

# Sanctuary Home Care Limited

## Skelton Court

### Inspection report

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Date of inspection visit:  
24 April 2017

Date of publication:  
09 June 2017

### 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 was an unannounced inspection that took place on 24 April 2017.

Skelton Court provides residential care for up to 15 people diagnosed with learning disabilities and/or autistic spectrum disorders. The service specialises in supporting people with learning disabilities, autistic spectrum disorders, mental health needs and dementia. At the time of our inspection there were 13 people using the service.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living at the service and the staff were kind and caring. All the staff we spoke with had a caring attitude and said they enjoyed supporting people to lead independent and fulfilling lives. The service had a homely atmosphere. The presence of two friendly cats contributed to this. These belonged to the people using the service who were seen to value and interact with them. People also took pride in the garden which they helped to look after, growing their own plants and vegetables.

People told us they felt safe using the service and we saw they were relaxed and comfortable around staff and happy to approach them for support. The staff knew the areas where the people they supported might be at risk, for example when going out, and what they needed to do to help ensure they remained safe. Staff were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they preferred to be supported.

Medicines arrangements were personalised and the people we spoke with knew their own medicines routines and how staff supported them to have these safely. People were supported with their health care needs and told us they saw GPs and dentists and other health care professionals when they needed to.

Staff told us they were satisfied with the training they'd received and told us about some of the recent courses they'd attended which included mental health, challenging behaviour, and dementia care.

Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decisions about their daily lives. Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care.

People told us they liked the food served and they chose what meals they wanted. The cook was working with people to introduce a healthier eating programme based on lots of vegetables and other fresh produce. People met weekly to decide on the menu and have their say about the food provided.

The premises were clean, spacious and well-laid out. There was clear signage and picture prompts for people to help them find their way around, large ensuite bedrooms, and spacious communal areas for socialising, dining and doing activities. The premises had been adapted where necessary to meet people's mobility needs and were decorated to a high standard throughout.

One of the features of the service was the particularly large bedrooms each with their own ensuite. All the people we spoke with commented on how much they liked their bedrooms. Each had a different coloured 'front door' with spyhole and knocker. This gave people the sense of having their own private space where they could spend time alone if they wanted to.

People were encouraged to be independent and to get involved in the day to day running of the home. People said they enjoyed helping at the service. Each person had a personalised pictorial agreement in place regarding domestic tasks which set out their responsibilities. This helped to ensure that staff were able to support them with these in line with their abilities.

People told us about the many different activities they did which they said they could choose themselves. These included attending a local college, arts and crafts, cooking, discos, holidays, cafes, restaurants, parks, and pubs. The service had a small activities room equipped with a range of activity resources including arts and craft materials, guitars, games, a pampering box, and a TV and DVD player.

People told us they had a say in how the service was run through group and one-to-one meetings. They had also been supported to complete resident satisfaction surveys which gave them another opportunity to share their views. Staff also had meetings where they could discuss good practice and how best to work with the people they supported.

Since the service was registered ongoing improvements had been made to the premises, staffing levels, and activities. The provider and the registered manager carried out regular quality monitoring audits of all aspects of the service. Records showed that any actions required had been promptly addressed.

## 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.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered by trained staff.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

# Skelton Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April and was unannounced.

The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. Our specialist advisor for this inspection was a registered learning disability nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of the care of people with learning disabilities.

Prior to our inspection visit we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We also looked at information received from local authority commissioners about the service. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. No concerns were expressed about the service at present.

During our inspection visit we spoke with five people using the service and a relative. We also spoke with the registered manager, deputy manager, a senior support worker, two support workers, the cook, a visiting health care professional, and a visiting adult community education professional.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe using the service. One person said if they felt unsafe they would 'tell someone' and another person said they would 'press the alarm' (on the nurse call system). We observed that people were relaxed and comfortable around staff and happy to approach them for support.

