Care Quality Commission

Sanctuary Care Limited

The Manse

Inspection report

11 South Norwood Hill
South Norwood
SE25 6AA
Tel: 0208 771 2832
Website: www.sanctuary-group.co.uk/care/pages/home.aspx

Date of inspection visit: 30 June 2015
Date of publication: 17/08/2015

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

Overall summary

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People felt safe. There were procedures and risk assessments in place which staff implemented to reduce the risk of harm to people. Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns.

Appropriate checks were carried out on staff and they received an induction before they began to work with people. The staff were experienced care workers who had the skills, knowledge and experience to care for people safely.

There was a sufficient number of staff on duty to care for people safely and effectively. Staff understood their roles and responsibilities and were supported by the management through relevant training, supervision and performance reviews.

Summary of findings

There were procedures in place to ensure that people received their medicines safely which staff consistently followed. People were protected against the risk and spread of infection.

Staff asked for people's consent before delivering care. People were involved in their care planning and in control of the care they received. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were satisfied with the care they received and told us they were treated with respect and kindness. Staff ensured people received a nutritious, balanced diet. People were happy with the quality of their meals and said they were given enough to eat and drink. There were a variety of activities for people to participate in.

People were supported to express their views. The management and staff used their learning from accidents and incidents to improve the safety and quality of care people received.

People's healthcare needs were met by suitably qualified staff. Regular checks were carried out to maintain people's health and well-being. People also had access to healthcare professionals and staff liaised well with external healthcare providers. People were supported to plan their end of life care.

The registered manager had worked in the adult social care sector for many years and knew what was required to provide high quality care. There were systems in place to assess and monitor the quality of care people received and these were consistently applied by staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and staff had detailed guidance on how to manage the risks identified

Staff were recruited using a thorough recruitment process which was consistently applied. There were sufficient numbers of staff to keep people safe.

Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?
The service was effective.

Good

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were given a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?
The service was caring.

Good

Staff were caring. People were treated with compassion and respect.

People felt able to express their views.

Staff had been trained in end of life care and people were supported to plan their end of life care.

Is the service responsive?
The service was responsive.

Good

People were involved in their care planning and felt in control of the care and support they received. Staff knew people well and how to meet their needs.

People's spiritual and social needs were taken in account. There were a variety of activities available outside and inside the home.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

People living in the home, their relatives and staff felt able to approach the management about their concerns.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

The Manse

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.

We inspected The Manse on 30 June 2015. The inspection was carried out by a single inspector and was unannounced. We previously inspected The Manse in May 2013 and found that it was meeting all the regulations we inspected.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications, the previous inspection report and the 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.

During the inspection we looked at five people's care files and four staff files. We spoke with four people living in the home, three of their relatives and six members of staff including the cook. We spoke with the registered manager about the systems in place to assess and monitor the quality of care people receive. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at the service's policies and procedures, and records relating to the maintenance of the home and equipment.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe. People commented, "I feel safe here", "I am safer here than if I lived alone" and "I would be very surprised if any of the staff were the sort of people you couldn't trust". Relatives told us, "I'm as confident as I can be that [the person] is safe" and "I think [the person] is safe there".

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home. Records confirmed the service had acted appropriately to deal with allegations of abuse and participated in local authority safeguarding meetings. Records demonstrated that staff practices were reviewed and amended according to the recommendations made by local authority safeguarding teams.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were detailed and personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to minimise the risk of falls and the action to take in the event that the person fell. Records confirmed staff delivered care in accordance with people's care plans. People had a personal evacuation plan which gave staff instructions on how to keep them safe in the event of an emergency. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. The number of staff a person required was reviewed when there was a change in a person's needs.

People told us and we observed that there was a sufficient number of staff to care for them safely. People commented, "There are plenty of staff around" and "There is always someone nearby if we need them".

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. The medication policy and procedures were reviewed annually and staff were required to sign to say they had read and understood it. All staff had been trained in medicine administration. They were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. People told us they received their medicines at the right time, in the correct dosage. Each person had a medication administration card with their photograph and details of any allergies. This minimised the risk of people being given the wrong medicine.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. One person commented, "One of the things I really like about this place is that it is always clean and there are never any unpleasant smells. That's down to the hard work of the staff here." People's rooms and the communal areas of the home were clean and tidy. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. The home was well decorated. People's

Good

Is the service safe?

rooms and communal areas were well furnished. A maintenance person worked at the home part-time and the home and garden were well maintained. The utilities and equipment in the home were regularly tested and serviced. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

Good

Is the service effective?

