

Sanctuary Care Limited

# East Park Court Residential Care Home

## Inspection report

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Date of inspection visit:  
30 January 2017

Date of publication:  
28 February 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 30 January 2017. At our last inspection visit in November 2014 we found the provider was meeting the requirements of the law. East Park Court is a care home which provides accommodation and personal care for up to 44 people some of which may have dementia. At the time of our inspection 43 people lived at the home.

At the time of our inspection 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.

People told us they felt safe living at the home. Staff knew what action to take if they had any concerns about people's safety. People's risks had been assessed and were managed effectively. People's medicines were managed safely.

There were enough staff available with the appropriate skills to support people's needs. Staff received training and felt they had the competences to meet people's needs. The provider had safe processes in place to recruit new staff and carried out pre-employment checks.

People were asked for their consent before staff provided care. Staff understood people's rights and choices when supporting them. People told us they had sufficient to eat and drink and had access to healthcare professionals when needed. People said staff were caring and discussed their support needs with them. Staff knew people well and supported people to maintain their independence. People felt listened to and able to raise concerns they may have.

Staff understood their roles and responsibilities and felt supported by the registered manager. Processes were in place to listen to and respond to people's experiences of the service and audit systems were in place to monitor the quality of care being provided. The registered manager felt supported by the provider to develop the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People said they felt safe. Risks to people's health and care needs were assessed and managed appropriately. There were enough staff to meet people's needs and they had been recruited safely. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had the skills and knowledge to support them. People were asked for their consent before care and support was provided. Staff understood their responsibilities to protect people's rights and freedom. People were offered a choice of food and had access to healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring. People were involved in making choices about their care and their views and preferences were respected by staff. People felt their dignity and privacy were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that reflected their needs. People had access to activities within the home. People and their relatives had the information they needed to raise concerns or complaints if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

There were systems in place to respond to people's experiences and monitor the quality of the service. Staff were aware of their

roles and responsibilities and felt supported by the management team. There were systems in place to monitor the quality of the home and the service people received.

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# East Park Court Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 30 January 2017 and was unannounced. Before the inspection the provider completed 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 also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service

During the inspection we spoke with eleven people who lived at the home and two relatives. We spoke with six members of staff the registered manager and the regional Manager. We reviewed a range of records about how people received their care and how the service was managed. These included five care records of people who used the service, three staff records, complaints and records relating to the management of the service such as audit and quality checks.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "Yes I feel safe living here [staff] are about, I have no concerns about my safety." Another person said, "The doors are locked and I have a buzzer." A member of staff told us, "I think people are safe here if I saw something wrong I would report it straight away to the senior or manager." Staff we spoke with were clear about their responsibilities and the actions they would take to keep people safe from the risk of potential abuse and harm. They knew how to escalate any concerns about people's safety to the registered manager and other external agencies such as the local authority or CQC. Staff were able to describe the different types of abuse; one member of staff said, "Abuse can be physical, financial or verbal. I would inform the manager and report it straight away and make sure the [person] was safe." Staff said they were confident that the registered manager would listen and act on any concerns raised. The registered manager had a good understanding of their responsibilities to keep people safe. Where people were at risk of harm or abuse, the registered manager had referred any allegation of abuse or harm to the safeguarding authority. This showed procedures were in place to report any allegations of potential harm or abuse and these were escalated appropriately.

Staff we spoke with were able to tell us about the people who lived at the home and the support they needed with their care. One member of staff said, "Some people use [walking aids] to move around, I make sure they have them with them when they are walking about." We saw staff supported people to walk or stand up from a chair safely and ensured people had any walking aids within easy reach. Another member of staff told us about people who might be at risk of choking and the action they took to minimise this risk. Records we looked at reflected people's risks and contained guidance for staff to refer to on how to manage known risks to people. For example, we looked at a risk assessment for a person who was at risk of falls and saw it was reflective of the person's needs and of the care given by staff. This showed staff understood people's individual risks and how to minimise them. Staff knew how to report accidents and incidents and we saw appropriate action was taken by the registered manager to ensure people remained safe. For example, referrals to healthcare professionals, completing 24 hour observation charts to monitor a person's health and where appropriate providing equipment such as sensory alarms to keep people safe. This showed incidents were monitored and action taken to minimise risks to people.

