referred to feeling psychologically and emotionally safe. They said this was because staff talked with them, they felt safe around the staff and they were able to speak with staff when they needed to.

There were enough staff to meet people's needs. We observed people receiving support when they required it. The registered manager told us staff worked as flexibly as possible in order to work around people's needs and preferences. The registered manager told us there were busier times which needed to be planned for. This was when people in the home required support but others also required support to go out. At these times the registered manager would stop their management work and deliver care to people. One member of staff said, "[Name of registered manager] will always help out, she's one of the team." Another said, "I have worked with [name of registered manager] on shifts and she gets stuck in with people's personal care."

People had call bells so they could ring for help. One person said "I have a bell. If I need any help I use it. They [staff] come and I am happy with the response time. I also have a call bell on my chest when I go to bed at night." Another person said "I have two call bells. One by the door and one by the bed. If they [staff] are busy it can take a little longer [for staff to arrive]."

Risks to people were assessed, monitored and managed. People's care records showed that some risks were common to most people. For example, those associated with moving and handling, pressure ulcer development, choking and falls. Some people had more specific risks which were associated with their health condition, for example, epilepsy or cerebral palsy. There was specific guidance in place on how to manage risks. Environmental risks were identified and reduced. For example, potential fire risks associated with the charging of mobility scooters had been taken into consideration and action taken to reduce these. The environment was kept clean and risks associated with infection were reduced. Potential risks to people were discussed with them and they were supported and educated to live their lives safely around these.

People were vulnerable to abuse and discrimination. They were supported to recognise potential associated risks and to manage situations they may potentially find themselves in. This included risks from social media. Staff had received training on these subjects and they knew how to recognise various forms of abuse and discrimination. They knew how to help people be more aware of potential issues and who to report any concerns to. The provider's policies and procedures supported the protection of people from abuse and their right to live feely without discrimination.

People were protected from those who may not be suitable to look after them. Staff recruitment records showed that stringent recruitment processes had remained in place. Appropriate checks were completed on potential staff before they started work in the home.

People's medicines were managed safely. All medicines were stored securely and medicine records maintained accurately. Where there had been medicine errors action had been taken to address these and staff had learnt from these incidents. Regular checks on stock levels and medicine records helped to ensure people's medicines were administered as and when prescribed. Particular guidance was in place for medicines prescribed to be used 'as required', for example, in the case of a seizure. One person's wish to remain independent and to self-medicate had been supported but they were eventually assessed as unable to do this safely. People told us they received their medicines as prescribed and on time.

Good

Is the service effective?

Our findings

People's needs were assessed before they moved into the home. If people wanted their family were involved in this process. Staff liaised with involved professionals in order to find out as much information as they could about people's needs. This 'pre-admission' assessment process ensured that when people moved in, they felt welcomed and staff had the right equipment and necessary knowledge to meet their needs. Care records showed that various health assessments were reviewed on a regular basis, also when there had been a change in health, abilities and behaviour to ensure people's care was adjusted to meet their changing needs..

People's care records recorded a range of visits and appointments which people had with health care professionals. Involved professionals had continued to include physiotherapists, occupational therapists, speech and language therapists and mental health and learning disability practitioners. People had access to their GP when needed, as well as NHS and private dental and eye care. Staff supported people to attend health appointments, if they could not do this or did not wish to do this independently. One person said, "They [staff] book the Doctor's appointment for me…." Another person told us they could see their GP when they needed to. They said, "I last saw a GP four months ago." Plans were being made to ensure that one person, who would require frequent health appointments in the future, was supported at each one.

We checked to see if staff were adhering to the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the MCA and were following these. People were presumed to have capacity to make decisions, unless staff had reason to think they had not. People had been supported to make independent decisions about their care, treatment and accommodation. At the time of our visit everyone was able to provide consent to live at Shaftesbury Place and for the care and treatment they received. Therefore no applications had been made to the local authority [the supervisory body] under Deprivation of Liberty Safeguards (DoLS). For people with more complex needs, their ability to make specific decisions and to provide consent was closely monitored to ensure they could do this independently. Where it had been previously necessary a notification from the home had informed us that an application for DoLS had been completed. This person no longer lived at the home. This showed that staff understood their responsibilities in relation to this legislation.

People's meals were cooked for them or, if able and they preferred to, people were supported to prepare their own food. People could shop for their own food or contribute to a communal meal. Many people preferred to eat together, at supper time, in their individual households. We also observed people eating at a

time which suited them at lunchtime. One person said, "I like the choices I get." Another person said, "I get my own home food and I always like it." Two people were not so positive, one saying, "Sometimes it's [the meals] okay and sometimes not." Another person said, "It is ok but we have the same menu all the time." Staff explained that meals were chosen by the people on their particular units and they could always have something different if they did not like the majority choice. People who required support to eat safely were provided with this. Where people had been at risk of choking their swallowing had been assessed by a speech and language therapist. If following this food and drink needed to be provided in an altered texture, for example, fork mashable or purred food and thickened drinks, this was organised.

