

Sanctuary Care (UK) Limited

Peel Gardens Residential and Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Peel Gardens Residential and Nursing Home is a purpose-built residential care home providing personal and nursing care for 45 people. Within this number, the service also provides care and support for people living with a dementia.

Accommodation is provided over two floors. The home is situated in a quiet residential area of Colne near to local amenities. There is adequate parking.

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

People were very happy about the care and support they received and with the way the home was managed. They made positive comments about the manager and the staff team and were happy with the recent improvements made. The manager considered people's views about the quality of care provided and used the feedback to make improvements to the service. All aspects of the quality of the service were monitored and appropriate action was taken to improve the service when needed. Lessons learned were discussed at management and staff meetings.

People felt safe and described staff as kind, patient, friendly and caring and described the care as excellent. Staff had access to safeguarding adults' procedures and understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Some people, and their relatives, told us they were concerned about the risks associated with other people's behaviours. We observed staff responding to difficult situations in a calm and patient manner and records showed appropriate action had been taken to respond to any incidents. People were protected from the risks associated with the spread of infection.

Recruitment processes ensured new staff were suitable to work in the home and there were enough staff to meet people's needs and ensure their safety. People received their medicines when they needed them from nursing staff who had been trained and had their competency checked.

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. People's care needs were assessed prior to them living in the home.

Staff received induction training and ongoing training, supervision and support. Staff felt valued and supported. People enjoyed the meals and were supported to eat a nutritionally balanced diet. They had access to various healthcare professionals, when needed. People were happy with their bedrooms and with the communal areas. A development plan was in place to ensure ongoing refurbishment and redecoration.

Staff treated people with dignity, respect care and kindness and knew people well. We observed positive, caring and warm interactions between staff and people who lived in the home. Staff spoke with people in a

friendly and patient manner and we overheard laughter and friendly banter. Staff knew about people's routines and preferences and people told us they received the care they needed and wanted. People or their relatives, where appropriate, had been consulted about care needs.

People enjoyed a range of appropriate activities and entertainments and links with local community groups had been developed to enhance people's lives. People were supported to maintain contact with their friends and family and friendships had developed within the service. People could raise any complaints or concerns if they needed to and had access to a complaint's procedure.

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

Rating at last inspection

The last rating for this service was Good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Peel Gardens Residential and Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 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 care service.

Service and service type

Peel Gardens Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. An application to register with CQC was in progress. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications 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 looked at comments left by people on an independent website.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home and with five relatives. We also spoke with the deputy manager, a support manager, two registered nurses, three care staff and the activity organiser.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, three staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People were happy with the care they received and were relaxed with staff. They told us they felt safe and were happy with the care. They said, "There are a number of people here to look after me and keep me safe."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination.

Assessing risk, safety monitoring and management

- Staff were provided with guidance on how to manage any risks in a safe and consistent manner. Risks to people's health, safety and wellbeing, such as the risk of falls and risks arising from moving and handling, skin integrity and nutritional needs, were assessed.
- The risks associated with managing people's behaviours had been assessed. Some people and their relatives told us they were concerned about the risks associated with other people's behaviours. We discussed this with the management team. Records showed appropriate action had been taken to respond to any incidents. Guidance and training was provided for staff and lessons had been learned from any incidents. We observed staff responding to difficult situations in a calm and patient manner. A relative said, "The patience the staff have with people is excellent."
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. A relative said, "[Family member] does like to walk around a lot so is in danger of falling. They are aware of this and keep her safe by watching and assisting."
- The provider carried out environmental risk assessments in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. People said there were enough staff to meet their needs in a timely way. People said, "I haven't been kept waiting so far" and, "You can always do with more staff but there is enough."
- Safe recruitment procedures were followed to make sure staff were of a suitable character to work in a care setting. We found the records maintained in staff files were not consistent; some were stored at head office whilst others were stored at the home. We discussed how using the recruitment file audit tool would improve the process.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. The service had consulted best practice guidance in relation to medicines management.
- Staff were suitably trained to administer medicines and checks had been carried out on their practice.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean although we noted an odour in one of the lounges. The deputy manager and support manager agreed to address this.
- Staff were provided with hand washing facilities and appropriate protective clothing to help prevent the spread of infection.
- The provider had achieved a level five (good) rating at the Food Standards Agency check in 2019.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings, and during staff one to one support sessions.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends.

Is the service effective?

Our findings

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

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

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

- Staff carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were provided with a range of appropriate training. Most staff had achieved a recognised qualification in care. The provider monitored staff training to ensure training was completed in a timely manner. People said, "They are trained well."
- New staff were given an in-depth induction to ensure they could carry out their role safely and competently. They told us the induction had been useful to them.
- Staff were provided with regular support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role.

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

- People's nutritional needs and preferences were met. Staff offered people enough meals, snacks and drinks throughout the day and people told us they enjoyed the meals.
- Catering staff were aware of people's food allergies and dietary preferences. The tables were appropriately set with napkins, condiments and drinks. People were shown the meals on offer and menu cards were provided on the tables; we noted there were no pictorial menus displayed for people with a dementia.
- The lunchtime meal was not rushed and the atmosphere in the dining room was relaxed.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

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

- People received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented. This helped staff to recognise any signs of deteriorating health.

