

## Sanctuary Care Limited

# St Mary's Haven Residential

## 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 

### Overall summary

This was an unannounced inspection, carried out over two days on 13 and 14 April 2015. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

St. Mary's Haven Residential provides accommodation for up to 25 people who need support with their personal care. The service mainly provides support for older

people. The service uses a detached house arranged over two floors and has 23 single occupancy rooms and two double bedrooms. There were 25 people living at the home at the time of our inspection.

People told us they felt safe living at the home. Comments included; "It's very nice here. I am happy" and "Very good. I have no complaints at all". A relative told us, "I really don't have anything negative to say about St. Mary's. It's a wonderful place, a brilliant home. My (relative) is very happy there and the staff are genuinely very fond of (person)".

# Summary of findings

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Staff were trained and competent to provide the support people needed.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on. Comments included; "I like the food, it is very good" and from a relative, "The food is very good. It is mainly freshly cooked and my (relative) came into the home very underweight and is now bonny having put on over two stone. No complaints at all".

People told us staff treated them with care and compassion. Comments included; "The staff are lovely, very kind. They are so caring". Another person said, "They're all friendly, some come and talk to me. I don't like doing activities but I have been out on the mini bus. They had a phone installed in my room when I asked; I can now talk to my friends. The girls will buy any cards I want and bring them to me."

A relative of a person living at St. Mary's said, "The staff take the time to get to know the people who live here. They are always asking what (relative) liked when they were younger and really make a point of talking to (relative) about their life before they moved to the home". A professional we spoke with commented, "It is clear to see they understand and care for the residents". Visitors told us they were always made welcome and were able to

visit at any time. People were able to see their visitors in communal areas or in private. People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

Relatives of people living at St. Mary's Haven Residential Home told us that people, and their families had been included in planning and agreeing to the care provided at the home. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. A relative told us, "We're very much a team. I am kept fully aware and involved in (relative's) care and I have every confidence in the staff and how (relative) is cared for. They are straight on the phone to me if there are any issues".

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

We looked at the arrangements for the management of people's medicines. A specialist pharmacy inspector conducted a review of the procedure for managing medicines and found the medicines administration system was safe and effective. It was recommended the service review medication ordering and delivery processes so that medicines are received into the service at an appropriate time.

We walked around the home and saw it was comfortable and personalised to reflect people's individual tastes. We noted some carpet in one bedroom that was in need of replacement. This was noted in the maintenance plan for the home.

There were systems to assess the quality of the service provided in the home and these were effective. The systems used ensured people were protected against the risk of infection and of receiving inappropriate or unsafe care and support.

# 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.

The service had appropriate systems in place to deal with incidents and accidents.

The majority of the home was clean and maintained to a high standard.

People were kept safe due to safe medication administration and recording practices.

Good



### Is the service effective?

The service was effective.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Staff induction, training, supervision and appraisal were consistently carried out. Staff were competently supported by management in their roles.

The service understood and executed their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty safeguards.

Good



### Is the service caring?

The service was caring.

People told us that they were well cared for and we saw staff were caring and people were treated in a kind and compassionate way.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

The service put people at the centre of care planning in the assessment, planning and review of their needs.

People made choices about their lives in the home and were provided with a range of activities.

There was a good system to receive and handle complaints or concerns.

Good



### Is the service well-led?

The service was well-led.

There were systems to assess the quality of the service provided in the home and these were effective. The systems used ensured people were protected against the risk of infection and of receiving inappropriate or unsafe care and support.

Good



# Summary of findings

There was a registered manager employed in the home. The staff were well supported by the registered manager and there were good systems in place for staff to discuss their practice and to report concerns about other staff members.

# St Mary's Haven Residential

## 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.

The inspection took place on 13 and 14 April 2015. The inspection was unannounced and was undertaken by one inspector, a specialist pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of care service. The expert's area of expertise was dementia care and care for older people.

