

Sanctuary Care Limited

Shaftesbury Court Residential Care Home

Inspection report

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17 April 2019

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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: Shaftesbury Court Residential Care Home provides accommodation and care for up to 39 older people. At the time of this inspection, 31 people were using the service. The home also provides respite care and support to people.

People's experience of using this service:

- People and their relatives were complimentary about the service and said the service was well-managed.
- People told us they felt safe living at the home and their needs were being met.
- Assessments were carried out to ensure individual needs could be met. Where risks were identified, management plans were in place to mitigate risks safely.
- Appropriate numbers of suitably skilled staff were available to support people's needs.
- People's medicines were managed safely.
- Staff followed appropriate infection control practices to prevent or minimise the spread of infections
- 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 service supported this practice.
- Staff were supported in their role and had completed appropriate training required to perform their role effectively.
- People were supported to eat healthy food in the right amount for their wellbeing.
- People were supported to maintain good health and had access to healthcare services.
- The design, decoration and adaptation of the home was suitable and met people's needs.
- People were supported by staff who were kind and compassionate towards them.
- People's privacy and dignity was respected, and their independence promoted.
- People and their relatives were involved in making decisions about their care and support needs and the running of the service.
- People were provided information about the home in formats that met their needs to ensure they knew of

the standard of care to expect.

- Staff understood people's diversities and supported them in a caring way.
- People were supported to participate in activities that interest them and to maintain relationship with those important in their lives.
- People and their relatives told us they knew how to make a complaint if they were unhappy.
- The home had an effective system for assessing and monitoring the quality of the service and was continuously learning to improve.
- The home worked in partnership with key agencies to plan and deliver an effective service.

Rating at last inspection: Good (Report published 10 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of Good in all areas.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Shaftesbury Court Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an inspector and an Expert by Experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people.

Service and service type: Shaftesbury Court Residential Care Home is a care home. People in care homes receive accommodation and 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 carried out on 15 and 17 April 2019 and was unannounced.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the

Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We also contacted the local authority that commissioned the service to gain their views about the home. We used this information to plan help inform our inspection planning.

During the inspection, we spoke with 10 people and three relatives to seek their views about the home. We also spoke with 12 members of staff including the registered manager, area manager, deputy manager, an administrator, a maintenance assistant, a housekeeper, a chef and a catering assistant, two team leaders and two support workers.

Reviewed a range of records. This included five people's care plan, risk assessment and medicines records. We reviewed five staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and procedures, health and safety checks, cleaning schedules, accidents and incidents, complaints, surveys, minutes of meetings and various quality assurance reports.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they and their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination. A relative commented, "[My loved one] is happy here, and they are safe."
- People were protected from avoidable harm. The home had effective safeguarding systems in place and all staff had completed safeguarding training and had a good understanding of the types of abuse that could occur and what to look out for.
- Staff told us they would report any concerns of abuse to their manager and they knew of the provider's whistleblowing policy; however, they were confident the registered manager will act promptly to maintain people's safety.
- The registered manager knew of their responsibility to protect people in their care from abuse and had reported any concerns of abuse to the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. Risk records were reviewed monthly or in line with people's changing needs to ensure their current needs were met.
- Risk assessments and management plans were specific to individual needs and contained clear guidance for staff on how to keep people safe in areas including medicine, falls, moving and handling, eating and drinking and continence. Staff we spoke with understood where people required support to reduce the risk of avoidable harm.
- Health and safety checks including weekly fire tests, monthly fire drills, water temperature checks, portable appliance tests, gas safety, emergency lighting and call bells, wheelchairs, hoists and slings checks were carried out to ensure the environment and equipment was safe for use. At the time of this inspection, a new lift was being installed to replace the existing one which had developed intermittent fault since 2018.
- Each person had a personal emergency evacuation plan in place to ensure staff and emergency services knew of the level of support they would require evacuating the premises safely.

Staffing and recruitment

- People and their relatives we spoke with told us there were enough staff available on each shift and their needs were being met promptly. Comments included, "Staff are very good on the buzzer [call bell]"; "They [staff] do respond very quickly," and "Night staff respond very quickly, if not quicker."
- All staff we spoke with confirmed there were enough staff available to meet people's needs and they were happy with their shift patterns.
- There were sufficient numbers of suitable staff and of appropriate mix of skills to support people's needs.