The staff had a good understanding of their responsibility to protect people from harm. They had been trained in safeguarding [protecting people from abuse] and understood the provider's safeguarding policies and procedures. Records showed staff took appropriate action if a person appeared to be at risk and worked closely with the health and social care professional to protect the person from harm.

Safeguarding information was displayed at the service in a user-friendly pictorial format to make it easier for people to understand. The staff knew the people they supported well and could tell us the signs they would look out for if they thought a person was being abused. One staff member told us, "Some of them would be able to tell us and others would let us know through their behaviour. We would tell the manager that something was wrong and then work with the person to find out what it was."

We looked at how staff managed risk so that people were protected and their freedom supported and respected. A relative told us staff had enabled their family member to safely take part in an individual activity. They said they were impressed by the lengths the registered manager had gone to ensure their family member could enjoy this activity safely.

The staff knew the areas where the people they supported might be at risk, for example when going out, and what they needed to do to help ensure they remained safe. The provider had a safe system of risk assessment in place. The risk assessments we saw had been written in consultation with the person themselves, their relatives, and health and social care workers. They focused on minimising risk while enabling the person to become more independent and make choices about their lifestyle.

Records showed that at times some of the people using the service could become distressed due to their learning disabilities and mental health conditions and this could negatively affect their behaviour. Staff were trained to understand and manage this in a positive way so people remained safe. They understood the triggers of certain behaviours and were able to give us examples of these. They also knew what worked for different people in terms of supporting them to feel calm and reassured. This information was also in people's records so staff could refer to these if they needed to. Records also showed that if people became particularly distressed staff could contact learning disability specialists for advice and intervention as necessary.

Most of the people we spoke with said there were enough staff on duty to meet their needs promptly and safely. A couple of people said they sometimes had to wait for a short period for staff to assist them but this was acceptable to them. A relative said they had no concerns about staffing levels and said there were enough staff to support people to go out into the local community and take part in activities.

Records showed that staffing levels were satisfactory and consistent and the staff members we spoke with confirmed this. The staff said they were satisfied with how many staff were on duty for each shift. One staff member said, "Obviously we have busy times but I've never see anyone have to wait for an unacceptable time for support. I would say we are well-staffed, particularly when compared with other similar homes."

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. We checked two staff files and found they had the required documentation in place including police checks and references.

We looked at how people's medicines were managed so they received them safely. Medicines arrangements were personalised and the people we spoke with knew their own medicines routines and how staff supported them to have these. All said they had their medicines when they needed them. One person said, "Yes, morning and night."

Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely. The medicines records we looked at were up to date and staff had completed them clearly and accurately. Protocols for PRN (as required) medicines were in place to ensure people had these medicines in the right circumstances. Regular medicines audits were carried out to help ensure medicines were being safely administered with appropriate records kept.

## Is the service effective?

### Our findings

People told us the staff knew how to support them and communicate with them effectively. One person said the staff were good at assisting them with their personal care. A relative said, "The staff have a great rapport with my [family member]." During our inspection we observed that staff knew the people they supported well and worked effectively with them, encouraging them to live as independently as possible. They were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they preferred to be supported.

Staff told us they were satisfied with the training they'd received and told us about some of the recent courses they'd attended which included mental health, managing behaviour that challenged the service, and dementia care. One staff member said, "We do all our mandatory [essential] training and then specialised training. The support we get at work and ongoing training are both good."

Records showed staff had completed a range of introductory, follow-up, and specialist training courses designed to ensure they had the skills they needed to work effectively with the people using the service. Staff said they were well-supported by the registered manager and enjoyed working at the service. They told us they had regular supervisions and appraisals where they discussed good practice and identified any training needs they might have.

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. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care.

We looked at how people were supported to eat and drink well. People told us they chose what meals they wanted. One person said, "I plan the menu with the cook, I told her [my preferences]." Another person said they thought the food provided was 'good'. Two people told us they liked to go to a local shop and buy snacks.

We spoke with the cook who had been in post since March 2017. She told us she was working with people to introduce a healthier eating programme based on lots of vegetables and other fresh produce. She said people met weekly to choose the week's menu and have their say about the food provided.