Our findings

People were cared for by staff who knew how to carry out their role effectively. People told us, "They are very knowledgeable about care" and "The staff are very good, I think they are well trained." A relative commented, "The staff are experienced and know what they are doing."

People received care and support from staff who were adequately supported by the provider through an induction, regular training, supervision and appraisal. When first employed, staff received an induction, the length of which depended on their previous experience. Staff who was new to care received a month long induction during which they were introduced to the home's policies, they received training in areas relevant to their role such as moving and handling people, end of life care and infection control, and they were made aware of emergency procedures. New staff with previous experience in the adult social care sector received an induction of one or two weeks depending on their experience.

Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding, moving and handling and infection control. Staff were able to tell us how they applied their learning in their role day-to-day. Competency checks were carried out by the registered manager to confirm that staff understood their training and knew how to apply it in their role day-to-day.

Staff attended regular supervision meetings where they discussed issues affecting their role and their professional development. Individual staff performance was reviewed during an annual appraisal. At monthly team meetings staff received guidance on good practice and discussed one of the home's policies as a way of helping them understand how to apply the policy in their role. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home. Staff told us that informal assessments were conducted during daily interaction. The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A full-time cook was employed by the provider who had worked in catering for many years. They knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. People's meals were freshly prepared daily. They had a choice of nutritious food and were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available. People commented, "The food is first class. We get a choice of at least three dishes and if we don't like what is on offer the cook will prepare something else", "The food is very good. I can eat whatever I want" and "The food is nice".

Staff supported people to maintain good health. People were registered with a GP and had annual health checks. Staff supported people to attend appointments with their GP, hospital consultants or other healthcare professionals. People were weighed regularly to check they maintained a healthy weight. Some people had hospital passports which they took to hospital and other healthcare appointments. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them.

Good

Is the service caring?

Our findings

People living in the home made positive comments about the staff. People told us, "The staff are very caring and supportive", "We have a good relationship with the management and staff" and "They are very good". Relatives told us, "They are genuinely caring" and "They are very calm and patient".

Many of the staff had worked at the home for several years. They had a positive attitude to their work and enjoyed working at the home. Staff commented, "I've worked here for so long because the staff are a strong team and I've become attached to the residents", "The residents are like our family. We treat it like a family home" and "It's enjoyable and fulfilling in that I know I'm making a difference to someone's life".

There was a relaxed, calm and happy atmosphere in the home. People living there and staff were comfortable with each other. Staff spoke to people in a kind and respectful manner and respected people's dignity and privacy. People's bedrooms were personalised and contained some of their own furniture and items such as family photographs. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people's rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were supported with their personal care. One person told us, "We very much value the ability to maintain our dignity while living here."

People told us they were involved in making decisions and planning their own care and this was evident in their care plans. Assessments recorded the person's view of their needs. Care plans considered all aspects of their individual circumstances and reflected their specific needs and preferences. They also stated which aspects of their care people wanted support with. This meant that people received personalised care.

Staff had good knowledge of people's care plans and knew the people they were caring for well. They were able to tell us about their character, life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences. Staff used people's previous life and work experience to get them involved in the running of the service. For example, a person living in the home who was formerly a businessman, chaired the residents' meetings and was responsible for taking the meeting minutes. Each day at 2.45 staff stopped what they were doing to spend time just talking to people. This contributed to people feeling they mattered.

People's values and diversity were understood and respected by staff. People from other cultures were able to eat the food they preferred. People's religious and spiritual needs were taken into account. The home had links with several local places of worship. Clergy regularly attended the home to conduct religious services and people were also supported to attend religious services outside the home. Staff supported people to be as independent as they wanted to be and go out into the community as often as they wanted to. One person told us, "I still live as independently as possible." People's visitors were made to feel welcome. Relatives who chose to, were in regular contact with the home and kept updated on their loved ones health and welfare.

The home was a participant in the Gold Standards Framework, an approach to planning and preparing for end-of-life care, and had an effective approach to end of life care. This meant that people were consulted and their wishes for their end of life care were recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. Staff received training in end of life care.

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. People commented, "I'm very happy with the care I receive here", "I am well looked after" and "Leaving my home has been much less difficult than I thought because they take care of the things I was struggling with and it is quite nice living within a community, there is always someone to talk to" Relatives told us, "This is the best place for [the person]. I know they are looking after [the person] properly" and "It's a nice home. The staff are very attentive and everybody is clean and tidy when I visit. [The person] is happy there".

