

Sanctuary Home Care Limited

Skelton Court

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

About the service

Skelton Court is a residential care home providing personal care and support. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. Twelve people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

Staff knew how to minimise risks to people, and followed good practice guidance as detailed within risk assessments and care plans. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People had their medicines safely when they needed them. People lived in a service which was well maintained and clean.

People's needs were assessed and kept under review with consideration to best practice guidance. People were supported by staff who had the necessary skills and knowledge. Staff received ongoing support through training and supervision, to enable them to provide good quality care. Staff promoted people's health, and people accessed health care services. People were encouraged to eat a diet which supported their needs and choices.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the relationships they had developed with staff. People's privacy and dignity was promoted, and care was provided by staff in a kind and caring manner.

Staff responded to people's needs by following their individual support plans, which reflected their hobbies and interests and encouraged people to access a range of community-based activities.

The registered manager was aware of their role and responsibilities in meeting their legal obligations and were supported by staff from other departments of the provider to achieve these. Systems to monitor the quality of the service were used to drive improvement, and included seeking the views of people, family members and stakeholders.

Rating at last inspection

The last rating for this service was good (published 09 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Skelton Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Skelton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought back from the local authority who commission the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, and two family members about their experience of the care provided. We spoke with five members of staff, including the registered manager, area manager, senior and

care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff recruitment and supervision records. A variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies, and action taken to ensure people's safety.
- Staff were able to tell us what constituted abuse and their responsibility to keep people safe.
- People told us they felt safe. One person told us "I feel safe here".

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Comprehensive risk assessments were undertaken and regularly reviewed. Measures to reduce potential risk were individual to each person, and any restrictions imposed did not unnecessarily restrict people's choice and freedom.
- Staff were aware of the support people required when their behaviour became challenging to keep both the person and others safe. This was confirmed by a family member, who said. "They [staff] are really good at responding to [relatives] outbursts."
- Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely. A person told us, "They [staff] test the fire alarm every week." Staff were knowledgeable as to how they should respond in the event of a fire.
- Regular safety checks carried out on the premises and its systems and equipment contributed to people's safety.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- There were sufficient numbers of staff to meet people's needs and keep them safe. The staff rota identified the number of staff on duty, which included additional funded staffing hours, allocated to people on an individual basis, to enable them to take part in activities within the service or community to keep them safe.
- People and staff told us there were sufficient staff. One person said, "There are enough staff here." A staff member said, "Highest staff to resident ratio that I have worked with."

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.

- Staff received medicines training, their competency was checked. Medicine systems were organised, and staff followed the safe protocols for the receipt, storage and disposal of medicines.
- Staff were knowledgeable about the medicines people were prescribed, which included medicine to support people with anxiety and when their behaviour became challenging. A member of staff told us, "Two people are prescribed [medicine], we try not to use it, it is a last resort." The staff member went on to say how alternative approaches were used to deescalate people's behaviour.

Preventing and controlling infection

- A cleaning schedule was in place to ensure the service was clean.
- People and staff told us the service was always clean and tidy. One person said, "My bedroom is always tidy."
- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- The food standards agency in September 2018 awarded the kitchen a 5-star rating of very good. (The ratings go from 0-5 with the top rating being '5').

Learning lessons when things go wrong

- There was a robust system in place for the analysis and review of incidents and accidents. This enabled the provider to ensure lessons were learnt. For example, additional training had been provided to staff in key topics, such as the prevention of falls, following a person's fall at the service. Staff meetings were used to review events, and the actions staff could take to reduce the likelihood of any incidents happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were comprehensive and reflective of the Equality Act. Assessments considered people's individual needs, which included their age and disability.
- Information as to people's learning disability, autism and mental health were clearly documented, and included information as to how this impacted on a person's day to day life and the support required.

Staff support: induction, training, skills and experience

- Staff spoke positively about their induction and the support they received, a member of staff told us they worked alongside an experienced member of staff for several days, until they were confident. A member of staff when asked about induction said, "It helped me get ready for my role."
- Staff accessed a wide variety of training in key areas to enable them to provide effective care, which included training in health and safety related topics, and areas specific to meeting people's need.
- Staff were encouraged to be champions in key areas, for example a member of staff was the lead for positive behaviour support, and had received specific training from commissioners, which they shared with other staff members.
- Staff told us they received training to meet people's specific needs. A staff member said, "We have person centred training for particular people."

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been identified as part of the assessment process. Support plans for dietary needs had been linked to other areas of need, for example on-going health conditions. This ensured people's health needs through their dietary intake was monitored and met.
- The chef was knowledgeable about the dietary needs of people, and information about their choices and preferences, and dietary requirements were documented.

Staff working with other agencies to provide consistent, effective, timely care;

- Staff worked collaboratively with a range of health and social care professionals, to support people when they transferred between services. For example, people had the opportunity to visit Skelton Court over several days or weeks, and meet the staff before moving into the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff made timely referrals to health and social care professionals when people's needs changed, and staff supported people to access a range of health care appointments.
- People's health action plans were kept up to date about individual needs, support with communication

and medicines. This ensured people's care was both co-ordinated within the staff team, and person centred to achieve the best outcomes for people.