We observed lunch being served. The day's menu was pictorial to make it easier for people to understand and displayed so people could see what they were going to have. As food was brought into the dining area one person turned the television off so they and others could concentrate on their food. The atmosphere was peaceful and calm. Two people needed assistance with their meals and staff provided this. The cook came into the dining area to talk to people and check they were enjoying their meals.

Records showed that each person had an eating and drinking care plan which set out their nutrition and hydration needs. If people were at risk with regard to their nutrition or hydration staff referred them to dieticians and the SALT (speech and language therapy) team and followed any advice given. Some people had food and fluids charts in place so staff could monitor their intake. We found some gaps in recording on one person's charts. We reported this to the registered manager who said this had already been identified during an audit and action had been taken to remind staff of the importance of keeping these records up to date.

Eating and drinking care plans were personalised and included people's preferences and eating habits. For example, one person's records stated they 'don't like being rushed and eats and drinks very slowly'. This meant staff had the information they needed to provide effective support to this person at meal and snack times. People's weight was monitored as necessary to ensure they were healthy and getting the benefits of a balanced diet.

We looked at how people were supported with their health care needs. People said they saw a GPs and dentists when they needed to and either staff or a relative took them to appointments. One person told us staff were currently supporting them with a mental health issue and had helped them devise strategies to address this which they found helpful. Another person said staff had arranged for a physiotherapist to come to the service to assist them with their mobility.

Records showed people had health and well-being assessments and care plans in place which covered their physical and mental health needs. People had access to a range of health care professionals including GPs, mental health practitioners, district nurses, a sleep consultant, chiropodists, opticians, and dentists. If staff were concerned about a person's health they referred them to the appropriate health care services and accompanied them to appointments.

Staff worked closely with external health and social care professionals to help ensure people's need were met. One staff member told us team work and communication with the local multidisciplinary team was good. A visiting learning disability health care professional said, "I am impressed with the staff and the provision. The staff are cooperative and friendly and the environment conducive to therapeutic input."

# Is the service caring?

## Our findings

All the people we spoke with said they were happy living at the service and the staff were kind and caring. One person said, "I get on well with the staff." A relative told us their family member had become more outgoing since they began using the service. They told us, "If I come here he's usually sat with others, rarely in his room. He's enjoying the company here." Staff had a warm and friendly approach to the people they supported and communicated well with them verbally and by using sign language and touch.

Communication care plans were in place to help staff to engage with the people they supported. These contained guidance for staff on how best to communicate with people. For example, one person's plan stated, 'Staff to ensure where possible they communicate with [person] in a quiet environment as this will enable him to communicate more clearly.' Another advised staff that, '[Person] likes people to talk slowly and clearly.'

All the staff we spoke with had a caring attitude and said they enjoyed supporting people to lead independent and fulfilling lives. One staff member told us that working at the service was 'more than just a job'. They said, "We are trusted to do this job. The best thing is seeing people get out and about, do things for themselves, and achieve their goals."

The service had a homely atmosphere. The presence of two friendly cats contributed to this. These belonged to the people using the service who were seen to value and interact with them. People also took pride in the garden which they helped to look after, growing their own plants and vegetables.

People told us they were encouraged to make choices about their daily routines. For example, they said they could get up and go to bed when they wanted. One person said they went to bed at nine pm and another said they sometimes stayed up to 11pm. Another person told us, "[I go to bed] when I want and get up when I want." People also said staff supported them if they had to make important decisions. One person told us staff had asked them if they'd like to go on holiday and had discussed this with them.

People were assessed to see if they were able to contribute to and sign their agreement with own care plans. For example, one person's assessment stated they had basic reading and writing skills and if staff could explain the more complex parts of their care plans to them verbally they would be able to understand it and sign to say they were happy with it. Their records also stated, '[Person] wants to spend time each month with his keyworker to review his care plan.'