People's needs and level of dependence were assessed and reviewed monthly. Care plans were personalised and considered every aspect of people's day-to-day needs. For example, we saw details of which food and drink a person should not consume becuse it might interact with their medicines. Staff knew the content of people's care plans. There was continuity of care because there was a consistent staff team who worked well together as a team. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where specialist treatment was required, referrals were made promptly. When people were due to be admitted to hospital staff attended with them and stayed with them until they were settled.

Care was delivered in accordance with people's care plans. Staff gave people the level of support they required for specific tasks. People told us they received personalised care that met their needs and we saw many instances of this. For example, people's individual food choices were met. At lunchtime we observed that every person was eating something different, that they had chosen. One person told us, "I can eat when I like." A staff member told us, "If someone wants a sandwich and a cup of tea at 10pm we'll get it for them. It's their home."

People's social needs were taken into account. People were supported to maintain relationships with their friends and relatives. People who were able to organised their own social time and went out as they pleased. An activities co-ordinator organised group activities for people living in the home, some of which were for suitable for people living with dementia. These included activities involving reminiscence, which are known to benefit people living with dementia. The activities co-ordinator also organised group trips outside the home, such as trips to the seaside and pub lunches. Staff supported people who needed it, to attend senior citizens parties at a local church. People and their relatives told us they were satisfied with the type and amount of activities available.

People and their relatives felt able to express their views about the care provided. The service routinely sought people's views on how they wanted their care to be delivered. These included holding residents' meetings where people were given the opportunity to discuss how the care provided could be improved. Regular surveys were also conducted, such as a dignity in care survey where people were asked for their views on how well their dignity was maintained and how it could be improved. We saw lots of recorded contact from relatives with their compliments about the care provided.

People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be dealt with appropriately. Records indicated that where a person had made a complaint about items of clothing going missing, the complaint was recorded, promptly responded to and appropriately resolved. We saw evidence that there were systems in place for the management and staff to learn from accident and incidents.

Good

Is the service well-led?

Our findings

People and staff told us and we observed that the registered manager was approachable. Throughout our visit, the registered manager was interacting comfortably with people living in the home and staff. People told us the home was well managed and well-led. One person told us, "They run a tight ship." Another person commented, "Everything is well organised." Relatives told us, "It's everything you could hope for in an old people's home" and "They've got it just right."

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff felt supported by the management and provider. A staff member said of the provider, "They give us a lot of training and support." Another staff member told us, "We work together, it's not us and them." Staff felt valued and staff morale was high. This contributed to there being a low staff turnover which in turn meant that people living in home received consistent care from the same staff team who they were familiar with.

Staff felt able to express their views on the management of the home and the way care was provided. Records indicated that where staff had met to discuss an incident involving a person living in the home, staff were forthright in their views and there was open communication between the management and staff. Staff were actively involved in the development of the home. Staff representatives formed a staff council which met regularly with members of the provider's senior management team to discuss issues affecting their role and the day-to-day procedures involved in running the home.

There were comprehensive arrangements in place at registered manager level and provider level for checking the quality of the care people received. As part of their daily checks, the registered manager observed staff interaction with people and checked the standard of cleanliness in the home. There was a system in place to check that staff training, supervision and appraisal were up to date.

Feedback on the quality of care provided was sought from people living in the home, their relatives and external people who were in regular contact with the home such as, district nurses. The registered manager acted on feedback and implemented recommendations made by external agencies such as the local authority, to improve the service. The registered manager promptly submitted relevant notifications to the CQC.

The provider conducted monthly compliance audits where people's care plans and records were reviewed, the management of medicines was checked and people living in the home were asked for their feedback. The provider conducted quality assurance audits twice per year which looked at every aspect of service, how it was managed, and the experience of people living there. Audit reports were compiled and where issues were identified an action plan was put in place and actioned. There were systems in place to ensure that the standard of maintenance of the home and equipment used was monitored and prompt action taken when repairs or servicing was required.

The provider and management worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. One of these initiatives was accreditation using the Gold Standards Framework for end of life care.

The provider told us in their provider information return about their development plans for the home. They were constantly looking for new ways to develop staff and enhance the facilities of the home. We saw that plans were actioned. Plans to increase the training offered to staff and to test their competency were being implemented. Work was being undertaken to improve the garden in the hope that it would enhance people's environment.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.