Sanctuary Home Care Limited

Chesterfield Gardens

Inspection report

44 & 60 Chesterfield Gardens
London
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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

This unannounced inspection was undertaken on 13 and 22 March 2018 and was carried out by one inspector. This was the first inspection since a new provider, Sanctuary Home Care Limited, took over the running of the service in March 2017.

Chesterfield Gardens is a 'care home' for people who have mental health needs. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates a maximum of seven people who live in two separate houses on the same street. At the time of our inspection there were seven people living in the two houses. Most of the people using the service had been living at the homes for many years. Most of the staff team had worked for the previous provider and everyone knew each other well.

There was a registered manager in post. A registered manager 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.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager and the new provider.

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 understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or healthcare needs people had.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. People told us that the management and staff listened to them and acted on their suggestions and wishes.

All parts of both homes, including the kitchens, were clean and no malodours were detected. Although care staff were expected to carry out cleaning tasks, they told us they were able to maintain a clean environment as well as support people safely.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity.

Everyone had an individual plan of care which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and were happy to raise any issues with the registered manager if they needed to.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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. Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks. People had been included in developing their risk assessments when this was possible.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People chose and helped prepare meals at the home and staff knew about any special diets people required.

The houses where people lived were well maintained and appropriate to their needs.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive. People's care was individualised and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people listened to them and acted on their suggestions and wishes.

Activities provided by the home and outside of the home met people's social and spiritual needs.

People told us they were happy to raise any concerns they had with any of the staff and management of the home.

Is the service well-led?

Good

The service was well-led. The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

The management team ensured that good practice was shared and acted on throughout the service and the organisation.

Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement. This fed into a continuous improvement plan.

People who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Chesterfield Gardens

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 22 March 2018. The first day of the inspection was unannounced and carried out by one inspector. We returned to the service on the second day to look at recruitment documents that were not available on the first day. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We spoke with six people who used the service. We observed interactions between staff and people using the service to see if the way staff communicated and supported people had a positive effect on their well-being. We spoke with four care staff, the registered manager, the acting service manager and the peripatetic service manager. The peripatetic service manager wrote to us after the inspection and provided some additional information we had requested.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including meeting minutes, three staff files as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff and were well treated by them. One person told us, "It's a nice place. Everybody is caring, there's no trouble."

We observed interactions between people who used the service and the staff supporting them. We saw people were relaxed and comfortable with the staff and enjoyed their company.

Staff understood what abuse was and knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. They knew about the process for raising any concerns and the safeguarding policy was displayed in the main office. Staff told us they would always report any concerns they had to the registered manager. They knew they could also raise concerns with other organisations including the police, the local authority and the CQC. Staff told us they talked with people at monthly one to one sessions about what abuse was and what people should do if they felt unhappy.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included keeping safe outside the home and relapse indicators regarding people's mental health. There was information for staff on how the risks identified should be mitigated. For example, one person had written in their care plan a list of what staff needed to look out for that might indicate their mental health was deteriorating. Staff were aware of these potential relapse indicators.

Everyone had a personal evacuation plan which gave advice about the most appropriate and safe way individuals should be evacuated from the home. Records of fire drills showed that people were able to evacuate the service in good time.

All incidents and accidents had been recorded and the registered manager gave us examples of how they reviewed incidents so lessons could be learnt. This included a situation where someone using the service had accidentally locked themselves in their room. The registered manager told us they were organising some technology to be installed to reduce the likelihood of this happening again. We saw the organisation's procedure for recording accidents and incidents on display in the office. Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses.

All parts of both homes, including the kitchens, were clean and no malodours were detected. No domestic staff were employed and care staff were expected to carry out cleaning tasks. Staff told us they were able to support people safely as well as maintain a clean environment. The kitchens had been inspected by the environmental health department on 27/09/2017 and had received the top score of five 'scores on the doors'.

Staff had sufficient amounts of personal protective equipment and had completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. All medicines were audited regularly so that any potential errors could be picked up and addressed quickly. People's medicines were being reviewed by their GP. The registered manager, or one of the management team, carried out competency checks to make sure the staff knew how to administer and manage medicines safely and we saw records of these checks in files we looked at. People told us they had no concerns about the management of medicines at the home. One person told us, "They give me a tablet in the morning."

People who used the service and staff did not have any concerns regarding staffing levels. Staff told us, and records confirmed that staffing levels had increased under the new provider. The registered manager confirmed that more staff would be deployed if people's level of dependency increased and we saw this was being monitored regularly. The registered manager gave us examples of where more staff had been deployed when people needed to attend healthcare appointments or activities. This also included a temporary increase when a person at the service had been unwell. We saw that staff were not rushed and took time with the people they were supporting.