People told us staff respected their privacy and dignity. This was also evident during our inspection visit whenever staff communicated with people and supported them. Staff had been thoughtful about making the service non-institutional. For example, people's clothes were marked with colour codes so they didn't get mixed up in their laundry. Staff explained that using a code, rather than a label with a person's name on it, was more dignified for people.

The staff also told us that when they were on night duty they wore pyjamas. They told us they thought this

innovative approach was more respectful to people because staff were on an equal footing with them. It also helped to help to orientate people who needed prompts and a calm night-time environment to encourage them to go to bed.

One of the features of the service was the particularly spacious bedrooms each with their own ensuite. All the people we spoke with commented on how much they liked their bedrooms. One person described their room as 'big' and another said, "I love my room." A few people showed us their bedrooms and we saw they were personalised and well-furnished. Each had a different coloured 'front door' with spyhole and knocker. This gave people the sense of having their own private space where they could spend time alone if they wanted to. The service also had a secure secluded garden which people could use as a group or individually if they wanted some space.

## Is the service responsive?

### Our findings

People said they were happy with the way staff supported them and records showed that staff provided personalised care that met people's needs. During our inspection visit we observed staff working with people on a group and one-to-one basis assisting them with chores, meals and activities. The staff we spoke with knew the people they worked with well and this helped to ensure they provided them with responsive care and support. One staff member said, "I would recommend Skelton Court because I know the people here get individual tailored care."

One relative told us their family member had improved since coming to the service. They said, "Since my [family member] has come here he has never looked back. His social skills have improved and he is much happier." They told us that other people had commented on how well their family member was and that he was 'like a new man'.

People coming to the service were assessed prior to admission and this formed the basis of their care plans. Those we looked at were individual to the people using the service and focused on their strengths and preferences and how the person wanted to be supported. They included information about their health and social care needs, likes and dislikes, and cultural preferences. People's choices with regard to their lifestyles were included. This helped staff to provide responsive care and support in the way people wanted it.

Records showed that care plans were regularly reviewed and changes made where necessary. One staff member told us, "One of the good things about working here are is that we embrace the changing needs of service users during transitions in their lives." We could see from people's care plans how people had progressed and become more independent while using the service.

People were encouraged to be independent and to get involved in the day to day running of the home. People said they enjoyed helping at the service. One person told us, "I clear the tables, chill out, go in my bedroom, watch soaps. I do people's jobs, I love it." Another person said they looked after the service's pet cats. Each person had a personalised pictorial agreement in place regarding domestic tasks which set out their responsibilities. This helped to ensure that staff were able to support them with these in line with their abilities.

People told us about the many different activities they did which they said they could choose themselves. One person said they went to college for arts and crafts classes, watched TV, and regularly went out for the day with staff. Another person told us they enjoyed cooking, listening to the radio, and going to the shops. A further person that said they liked gardening at the service and an annual group holiday to the seaside. Other activities mentioned included going to places of worship, visiting relatives, and going to discos, cafes, restaurants, parks, and pubs.

A relative said that when they visited there were always activities going on and people going out alone or with staff. They said their own family member had taken part in a number of activities since they came to the service including going to a disco which they enjoyed.

Records showed that people took part in both individual and group activities depending on their needs and some activities were adapted to make them more accessible to them. For example, some people went to places of worship alone or accompanied by staff, and others liked to watch religious services on television or listen to them on the radio. Others did not take part in any religious activities. This was an example of staff enabling people to choose what activities they did and how they took part in them.

The service had a small activities room equipped with a range of activity resources including arts and craft materials, guitars, games, a pampering box, and a TV and DVD player. The week's activities programme was displayed on a noticeboard and included: lunch out; skittles; arts and crafts; disco; pub; bingo; cook and eat; movie night; and reading hour. However the programme was two weeks out of date. We discussed this with the registered manager who said the activities listed were typical for the service and that she would ensure an up-to-date activities programme was always in place in future so people could see what was available each week.