A staffing rota showed the numbers of staff on shift matched the numbers planned for. The registered manager told us the home was fully staffed and this promoted continuity; the home did not use agency staff.

- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the home.

Using medicines safely

- Medicines were managed safely. There were safe systems in place to acquire, store, administer, dispose and monitor medicines; including controlled drugs. Staff carried out daily fridge and room temperature checks to ensure medicines were effective when used.
- Each person had a medicines administration record (MAR) which included their photograph, list of medicines, dosage, frequency, how they preferred their medicines taken, reasons for taking each medicine and any known allergies.
- Records showed that people were receiving their medicines as prescribed by healthcare professionals and had no gaps. The number of medicines in stock matched the numbers recorded.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there were PRN protocols in place for staff on when they could administer these medicines.
- All staff who supported people to take their medicine had completed medicines training and had their competency assessed. Staff told us they felt confident supporting people with their medicines.

Preventing and controlling infection

- The home looked clean and free from unpleasant odours. One person told us, "It's very clean and well organised."
- All staff had completed infection control and food hygiene training and had followed appropriate protocols including the use of personal protective equipment such as gloves, aprons and caps where required to prevent the spread of infectious diseases.
- A cleaning schedule was in place to promote regular cleaning of all areas and to maintain the hygiene levels.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents. Accident and incident were recorded appropriately, monitored and analysed to identify trends for example with falls and to prevent repeat occurrences.
- Evidence was available to show that when things went wrong for example with medicines errors, the registered manager responded appropriately and had used these as learning opportunities to develop the service.

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

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

- Before people moved into the home, an initial assessment was carried out by the registered manager or deputy manager to ensure their needs could be met. People viewed the home to enable them made an informed choice.
- Assessment covered people's physical, mental and social health needs and were kept under monthly reviews. Due to these assessments some people had been transferred from the home to other suitable health and social care facilities when the home could no longer meet their needs.
- Where required, appropriate health and social care professionals such as district nurses were involved to ensure people received the appropriate care and treatment they required and to support staff deliver care and support that met their needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected because staff sought their consent before supporting them.
- All staff we spoke with understood and worked within the principles of MCA. They told us people could make day-to-day decisions about their food, clothing and how they would like to spend their day. However, where people could not make specific decisions for themselves, appropriate mental capacity assessments and best interest decisions were in place.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review.

Staff support: induction, training, skills and experience

- All new staff completed a comprehensive induction programme including the Care Certificate which is the

benchmark set for the induction standard for new care workers. New staff shadowed experience members of staff and were placed on a three-month probationary period where their performance was monitored, assessed and found competent for the role.

- Staff training, supervision and appraisals had all been completed in line with the provider's requirements. All staff we spoke with told us they felt supported. One staff member said, "I feel supported in this role, the training, induction and other staff are really supportive including the manager." A training matrix showed staff had achieved a 98% compliance of completing training courses
- People and their relatives told us that staff had the knowledge and skills required to meet their needs. One person said, "The staff here knows what they are doing." A relative told us, "[My loved one] has a health condition, but the staff understand his needs and he is lovely and clean all the time."

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

- People were supported to eat healthy meals and drink enough amounts for their health and wellbeing. Care records included people's nutritional needs; their likes, dislikes and preferences.
- The home had a weekly menu available and at each meal time people were offered two options and their choices respected. Where people requested alternative options, their preferences were catered for.
- Meals were freshly cooked by kitchen staff and food temperatures were checked before they were served to ensure it was appropriate.
- During lunch time we observed that people had a choice of where and when they could eat their meals and there were enough staff available to support them where required.
- People and their relatives told us they liked the food, Comments from people included, "The food is healthy,"; "delicious food" and "very good food here." A relative told us, "The food is lovely, and they give people alternatives."