We checked staff files to see if the provider was following safe and appropriate recruitment procedures. Staff at the home had been transferred over to Sanctuary Care when the organisation took over from the previous provider. The peripatetic service manager told us there had been an issue with finding staff references held by the previous provider. Because of this staff had been required to obtain character references to be added to their recruitment files. We saw that all staff had undertaken induction and attended regular supervisions and we were assured there were no issues identified regarding their suitability and character. All staff files contained up to date criminal record checks and proof of identity.

Good

Is the service effective?

Our findings

Assessments of people's health and care needs were carried out with the individual, staff and health and social care professionals. The system used was a nationally recognised tool which was developed specifically for people with mental health needs. The tool focused on measuring outcomes which enabled people using services to measure their own recovery progress, with the help of mental health workers or others.

The way people's individual needs were assessed was in line with the values of the organisation. These values where known to staff and included providing accessible care with ambition, equality, dignity, respect and kindness. These values were in line with those of the National Institute for Health and Care Excellence and other expert professional bodies.

Staff that had transferred over from the previous provider had completed an induction into the new organisation. Staff told us this had been a useful introduction to the new provider. A staff member told us, "We had an induction pack it was quite a lot. We had all new training, we had to redo everything." Another staff member commented, "Induction was very good. It gave me more confidence in working and understanding the expectations of the new organisation."

Supervisions and appraisals were taking place for all staff and were used to develop and motivate them, review their practice or behaviours, and focus on professional development. One staff member told us, "It's very important. If you are struggling you get a chance to discuss this with the manager and get support."

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene, and first aid. This was delivered as face to face training as well as ELearning. One staff member told us, "Training opportunities have improved and we still have more to do." Another staff member said, "We have loads."

Staff gave us examples of how the training had improved their working practice. For example, they told us how recent diabetes awareness training had improved their understanding with regard to the different types of medicines available to treat the illness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.
People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. Staff told us and records showed that most people had capacity to consent to their care and treatment. Staff also

understood that capacity could fluctuate. One staff member told us, "Just because they may lack the capacity now, it doesn't mean that they will always lack capacity." Only one person needed staff to accompany them when they went out of the home and we saw the relevant legislation in relation to this deprivation of liberty was being followed.

Staff were responsible for cooking meals at the home and had undertaken food hygiene training. Menus were chosen by people at regular house meetings and staff had a good knowledge of people's dietary preferences and any special diets that people required. Care plans indicated that people were encouraged to help prepare and cook meals as part of their rehabilitation and activities of daily living.

People told us they liked the food the staff cooked and they had enough to eat. One person told us, "The meals are good. It's all good." Another person commented, "I enjoy the food." People confirmed staff provided them with culturally appropriate food and we saw this was discussed at staff meetings.

Staff were also aware of potential risks people faced in relation to eating and drinking. For example, they told they had to monitor people who ate quickly to make sure they did not choke.

The service comprised of two terraced houses just like any of the other houses in the street. There was nothing about the two houses either in design or adaptation that had an institutional appearance. Everyone had their own room and there were communal lounges and kitchens so people could be together if they wished. People told us they liked where they lived and had been involved in the design and colour scheme of their room.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians. One person told us, "The staff sort it out (access to healthcare) I'm happy with it."

On the first day of the inspection a staff member took a person out to a healthcare appointment. When they returned they updated the other staff about what had taken place and also recorded this in the person's daily notes and care plan. We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Good

Is the service caring?

Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. People told us they were able to express their views and make choices about their care on a daily basis.

People told us and records confirmed that everyone was encouraged to be as independent as they could be and we saw people were going about their daily business with staff supporting them only when they required support or encouragement.

Care plans detailed how staff were to encourage people's independence in a safe and supportive way. There was information about what the person could do for themselves and when they needed staff support. Staff knew what support people required and were aware of people's likes, dislikes and life history.

Most people who used the service were able to express their views and preferences. Where people had communication problems, there were clear instructions in their care plans about effective communication methods. For example, one person's care plan stated, "When [person] is unwell they will point at the body part where there is discomfort" and "Use short sentences." This meant that people who had communication issues were not disadvantaged.

Staff had completed equality and diversity training and this was also covered in staff induction. The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. Staff gave us examples of how they upheld and respected people's diversity which included making culturally appropriate meals and supporting people to attend their places of worship. This information was also documented in individual care plans. One person told us, "They make Caribbean meals." Another person commented, "I go to church every Sunday."

Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. Staff understood the issues regarding community living and the importance of making sure people had 'alone time' when they wanted. People we spoke with confirmed that staff did not enter their rooms without their permission.

Good

Is the service responsive?

Our findings

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed. Care plans were person centred and gave staff clear information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety.

People's care and support needs were assessed and kept under regular review so any changes could be made when required. People told us their talked through their plans with their key worker every month.

Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

Care plans were being audited regularly by the peripatetic service manager. They had identified that, even though care plans were generally person centred, the planning system did not always provide staff with a holistic picture of each individual. Currently this had little impact on the outcomes for people living at the home as most staff had been working at the service for many years and knew people well. However, improvements to the care planning system had been identified and were being addressed in the continued improvement plan for the service.

We saw people going out shopping, attending colleges or taking part in other community activities throughout the day. One person told us, "You can come and go as you like." Where people required more support with activities, we saw daily activity plans which were developed by the staff and the individual and reflected their interests and spiritual and cultural preferences. Records showed that people went out as a group to local bars and restaurants as well as undertaking joint activities such as bowling. There were enough staff on duty to ensure people could undertake activities of their choice safely.

People told us, and records showed that people were asked if they had any concerns or complaints at regular house meetings. They told us they had no complaints about the service but felt able to raise any concerns without worry. Everyone said they would speak to the staff or the registered manager and we saw information about how to make a complaint was available to people using the service. One person told us, "If I had any problems I'd go to the staff."

There had not been any recent complaints about the service and records of past complaints showed these were dealt with appropriately. We saw that people had raised some concerns at house meetings, generally with regard to issues of community living. We could see that these concerns had been recorded and were being monitored by the staff and management. These issues were then reviewed at subsequent house meetings to see if there had been any improvements.

The registered manager told us that currently no one using the service was being supported at the end of

their life. However, the service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Good

Is the service well-led?

Our findings

People were positive about the service and told us it was well run. They told us they liked the management and we saw positive and friendly interactions between people using the service, the registered manager and other managers at the home. We could see that the management was encouraging and modelling an inclusive and empowering culture at the service.

The registered manager told us about the ethos, vision and values of the organisation. These included, providing accessible care with ambition, equality, dignity, respect and kindness. All staff were clear about these and told us these values were discussed in supervisions, team meetings and at daily handovers. People confirmed that staff followed these values when they provided support. One person told us, "They listen to what I say and they look after me."

The registered manager and management team carried out regular audits including health and safety, staff training, cleaning, and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date. We also saw that people were included in issues around health and safety and everyone who was able undertook an induction in relation to fire safety, cooking, smoking and electrical safety.

There were a number of different systems that the provider used to monitor and improve the quality of care at the service. These included surveys for people living at the homes and staff. The peripatetic service manager told us that the annual survey for people was yet to begin however we saw that he had met with all people who used the service and obtained their views regarding what they wanted at the home and how they wanted the new provider to provide support. We saw compliments had been received from people who used the service. These included, "The staff make lovely dinners" and "The staff are always there when I need to talk and I get good food. I am happy."

All the safety and quality audits were used to develop an on going service improvement plan which the peripatetic service manager showed us. This had clear descriptions of the improvements identified, who was responsible for the actions and reviews of the success of these actions.

Staff were positive about working for the new provider and told us the transition had been smooth and they felt involved and included in this process. One staff member told us, "Before we moved over we had consultations with Sanctuary Care. It was very helpful."

Staff told us they felt valued by the management of the service and told us they appreciated the guidance and support they received from the new provider. They told us that the policies and procedures of the new provider were more detailed and this enabled a more professional approach to the running of the service.

They told us the management was open and they had no concerns about raising any issues they might have. Staff told us they could comment on the way the service was run and gave us examples of suggestions they had made at team meetings and at daily handovers. One staff member told us, "Staff get treated with

respect."

The area manager wrote to us after the inspection and told us how good practice was shared within the organisation. There were regular meetings with all registered managers within the organisation so that good practice could be shared from internal and external audits as well as sharing information from CQC reports. Quality improvements were also shared with staff via a regular staff newsletter.

The registered manager explained to us how the service worked in partnership with other agencies and organisations. This included working with the local authority safeguarding team and commissioning. The registered manager gave us examples where they had worked with social care professionals to ensure the smooth transition and continued well-being of people when the new provider had taken over the running of the service.