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The design and layout of the home was suitable for people living there. Consideration had been given to providing a dementia friendly environment. Communal areas were comfortable, and bathrooms were suitably equipped. There was access to safe, well maintained gardens. A sensory garden had been developed with seating, safe access, raised beds and water features.
- People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments. People were happy with their bedrooms and the communal areas.
- Plans were available for ongoing redecoration and refurbishment. Maintenance processes ensured prompt attention to any reported issues.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Management and staff understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, there were no authorisations approved by the local authority. Applications had been made to the local authority and were awaiting approval.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- People's capacity to make decisions was recorded in their care plans. Where possible, some people had recorded their consent. Best interest meetings had been held for some important decisions, such as medicines management, to ensure people's rights were protected.

Is the service caring?

Our findings

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

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

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

- Staff interacted with people in a warm and friendly manner and treated people with patience, kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary of the care and support they received. They described staff as kind, lovely and caring and described the care as 'excellent'. Messages of appreciation highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. Comments included, "A huge thank you for all your care and support" and, "We couldn't have wished for better care."
- Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people. A relative said, "There is always someone having a natter with [family member]." Staff knew about people's preferences and how best to care and support them.

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

- Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences. People confirmed they were able to make choices and decisions. We observed staff offering people choices and involving them in decisions about their day.
- People, or their relatives, were consulted about their care needs and were encouraged to express their views as part of daily conversations, meetings and customer satisfaction surveys. Information around the home helped keep people informed of proposed events and of any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy and dignity. Staff encouraged and supported people to maintain their independence whenever possible. One person said, "They encourage me to be independent but sometimes I need help from them."
- Staff understood how they should respect people's privacy and dignity in a care setting. They knocked on people's doors and waited to enter. Bathrooms, toilets and bedrooms were fitted with appropriate locks.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

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

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

- People's care and support was planned in line with their choices and preferences. A relative said, "They do a good job regarding [family member's] needs. Staff know how he likes things done."
- People had electronic care plans that described their health, care and support needs and included their preferences and daily routines. Staff understood people's needs well and could describe people's care and support needs in detail. Records were written in a detailed and respectful way.
- People's care plans were kept under review to make sure they received the correct care and support. Some people, or their representatives, had been involved in decisions about care needs. However, the records did not clearly reflect people's involvement in the development and review of their care. The management team were aware of this shortfall and were addressing this.
- Staff understood the importance of promoting equality and diversity and respecting individual differences. The registered manager and staff recognised the importance of appropriately supporting people on an individual basis.

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

- People were provided with a range of activities either on an individual basis or as a group. There was a designated activity organiser. We observed much enjoyment, laughter and banter whilst people participated in chair exercises and games. People told us about other activities they enjoyed, such as singers, book reading, crafts and line dancing.
- Links with local community groups had been developed and people were able to engage with community groups such as local churches and local schools. People had enjoyed doing crafts and artwork with local school children.
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome. One person commented, "No matter what time I come, I am always welcomed and kept well informed at all times."

Meeting people's communication needs

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

- The management team and staff understood about the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with

others. Information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns. The information was used to understand how they could improve or where they were doing well.
- People told us they had no complaints or concerns, and they had access to a complaint's procedure in the service information guide. They told us they would feel confident talking to staff or the manager if they had a concern or wished to raise a complaint.
- People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The service had received one complaint in the past 12 months. The complaint was being responded to in line with the service's complaint's process.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care. We noted a compliment about end of life care. It noted, "How grateful we are for your care, kindness and dignity shown to [family member]."
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available in some people's care plans where they did not want to be resuscitated.

Is the service well-led?

Our findings

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

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

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

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. People told us the home was well managed and homely. People said, "They are constantly moving forwards. A lot of improvements have been done recently", "It is a nice relaxed atmosphere" and, "I think it runs to a good standard."
- People, where possible, were empowered to make decisions about their care and support.
- The provider ensured the culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the management team.

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

- The manager and provider ensured there was a good standard of organisation within the service. Records were accessible, completed to a good standard and used for auditing purposes.
- The manager and provider monitored all aspects of the service. When shortfalls were discovered, improvements were actioned.
- Staff understood their individual responsibilities and contributions to service delivery. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The manager and provider were knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local authority.
- The manager was provided with support from other managers within the organisation. The provider's representative visited the home on a regular basis to support the manager and to monitor their practice and standards in the home.

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

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- There was evidence management had spoken with people when things went wrong. Any incidents would

be fully discussed with staff during meetings or in one to one support sessions.

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

- Management and staff actively supported people to be engaged in the development of the service and encouraged feedback from people living in and visiting the home. The quality of the service was monitored regularly by speaking with people to ensure they were happy with the service. People were given the opportunity to complete a customer satisfaction survey and to attend meetings.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People's needs were fully discussed, recorded in the care plan and shared with care staff.
- Staff told us they were kept up to date and they felt communication was good.
- The manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People, their relatives and staff told us the registered manager was visible, approachable and supportive.

Continuous learning and improving care; Working in partnership with others

- The provider and manager encouraged a strong culture of continuous learning and development within the service.
- Staff meetings and handover meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the manager was open to feedback.
- Management and staff worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the continued development of the service. For example, they attended local meetings and training presented by local commissioners.
- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding, mental health and social work teams.