The service's training record showed that all staff were up to date with training the provider expected staff to complete. All staff completed induction training when they first started work, which included awareness of the provider's policies, procedures, systems and processes. Where staff were new to care they completed the care certificate. The care certificate supported new care staff to provide care to a recognised standard. Staff were provided with additional support and training to meet more complex needs. Staff competencies, in various care tasks, including the administration of medicines, were assessed on a regular basis. Managers sought people's feedback when reviewing these. Two staff told us they felt "well supported." One member of staff was completing their induction training and said, "The support is well organised."

Shaftesbury Place was a purpose built care home, which over time, had been further adapted to meet the needs of people with a physical disability. Main communal rooms and people's bedrooms were on one level and allowed easy access by wheelchair. Work surfaces in household kitchens were set at a height for people in a wheelchair. One person told us how they were able to move independently from their bed into their wheelchair by using the hoisting equipment fitted in their bedroom. We observed people moving from inside the building to the outside easily. A problem with the opening mechanism of one set of main doors meant that sometimes people needed these doors to be opened for them. The provider was aware of this and was organising for the problem to be addressed.

A courtyard garden project, supported by gardening groups in the community, had involved people in making decisions about how they wanted to use this space. Adaptions had been made to this space, for example, raised growing areas for plants and vegetables had been added.

Good

Is the service caring?

Our findings

We asked people if they considered the staff to be kind. People able to talk with us about this said, "Yes I do", "I reckon so" and "Yes, as they help me." These people also told us the staff respected their privacy, maintained their dignity and carried out their care in a way they wanted. One person specifically said, "At all times, yeah."

We observed staff treating people in a kind and dignified way and speaking with them in a respectful manner. This included times when they were unable to specifically stop and talk. People, at these times, were not dismissed in an uncaring way but an explanation was given to them and people were told when the member of staff would catch up with them. Staff were otherwise very attentive.

People were relaxed around the staff and they clearly had a trusting relationship with them. Some people needed more time and support to be able to communicate their thoughts and feelings which staff provided. We observed a casual but professional approach from staff towards people. We saw and heard a mixture of laughter, banter, concern and compassion when staff interacted with people. Staff knew the people they looked after well. They were able to tell us what people liked, disliked, what upset them, what made them happy and what may trigger behaviours or feelings which needed additional support.

Where people used technology to communicate staff understood that this needed to be supported. One person for example used technology to enable them to communicate with people and staff. We observed this person to be accepted by others and included in jokes being made between people. Another person was being supported to form words and to recognise unfamiliar noises after an improvement in their hearing.

People's relatives often required support to understand their relative's care needs and wishes. The registered manager explained how the care team supported those who found it more difficult to sometimes "let go" and allow their son or daughter make their own decisions. There was evidence of detailed support in some cases.

Staff supported people to maintain links with family members and friends. People were able to bring friends back to the home as they would in their own family home. One person said, "My Mum lives in [name of place] so it is difficult for her, but she can come anytime." Another person said, "I also have a phone in my room and I can ring them [family and friends]." Some people used their Smart phones and one person said, "I have a phone and use WhatsApp to communicate with them [family and friends]."

On the households there were photographs of collective groups of people who lived together in the household. This suggested friendships were formed and people lived as a family like unit. People cared for each other and this was evident in the things they spoke with us about. Shaftesbury Place had a good sense of community. A member of staff told us they had been made aware of this friendly culture when they first arrived. They said "I was welcomed by the residents". They said, "It's a very inclusive place."

Staff respected people's private spaces; their bedrooms. These had been decorated the way the person had wanted and most were highly personalised with belongings around and posters and pictures on the walls. Decisions about the decoration and soft furnishings in the household communal areas were made collectively by the people who lived there.

Information about people's care was kept confidential and secure. People made decisions about what information they wanted shared and with whom.

Good

Is the service responsive?

Our findings

People received personalised care and support. The content of the majority of care plans reviewed showed that people's particular wishes, likes, dislikes, goals and aspirations had been incorporated into the care planning. For example, in relation to people's daily routine it was recorded what time people preferred to get up, go to bed and what may indicate that they preferred to lie in.

People confirmed they were involved in planning their care through the support of their 'keyworker' (a particular member of staff, allocated to the person, as a point of contact). People had diverse needs and staff used different ways to help people understand their care choices and make decisions about these. Everyone spoken with was able to tell us they had a care plan and that they were supported to review this with their 'keyworker' One person said, "It [the care plan] is on the computer and they can show me…. I have not seen it yet but also I need to have it in big print. They tell me they will make the change but I don't know if they will as it is on the computer." This person explained their keyworker went through their care plan with them. Another person confirmed they had access to their care plan. They said, "I can ask and she [the keyworker] will look it up for me. It is in a folder and she reads it to me. They always ask me before they make any changes to my care plan. They always give choices verbally and talk me through my choices. I make the final choice." Another person said, "They show me [the care plan] by pictures. They also talk to me verbally about it, my keyworker is there."