People told us they felt there were enough staff to meet their care and support needs. One person told us, "I don't wait long for staff." Staff we spoke with told us staffing levels were sufficient to meet people's needs. A member of staff said, "I feel there are enough staff to meet people's needs." However, some people said on occasions during the night several people were quite active and had entered other people's bedrooms. A member of staff told us regular checks were made at night to ensure people's safety, but told us there were instances where people might wander into rooms. They said staff addressed this straight away to ensure people were safe. We discussed staffing levels with the registered manager. We saw staffing levels were calculated based on people's individual levels of dependency. Although there were occasions when people were more active at night; staffing levels were sufficient to ensure people's needs were met. We saw there was adequate numbers of staff on duty to assist people with their care and support throughout the day.

Staff told us recruitment checks were undertaken before they started working at the home. One member of

staff said, "I completed an application form, had an interview with the manager and reference and Disclosure and Barring Service checks were done." Disclosure and Barring Service (DBS) helps an employer make safer recruitment decisions and prevents unsuitable people from being recruited. Three staff records we looked at confirmed pre-employment checks had been obtained before employment commenced, such as references from previous employers. We also saw that the registered manager addressed any concerns in relation to staff performance or conduct and had systems in place to manage these appropriately.

People received their medicines as prescribed. One person told us, "I get my [medicine] when I need it." One member of staff said, "I feel confident giving people their medicines. I have had training and had my competency checked." The Provider Information Return (PIR) stated, medicines were routinely monitored and audited and those staff administering medicines were trained and had their competency tested. Information supplied in the PIR was consistent with what staff told us. We observed people being given their medicine by staff and saw staff stayed with people whilst they took their medicines. Staff gave encouragement and offered people a drink to ensure medicines were swallowed. Staff signed medicine records once they had confirmed the medicine had been taken. Where people had medicines they took as and when required, we saw there was guidance in place to support staff in the administration of these. We looked at systems used to store and dispose of people's medicines and found the provider was doing this safely.

## Is the service effective?

### Our findings

People and their relatives thought staff were skilled and knowledgeable in their role. One person said, "[Staff] know what they are doing." Staff were able to explain people's care and support needs to us. They said they had access to a variety of training which enabled them to feel confident to support people's needs. For example, staff were offered the opportunity to complete a QCF qualification. These qualifications are designed to equip staff with the skills and knowledge to care for people. Staff told us about their induction when they started in their role. One member of staff told us, "I completed an induction which lasted two weeks which included shadowing staff and observations of me providing care. I feel confident in my role." Staff were also provided with the opportunity to complete the care certificate as part of their induction. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their role. Staff told us they received the support they required to do their job from the management team and their colleagues. One member of staff said, "The managers are very approachable, you can ask about anything. We have supervisions with the manager and staff meetings. I feel free to talk about any issues and ask questions." This showed the staff felt supported by the provider and had been given the opportunity to gain the skills and knowledge to support people safely.

People told us staff sought their consent before providing care and support. One person said, "[Staff] check with me first before they do anything." Staff told us about people's different communication methods and how they sought people's consent. For example, observing people's body language or gestures. Staff said they allowed time for people to make choices and we saw staff listened to people and waited for them to respond before attending to their needs.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that it was. We saw assessments of people's capacity had been carried out to assess whether or not people lacked capacity to make certain decisions. We saw these assessments were documented and were shared with the staff team. Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Care records reflected best interest meetings had taken place to ensure decisions made about people's care and support were in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. Where this was applicable, applications had been completed and submitted to the local authority. We saw five applications had been approved by



the local authority to deprive people of their liberty and a further four applications had been submitted. Staff we spoke with had a clear understanding of DoLS and what it meant in practice for those people who had been deprived of their liberty in their best interests. People who were subject to an authorised DoLS were protected because staff were aware of the conditions in place to keep people safe.

People told us they enjoyed the food and were given a choice of meals. One person said "The food is good I can't grumble I get a choice of two meals." We observed lunchtime and saw the interactions between staff and people were positive. Staff had a good understanding of people's individual dietary requirements and how those needs were met. For example, staff were aware of those people who required a softened diet and how food and drink should be prepared to ensure the person's safety. Recommendations from health care professionals such as Speech and Language Therapy (SALT) were followed to ensure people had their meals and drinks in a way they could manage. Staff offered a choice of drinks to people throughout the day and checked with people that they had enough to eat and drink. Fruit was available to people should they want it, and where people chose to spend time in their rooms drinks were available in jugs for them. This showed people's nutritional needs were being met.