We did not request a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we

reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed care practices on the two days of our visit. We used the Short Observational Framework for Inspection (SOFI) over the lunch time period on the first day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at the home, eight care staff, the registered manager and the service administrator. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

During the inspection we spoke with four relatives and four external professionals who had experience of the home. Following the inspection we also spoke with three external professionals who were familiar with the service and an additional two relatives of people who lived at St. Mary's Haven Residential Home.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at St. Mary's Haven Residential Home. Access to the home was via a securely locked door. The code for the doors was displayed in a picture beside the doors. This indicated management considered the security and safety of the premises. People who lived at the service were free to open the door and access the grounds if they chose to.

The atmosphere in the home was friendly and inclusive. The home was comfortable and personalised to reflect people's individual tastes. We became aware of an unpleasant odour in one occupied room. The registered manager told us she was aware of the smell and said, "It is cleaned daily but due to the incontinence problems of the resident it is very difficult to totally eliminate the smell". We requested that the manager review the maintenance plan for this room with a view to providing a more pleasant environment. The registered manager reviewed the maintenance plan for the room and on the second day of inspection and we were told the room would have a new carpet fitted to eliminate the unpleasant smell.

We looked at the arrangements for the management of people's medicines. A specialist pharmacy inspector conducted a thorough review of the procedure for managing medicines. Prior to the inspection we were aware there had been issues with the timely supply of medicines to people living in the home. This had continued to be an issue and the service had raised a concern with their supplying pharmacy about the short time frame for delivery of required medicines, which on one occasion had led to a person not having their medicine when it was needed. We found this was not a fault of the service's medicines management procedure. The registered manager had raised this with the pharmacy supplier and also with the Local Authority Medicines Management team who were working on a resolution to the issue.

Medicines were stored securely in a locked cupboard. The Controlled Drugs (CD) requirements were being adhered to, and there were clear procedures in place in terms of where the CD key was kept, who knew the combination for the CD key safe, and that recording requirements were being fulfilled. The stock tallied with the register. CDs were always administered by two carers who checked stock levels as a safety check. Staff had received up to date medicines training.

We found medicines administration records were accurate. However, there were numerous handwritten amendments on the Medicines Administration Records (MAR) which had not been signed to show clearly who had made the change or when.

We observed the senior carer who administered the medicines was interrupted three times during the morning medicine round. This caused the senior carer to stop the administration of the medicines and to help people instead. Frequent interruptions during medicines administration, increases the risk of mistakes. On the second day of inspection of the service we saw that a tabard was now being worn by the staff member giving medicines to people. This tabard indicated that this member of staff should not be interrupted while they were doing this important activity, and that other staff should address people's needs so that the medicines administration round could be done without interruption.

Staff said people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

The home's safeguarding and whistle blowing policies were available to staff in the office. The policies were comprehensive and up to date. This meant staff could easily find the information they needed about safeguarding processes. .

Staff had received updated safeguarding training. We asked two members of staff what they would do if they suspected abuse was taking place. They described to us the correct actions they would take. They also outlined the different types of abuse that are possible. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

There was a system in place to record accidents and incidents. These records showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. We saw the assessments were written specifically for the person concerned and were about meeting their needs. Risk assessments were detailed

## Is the service safe?

and gave staff clear direction about what action to take to minimise risk. We saw the assessments recorded where different options had been considered and the benefits and risks of actions had been balanced against each other. This meant that people were taking considered risks.

People were more protected by the effective use of the recruitment system. We looked at staff files and saw the home operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers, and application forms. Newly appointed staff were given an induction when they began employment at the service. This included a period of shadowing more experienced staff before they worked alone. We spoke with a member of staff who had

started work at the home since the previous inspection. They confirmed this procedure had been followed. They told us the induction had made them feel confident about their ability to carry out their role competently.

There were enough staff available to provide care and support for people at all times. Some people had complex care needs and we saw people were supported appropriately. People's relatives told us they were confident there were adequate numbers of staff working at all times to meet their family member's needs.