Adapting service, design, decoration to meet people's needs

- The service had been designed to promote the needs of people with a learning disability and/or autism, and physical disability. People's bedrooms were spacious, and could also be used for relaxing and dining.
- Equipment supported people to maintain their independence, this included accessible bathing and shower facilities, and ceiling track hoists.
- Technology was used to promote independence, which meant people by pressing a button were able to open their bedroom door without the need for assistance from staff.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the conditions on authorisations to deprive people of their liberty had been met or steps had been taken to meet the condition. Authorisations to deprive people of their liberty were kept under review and any conditions on authorisations were monitored by an independent person.
- People's capacity to make informed decisions about their health, care and welfare were assessed. We found improvements could be made to the recording of how decisions relating to people's capacity had been arrived at. The registered manager said they would take action to make improvements.
- Staff understood the implications of the MCA. A member of staff said, "Everyone is deemed to have capacity unless shown otherwise."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Support plans referenced the role of staff in respecting people's equality and diversity, by identifying their specific needs and providing clear guidance as to how these were to be met. For example, the importance of staff to be able to interpret and respond to people's body language and verbal communication.
- Staff were fully aware of people's needs, and their role in providing care in a meaningful and respectful manner.
- Positive interaction between people and staff was evident throughout our inspection. We saw people had developed relationships with staff, enjoyed their company and shared conversation and laughter.
- People spoke positively about the staff. One person said, "The staff that are here do a great job." A second person said, "The staff treat you with respect."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff understood the importance of involving people in decision making. Where people did not have the capacity, then best interest decisions were made which involved family members.
- Family members told us their relative was involved in care planning reviews and attended meetings to discuss their needs with commissioners.
- Staff had the time, support and training they needed to provide person centred care.

Respecting and promoting people's privacy, dignity and independence

- The privacy and dignity of people was keenly respected and promoted by staff. Everyone had their own bedroom with an en-suite facility, and rooms were decorated and furnished in a personalised way.
- Staff were seen supporting people with everyday tasks to promote their independence and well-being. For example, a person asked a member of staff if they could help sweep the floor, staff responded by giving them dustpan and brush.
- People's records were accurate, complete and legible. These were securely stored and accessible to staff for updating.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans provided a comprehensive guide as to people's needs, which took into account all aspects of their care, and provided a detailed account of their physical, mental, emotional and social needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans included information about communication needs, for example their preferred style of communication, links between communication as an expression of a person's anxiety or distress were documented.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships and develop new ones. Staff supported people to maintain their relationships with family members. Family members visited people at the service, and staff supported people to meet with family members.
- Staff encouraged and supported people to widen their social group by accompanying people to social activities within the community, which included social, recreational and educational opportunities.

End of life care and support

- People's records regarding end of life care had not been fully explored with everyone, as some people did not have the capacity to understand the concept of end of life care, whilst others would potentially have found the subject distressing to talk about. Where decisions had been made, the person's preferences had been recorded. For example, the music they wanted played at their funeral service.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints. Policies and procedures were in place, which had been shared, which provided information as to how concerns or complaints could be made and how they would be responded to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of everything the service did; the registered manager ensured that people were involved with their care, and that staff understood the need to treat people as individuals and respect their wishes.
- The registered manager kept under review the day to day culture of the service by engaging with staff through regular meetings and supervision. A staff member shared their views about staff meetings. "Everyone can raise an opinion, it's a two-way conversation." A second staff member when asked about supervision said, "It is a good way to get feedback from the management."
- People, family members and staff spoke positively of the registered manager and their approachability. A person told us, "I know who the manager is and how to contact her." A family member told us, "Any problems and we speak to [registered manager] and she will deal with it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a robust quality monitoring system, which involved a clearly defined managerial structure within the organisation, with identified staff having responsibility for quality monitoring. This was achieved through the completion of audits and visits to the service, and the analysis of data.
- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People's views were sought about the service, which included the sending out of surveys. Surveys were provided in an easy read format, supported by clip art style pictures to aid people in understanding the content. The outcome of the most recent survey were displayed within the service, and reflected people's positive comments.
- People's and staff views were sought through meetings, minutes of meetings were kept and were used to develop the service. People's views gathered from their meetings, were discussed at staff meetings, and vice versa.

Continuous learning and improving care

- The analysis of incidents and events within the service were used to identify potential themes and trends, so action could be taken to further develop the service as a whole, and for any individuals who resided at Skelton Court.
- The provider had developed systems to enable the registered manager to keep up to date with good practice. This included attending meetings with other managers from other services to share ideas and consider how good practice guidance was to be implemented.

Working in partnership with others

- The provider worked with key statutory organisations, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of people using the service.