People told us they were supported to access health care professionals such as a doctor and chiropodist. One person said, "I see a doctor if I need to." We looked at people's health records and saw where concerns had been identified referrals had been made to the appropriate healthcare professionals. For example, district nurses and opticians. Guidance provided by healthcare professionals was recorded in people's care files for staff to refer to. Staff were knowledgeable about people's individual health needs and were able to describe how they supported people with these. For example, people at risk of falls. Staff said if they noticed a change in a person's health they would speak with the registered manager who would contact the relevant healthcare professional. This showed the provider ensured people's health needs were monitored and people were supported to access health care professionals when required.

## Is the service caring?

### Our findings

People told us staff were approachable and friendly. One person said, "They're just nice the way they act." Another person said, "They are good carers." Throughout the day we saw positive interactions between people and staff. We saw people were happy to approach staff and enjoyed staff spending time with them talking with them or being tactile such as holding their hand to offer reassurance. People responded positively to staff by smiling and engaging in conversation. Staff supported people in a caring way; they spoke to people at eye level, listened to people and checked their own understanding by repeating back to the person what they wanted. We saw one person who became upset; staff sat with this person and spoke kindly offering reassurance. We observed the person responded positively and became less anxious.

People we spoke with told us they were involved in choices about their care. One person told us, "I make my own choices, I choose what I wear, when I get up and go to bed and I go to my room when I want." We saw one person tell staff they did not want to attend an external activity. We saw staff listened to them and respected their decision. Another person told us they enjoyed spending time in their room and staff respected this. Throughout the day we saw people being offered different choices such as which room they would like to spend their time in, where they would like to sit, what they would like to eat and drink and whether they wanted to engage in any group activity. One person invited us into their bedroom and we saw it was personalised and decorated to reflect their taste. This showed people felt involved in their day to day choices and their decisions were respected by staff.

People told us they were supported to maintain their independence and self-esteem. One person said, "I do my own [personal care] staff only assist when I ask for help." We saw one person who enjoyed completing household tasks such as tidying and sweeping the floor and staff supported this person to do this. We saw at mealtimes people had the appropriate cutlery and aids to promote their independence. Staff explained how they supported people to maintain their independence such as, encouraging people to do as much for themselves as possible and prompting only when required.

People said their dignity and privacy was respected by staff. One person said, "I have a key to my bedroom door and I lock it. Staff always knock on my door before they come into my room." Another person said, "Staff check I am ok but will wait outside the door unless I need them to come in and support me." A member of staff said, "When providing care I close the curtains and make sure everything is close to hand. I make sure [person] is comfortable with the care being provided." Throughout the day we observed staff maintaining people's dignity in the way they supported them. For example, asking people if they would like to wear an apron to protect their clothes at mealtimes, ensuring bedroom doors and bathroom doors were closed when in use and knocking on doors before entering people's rooms. This showed people were treated in a way that promoted their dignity.

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in making decisions about their care and support. One person said, "[Staff] will listen." Another person told us, "[Staff] talk to me and ask what support I need." Staff we spoke with were able to give us detailed explanations about people's individual needs as well as their life histories, likes, dislikes and how they liked their care to be delivered. One member of staff said, "I know people well, I know what they like and how they like to be supported. You get to understand people through their mannerisms and body language." People said they had contributed to their assessment for care and support and were involved in the development of their care records. Care records we looked at detailed people's life histories, preferences and their personal support needs. Care reviews were completed regularly and information on people's changing care and support needs was updated as required with the involvement of people or their relatives. Staff communicated changes in people's needs through a variety of communication systems. For example, staff handover at the start of each shift and daily meetings with heads of departments. This ensured staff had access to up to date information which meant people received consistent care.