Supporting people to live healthier lives, access healthcare services and support
Staff working with other agencies to provide consistent, effective, timely care

- Each person was registered with a GP and people were also treated by other healthcare professionals including, district nurses, occupational therapists, community mental health teams, dentists, falls team and chiropodists. On both days of our inspection we saw visiting health professionals who provided additional support and treatment to people where this was required.
- The service worked in partnership with health and social care professionals to ensure people received an effective care and support.
- The service shared relevant information with key organisations including emergency services and hospital teams to ensure relevant information about people's health, communication, mobility, behaviour, likes and dislikes was available to them when required.
- People told us that healthcare professionals were contacted promptly when they were unwell. One person said, "The district nurse is quickly informed..."

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

- The home environment was suitably designed and adequately maintained. Each person lived in an en-suite one bedroom or a large bedsitting flat with a kitchenette. People's flats were decorated and personalised to their needs. The home also had adapted communal bathrooms to support people with limited mobility where required.
- People's flats were identifiable using numbers and a memory box to help them familiarised.
- The home had various communal sitting rooms or areas to promote group or individual sittings.
- Corridors were wide, easy to navigate and had handrails to support people's mobility.
- The entrances to the home was accessible to people living with physical disability. The garden was well maintained; we saw people accessing the garden independently using their wheelchairs.

- The home is built over two floors and at the time of this inspection, the lift was being replaced and people had been consulted and informed about the impact of accessing alternate floors. We noted that some people used the stairways; however, others were supported by a member of staff to use the stair lift. People told us they were happy living at the home and they did not have any concerns especially about the lift.
- Where required, doors were secured with codes to promote people's safety.

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

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

- People were treated with kindness and compassion. One person said, "I like all the girls [Staff], they are all kind." Another person said, "The carers [staff] are a lovely bunch!" A third person commented, "The atmosphere here is friendly."
- People told us the staff team knew them well and provided care and support that met their needs. One person said, "I know them, and they know me."
- During our inspection, we observed all staff members spoke respectfully and kindly to people. They addressed people by their preferred names when they interacted with them.
- Each person's life history was recorded in their care plan and staff used this information to get to know people and build positive relationships with them.
- Care plans included people's preferences, likes and dislikes and staff we spoke with knew how individual needs should be met.
- Staff understood people's communication needs and supported them as required.

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

- People had been consulted about their care and support needs and were involved in making decisions about the level of support they required. Records showed care plans were developed with people and/or their relatives and people had signed to show they were involved in planning their care.
- People were supported to make day to day decisions for themselves and were provided with choice. One person told us, "You can have a shower or bath morning or afternoon or whatever suits you." Another person said, "They don't tell you what you can't do; I choose what I do."
- Staff organised one-to-one sessions with people to encourage and support people to make decisions about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway.
- Staff told us they promoted privacy and dignity when supporting people. A staff member said, "During personal care, I shut doors and close curtains and use towels to cover people and we always knock on their doors."
- Information about people was kept securely. The service recently moved from paper records to a digital care planning system and staff knew the importance of keeping information about people confidential.
- People were supported to maintain their independence. We saw people with various mobility aids and they were mobilising independently in the home. People could go out on their own to the local shops or on

the bus. One person told us, "I go out for a breath of fresh air and a newspaper."

- People were supported to maintain and develop relationships with those close to them. All relatives we spoke with told us they were made to feel welcome and they could visit their loved ones without any restrictions. People were also supported to communicate on the telephone or through video calls with their loved ones. The home also organises social events and relatives were invited to build and promote relationships.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan which provided staff guidance of how their needs should be met. The care plans included people's medical conditions, preferences and the level of support they required.
- Staff we spoke with knew people well and the level of support they required.
- People could make choices and had as much control and independence as possible, they were included in developing their care and support plans. Relatives were also involved where they chose to be and where people wanted that.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexuality and cultural backgrounds in a caring way. People were supported to engage in relationships of their choice. A priest visited the home to support people practice their faith where they chose to. One person said, "We went on a church visit, sang some songs and ate tea and cake."
- The provider complied with Accessible Information Standard which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People told us they were provided with information in formats that met their needs and received appropriate information before moving into the home.
- People were supported to participate in activities that interested them. The home had an activities coordinator and two volunteers responsible for engaging people in activities of their choice. People participated in activities including bingo, card games, knitting, crocheting and watching movies.
- On our first day of inspection, we saw various group activities including quizzes and games. On our second day, the weather was sunny and warm; we saw some people in the garden playing outdoor games. Also, a staff member brought in their own two dogs into the home; which were taken around, and people spent some patting time with them.
- One person owned a pet and we found that other people were interested in caring for it. One person told us, "It's so nice to have a cat about."
- People told us 'There is always something going on.' People could access local amenities including shops, clubs and libraries. However, some people mentioned "We would like more outings." The registered manager told us, they were raising funds to purchase a minibus to promote regular access to the local community and places of interest.
- A primary school close to the home also visited people to read and engage them with games.
- People who chose to stay in their rooms had television, radios and other electronic gadgets that kept them entertained. People also said staff communicated with them. One person said, "I have conversations with carers [staff]..."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which provided guidance on how to raise a concern or