Health care related care plans gave detail about what support was needed by the home staff or by visiting health care professionals. We read a care plan which gave detail about how one person's wound was cared for by the community nurses. Other care plans for this person showed that home staff and visiting professionals worked jointly to meet this person's needs. We spoke with one person about the support they required in one particular area of care. During the inspection what the staff on duty told us about this person's care matched what the person had said, although the specific care plan lacked specific detail about this. The person told us some staff approached their needs, in this area, differently. The registered manager told us they would look into this with the person. They told us they would makes changes to staff practices, where appropriate, and alter the relevant care plan so staff were given more specific guidance to follow to ensure care delivery for this person was consistent.

People were supported with their daily and social activities. Some people attended college based activities, courses and workshops. People took part in activities based at day centres and with community groups. Transport was available to get people to different destinations during the week and the registered manager was looking to recruit additional volunteers to help with transport needs at the weekend. People liked to attend various social clubs where they had friends. Staff supported people to go swimming on a regular basis. One person explained to us they really enjoyed this activity. People were supported to take part in hobbies and personal interests for example, one person said, "I like to go to disco's sometimes and also to the college and the gym. We also do swimming and cooking. We do lots of things." Another person told us they were going shopping and out for supper with a member of staff.

People knew how to make a complaint and told us they would feel comfortable doing this if they needed to.

The registered manager told us they had not received any formal complaints [received in writing and requiring investigation] although some people and relatives had raised areas of dissatisfaction which had required looking at and resolving. The registered manager took all reports of this seriously, they said, "What's an issue for me personally or to one person is different for someone else." These had been recorded in the home's complaints log which we reviewed. Records showed that the registered manager had spoken to the person raising the concern, looked into the issue and taken action to resolve it. One person told us they had raised a concern. They told us this was said, "over 6 months ago, and the problem was sorted."

Staff had supported people in the past to have a dignified and comfortable death, but this was not an area of care experienced too often at Shaftesbury Place. People's thoughts and their end of life wishes however, were explored with them and recorded. The registered manager explained that when it had been necessary, to support a person at the end of their life, the staff and local healthcare professionals had worked well together to meet the person's needs.

Good

Is the service well-led?

Our findings

The home must have a registered manager in post and the same one had remained in post since 2010. A registered manager is a person who has registered with the CQC 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 knew who the registered manager was, they liked her and they told us they found her easy to talk with.

An effective management structure was in place in the home. This was evident from feedback from the staff, organised and well maintained management related records and how the management tasks and responsibilities were shared. Since the last inspection in December 2015 the staff group had changed significantly. The focus over the last 18 months had been staff recruitment and building a new team. The registered manager and deputy manager were 'hands on' and they worked closely with their staff. The registered manager said, "The staff culture is lovely at present, there are no cliques, everyone works well together." When speaking with staff it was clear they respected these managers and were committed to their visions and values. Staff told us they felt valued and supported by the managers. The managers were available for advice outside of working hours and the provider ran an on call, duty manager rota.

Regular meetings were held between managers, staff and people. These were used to convey information but also to listen to people's and staffs' ideas, suggestions and to get feedback. One person said, "Yes we have house meetings and it is good that we talk and get things resolved."

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. Where necessary the registered manager took appropriate action to address poor practice and to ensure the standard of care delivered to people remained high. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. These checked that safe practice and processes were followed and ensured the home remained compliant with necessary regulations.

Medicine audits, for example, had been increased following some identified medicine errors in the last 12 months. These enabled managers to review the actions put into place to address these and to ensure they remained effective. Action in response to medicine errors included making sure the medicines that people come home with following a hospital discharge are the correct ones. Also ensuring that when people have been out that they receive their necessary medicines on their return home. More regular checks of medicine records, by staff prior to administering people's medicines, had led to a decrease in staff omitting to sign people's medicine records following administration. We also reviewed other audits, which for example, included the fire safety audit, care plan audit and staff recruitment file audit. These showed that actions were identified and completed and this led to improvements being made. We requested information about some actions which the provider was responsible for, which we received. This showed that quotes for various works had been received and start dates for the work were to be confirmed.

The views of people were gathered in house meetings but also formally by the provider. In May 2018 satisfaction questionnaires were sent out, these were in written and pictorial format. They responses to these were sealed and forwarded to the provider's head office. The analysis of the feedback, not collated at the time of this inspection, would be shared with people. Any required actions from this would be given to the registered manager to address. The provider did not have a formal process for gathering the views of relatives but the registered manager had requested feedback. Part of this had included feedback about the height of dining tables and a need for them to better meet the needs of those in wheelchairs. Action was being taken to purchase height adjusters. Another actions derived from this feedback was the need for more drivers to support people's social activities.

The registered manager kept herself up to date with current necessary knowledge through liaising with specialist practitioners, reading professional journals, attending management meetings and relevant trainings.

They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our on going monitoring of the service.