People told us they would tell someone if they had a complaint or concern about the service. One person said they would tell the registered manager and another person said they would tell their key worker (primary staff member). A user-friendly guide called 'How to make a Complaint' was on display on a noticeboard at the service. This explained what a complaint is and who to take it too.

The service had received no formal complaints since it was registered and one compliment praising the quality of the care provided. The registered manager had kept a record of 'grumbles and queries'. These included a leaky shower, a nurse call bell going off without being pressed, and a person's computer not working. In each case records showed that people were listened to and the provider and registered manager took action to resolve the issues promptly.

## Is the service well-led?

### Our findings

People told us they had a say in how the service was run through group and one-to-one meetings. They also said they could approach the registered manager at any time and knew where to find her. One person said, "I know where she is." Another person told us they could find her in the office. A relative told us that the registered manager and staff were approachable and said they thought the service was well-organised and managed.

All the managers and staff we spoke with said the well-being of the people using the service was their top priority. One staff member said, "If the service users are happy then I'm happy. I enjoy caring for them." The registered manager told us, "The service users' happiness is the prime aim of all we do."

The premises were clean, spacious and well-laid out. There was clear signage and picture prompts for people to help them find their way around, large ensuite bedrooms, and spacious communal areas for socialising, dining and doing activities. The premises had been adapted where necessary to meet people's mobility needs and were decorated to a high standard throughout.

The service was situated on a small housing estate with shops, parks and other community facilities. The registered manager told us that most members of the local community had welcomed people and staff into their area. She said some local residents and shopkeepers kept a friendly eye on people and were helpful and supportive towards them. She told us that a member of the public had put money behind the bar to buy everyone a drink when they had seen a group of people from the home in the local pub.

People told us they were asked for their views and suggestions as to what they'd like to do at meetings. One person said, "We have them [the group meetings] once a month. We talk about holidays and where we want to go for Christmas meal." Records showed there had been five meetings since the service was registered and people had contributed to these. However there was no written evidence of any actions or outcomes. We discussed this with the registered manager who said that in future these would be recorded.

People had been supported to complete resident satisfaction surveys. We looked at the results of these. One person said they were 'happy with everything'. One person asked for more pets at the service and the opportunity to go out and see animals. Two people had requested more activities. The registered manager said that following these comments she had taken people to visit to a local animal sanctuary and further activities were being planned.

We looked at the minutes of the most recent staff meeting which was held in January 2017. This showed that staff discussed the best ways of working with a particular person using the service, health and safety, and how to improve their record keeping. This showed that the meeting had been used to help to ensure the service continued to deliver good quality care.

Staff told us the registered manager was responsive and supportive. One staff member said, "If something needs doing the manager gets it done. We don't have to wait for ages to get something actioned." Another

staff member said, "I am happy in my job and get plenty of support from management. I always get a thank you at the end of my shift."

Staff said the providers also supported and valued the staff team. One staff member told us, "Sanctuary invests in us through training and care awards. We are recognised for our abilities and encouraged to progress." The registered manager said the area manager visited the service regularly to check on the quality of the service and support the staff team. One staff member said, "She always speaks to the residents and the staff and asks us for our views."

Since the service was registered a number of improvements had been made to the facilities including the purchase of a greenhouse, the installation of CCTV, and the creation of two laundries so clean and soiled clothes can be laundered separately. Staff numbers had increased and more activities provided. Some people had learnt to use the buses so they can travel independently. An adult education worker visited the service once a fortnight to work with people on orientation (how to travel safely).

The provider and the registered manager carried out regular quality monitoring audits of all aspects of the service. These were based on the five areas that CQC focus on: Safe; Effective, Caring; Responsive; and Well-led. Records showed that the service was performing well, according to their own internal audit tool, attaining 'Good' or 'Outstanding' in all areas. The latest audit identified a number of areas where minor actions were required, for example staff daily notes needed to include the exact times entries were made, and these had been addressed. This was a further example of the service being well-led.