We looked at the arrangements for supporting people to participate in interests and hobbies. One person said, "Activities include bingo and singing." Another person told us they enjoyed looking through the newspaper or talking to people. People told us the provider employed an activities co-ordinator who organised a number of different activities across the home which included visits from external entertainers. However, some people felt activities could be improved to reflect their individual interests. For example, one person commented they would like to visit attractions within the community. Another person said, "I use to knit but they don't have any wool." We discussed this with the registered manager who said they would look at how they could support people to spend time pursuing interests that reflected their individual preferences. The Provider Information Return (PIR) stated the provider was looking to improve activities across the home and saw this as an area for improvement to ensure activities were led by the people using the service. The registered manager had introduced a vintage café and embedded a 'Together for 10' initiative. This involved the whole staff team, including administrative and kitchen staff, stopping what they were doing and spending ten minutes with different people engaging in conversation or supporting them with an activity. Information supplied in the PIR was consistent with what we saw during the inspection.

People were supported to maintain relationships that were important to them. One person said, "Family can visit anytime and are welcomed." Our observations confirmed this. We saw staff were welcoming to visitors to the home throughout the day.

People and their relatives told us they felt listened to and were confident to raise any concerns they might have with the provider. One person said, "I would speak with [staff] if I was not happy and they would sort it or tell the manager. I don't have any concerns." Another person said, "I would speak to any staff if I had any worries." We saw a compliments and complaints box was available in the entrance area of the home for anyone to raise concerns. The provider had a clear process in place for receiving and handling complaints. Records we looked at identified two complaints had been received and we saw these had been dealt with promptly and in line with the provider's complaints procedure. We also saw there was a process in place to

identify any improvements needed to the service. This showed people's complaints would be listened to and addressed appropriately by the provider.

## Is the service well-led?

### Our findings

People we spoke with felt the home was well-managed and the registered manager and staff were friendly and approachable. One person commented that the registered manager was, "Around the home quite a bit and stops for a chat." Other people we spoke with said they knew who the registered manager was and expressed confidence in them and their management team. The registered manager demonstrated a good understanding of people's needs and their responsibilities as a registered manager. They explained how they ensured they kept up to date with current national developments by attending training and regional meetings. The registered manager said they were supported in their role by the provider who they said were always available to them for guidance should they need it. We found the provider had met their legal obligations relating to submitting notifications to CQC when certain events occurred, such as allegations of abuse. We also saw that the provider had ensured the service's previous inspection rating was displayed prominently as required by the law.

The home had a clear management structure in place and staff said they had access to resources to keep their knowledge and skills up to date to ensure they cared for people safely. Staff told us they understood their roles and responsibilities and said they felt supported by the management team. One member of staff said, "I feel supported in my role by my manager and my colleagues. I have [one to one] meetings and we do have team meetings as well. You can talk about anything I do not have any issues. I enjoy my job." Staff we spoke with said they were aware of the provider's policies and procedures which included the whistle-blowing policy and said they would be confident in using this if required. Whistle-blowing means raising a concern about a wrong-doing within an organisation. This meant staff felt supported and able to share their views with the provider.

Information supplied by the provider in the PIR was consistent with what we observed and found in the home. For example, an environmental and re-decoration programme had been implemented. We found the provider had systems in place to identify and manage risks to the safety, health and welfare of the people living at the home. We saw changes to people's care and any associated risks were monitored and recorded for patterns and trends. For example, accidents and incidents were recorded and analysed for possible trends, and this information was used to identify actions required to improve people's safety. Regular quality audit checks were completed by both the registered manager and provider which included all aspects of people's care and of the environment. For example, infection control, medicine and care plan audits. The registered manager also completed other checks to monitor the quality of care people received. For example, observations of staff and night spot checks. Where improvements were found to be required improvement plans were developed and appropriate action was taken. The registered manager had implemented a number of systems since being appointed in the role. For example, staff on shift had a 'key ring' which they carried around with them whilst on shift. This had information about people with authorised DoLS and DNAR (Do not attempt resuscitation) in place. Staff told us the introduction of this system was positive as it meant they had immediate access to important information about people when providing care and support.

The provider had a number of ways in which they gathered people's feedback. For example, people told us

staff spoke with them daily for example, in relation to the quality of food. People also told us they attended meetings and said questionnaires had been sent out from the provider to ask people for their views of the care they received. We saw people also shared their reviews of the home on external websites. These indicated people were happy with the service received and the home was awarded a 'Top 20 Recommended Large Care Home Groups Award 2016'. This showed the provider sought people's views and people felt confident to share their opinions about the service they received.