complaint and the timescales for responding. The complaint policy was displayed in communal areas for easy access.

- People and their relatives knew how to make a complaint and told us their complaint would be listened to and acted upon in an open and transparent way by management; who would use any complaints received as an opportunity to improve the service.
- A complaint log we reviewed showed the home had received one complaint this year and the complaint procedure was being followed to ensure the person was satisfied with the outcome of their complaint. Analysis were carried out on complaints and outcomes discussed with staff to prevent repeat occurrence.

End of life care and support

- At the time of this inspection, no one using the service required end of life support. The registered manager informed us that where required they would work with people, their relatives where applicable and other professionals including the palliative care team to ensure people's end of life wishes were respected.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The register manager and deputy manager demonstrated a commitment to provide meaningful, person-centred, high quality care by engaging with everyone using the service and stakeholders. One person told us, "I am pleased to be here, I am very lucky...I am leading my own life here."
- The management team empowered people to make decisions about their care and support needs and acted on any feedback received to improve the standard of care and support delivered. One person informed us, "The manager is approachable, there was some very noisy building work going on, so I went to her and the next day it stopped."
- Staff spoke positively about both the registered manager and deputy manager of the home. They said they felt supported, listened to, appreciated and motivated in their roles.
- People and their relatives knew the registered manager and provided consistent positive feedback about the service; they said they would recommend the home to anyone. One person said, "I know the manager and could ask her anything if I needed to."
- The management team understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. There was a registered manager in post who knew of their responsibility under the Health and Social Care Act 2014 and had notified CQC of any significant events at the service. The registered manager understood their role and responsibilities and at the same time trained and developed staff. They had also displayed their last CQC inspection rating both at the home and their website.
- There was an organisational structure in place and staff understood their individual roles responsibilities and the contribution they made to the service.
- The registered manager was supported by a deputy manager and they both had an oversight of the home. They demonstrated an in-depth knowledge in all areas and responded to all questions asked with precision.
- The service had an effective out-of-hours system to ensure appropriate management support was available to staff when needed.
- The service had an effective governance and accountability system in place. There were daily, weekly, monthly, quarterly and annual checks carried out by staff and the registered managers and deputy manager. Where issues were identified, these were acted on to improve the service. The area manager told us they carried out their own internal audits; however; they did not show us any documentation to support this evidence although we requested for it three times.

- The home was proactively working towards establishing an eco-friendly environment and was transitioning from paper to electronic records.

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

- The home enabled people to make decisions about their care and support needs in a meaningful way. Quarterly resident meetings were held to discuss issues that were of importance to people and their relatives. Minutes of residents' meetings showed discussions covered areas including key working sessions, activities, menu, meal times, the lift, receiving visitors, staffing and how to make a complaint. These meetings were also used to encourage people to be friendly toward each other and live in harmony
- Staff views were sought through monthly staff meetings. Minutes of meetings showed topics discussed included areas such as staff rota, health and safety, equality and diversity, training and development, safeguarding and information sharing. Staff used these meetings to question practice, appreciate peer and management support and share best practices.
- People views were sought through annual survey and questionnaires. Results from a survey completed in 2018 showed that 99% of people were satisfied with their living environment, 97% were happy with the staff team, 95% said they were happy with communication and information sharing and a further 95% were happy with how their privacy and dignity was maintained.
- Where people raised concerns, suggestions or made recommendations, we saw these were taken into considerations and people were given options to make informed and suitable choices for themselves.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. The service also worked in partnership with community centres, schools, clubs and had partnered with other homes to attend events to promote social interactions.