**It is recommended the service review medication ordering and delivery processes so that medicines are received into the service at an appropriate time.**

# Is the service effective?

## Our findings

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to spend their time and people had their wishes respected. People and their relatives confirmed that the staff knew the support people needed and their preferences about their care. One relative told us, “Staff really do seem to care for (relative). They take the time to get to know people”.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People told us they saw their GP when they needed to and this was documented in records. Medical professionals told us they had no concerns about the care and support they saw at the service and appropriate referrals were received. Relatives of people said, “Staff are very good when it comes to looking after (relative). I’m informed straight away if there are any issues”.

People were supported to eat and drink enough and to maintain a balanced diet. People who needed specialist meals had these prepared, in line with assessments carried out by Speech and Language professionals. People were encouraged throughout the day to drink fluids. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw people were given enough support at meal times to allow them to eat with others and be able to share a relaxed social meal.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments

and ‘best interest’ meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw applications for Deprivation of Liberty Safeguards authorisations had subsequently been made. We were confident management were familiar with the formalities required and able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

Staff demonstrated an understanding of the importance of upholding people’s human rights including the right to make risk assessed decisions for themselves. People were asked for their consent to decisions. One person said, “Staff always asks me before they do anything. I wouldn’t be happy if they didn’t”.

The design, layout and decoration of the home met people’s individual needs. A relative commented: “The décor is lovely. It’s clean and maintained very well”. We looked around the home and found it to be mainly clean and well maintained. The service had recently begun the process of working with people to make personalised memory boxes to be displayed outside people’s bedroom doors. We were shown one memory box that had recently been completed and saw it was creative, personalised. The person told us they had enjoyed helping to put it together. This is important for people with dementia because it helps them identify their own room with ease and therefore be more confident moving around their environment.

Staff received enough training to do their job effectively. A relative we spoke with described the staff team as, “Very good. They are knowledgeable and professional.” Training in areas such as infection control, moving and handling and safeguarding was up to date. In addition the service provided training in areas specific to the people living there; for example dementia awareness and end of life care.

Supervision took place on a regular basis. Supervision enables staff to receive support and guidance about their work and discuss on-going issues and training. We saw detailed records of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have, as well as check on their knowledge of the home’s various policies and procedures. Staff commented, “It does give space and time to sit down and talk about work rather than mentioning things on the



## Is the service effective?

go. I can always speak to colleagues anyway but the supervision system now is much better". Staff said they felt more reassured and valued by having the acknowledgement for the work they did.

# Is the service caring?

## Our findings

People and their relatives made many positive comments about the care provided at St. Mary's Haven Residential Home. None of the people who lived in the home, their relatives or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, "I have been very happy with the standard of the care provided to my (relatives). There isn't really anything I could be critical of. Everything from the food, the care and affection shown to (person). I feel we, as a family, have been lucky to find this home".

We spoke with relatives who visited the home frequently. They all told us they rarely had cause for concern about the care provided to their family members. One family member commented, "Only once have I had anything I wasn't happy about and that was to do with changing rooms without discussion and the day after I discussed it with the manager it was sorted". People said, "It's relaxed, friendly and caring. Very welcoming" and another said, "You can tell the staff really care about people".

People who could speak with us told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, "I do what I want really. I choose when to get up and I have a lie in if I want".

People's care records included a "life history" which gave the staff information about their life before they came to live in the home. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families and things of interest to the person. One person told us, "I like my knitting", and we saw that the staff had made sure these items were close to where they were sitting.

Throughout our inspection staff gave people the time they needed to communicate their wishes.

People told us that the staff in the home knew the support they needed and provided this as they required.

People were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. All the staff took the time to

Speak with people as they supported them. We observed many positive interactions which supported people's wellbeing. For example we saw a member of staff laughing and joking with one person and saw how this enhanced their mood.

Staff communicated effectively with people. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. For example, physically showing the choices of food available at meal times. They also gave people the time to express their wishes and respected the decisions they made.

Families were able to visit their relatives whenever they wanted. They said there were no restrictions on the times they could visit the home. One person said, "I like the fact I can visit anytime I want and it's never a problem".

Where people could not easily express their wishes and/or did not have family or friends to support them to make decisions about their care, the home had links to local advocacy services to support people if they needed this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. There was no one at the service using advocacy services at the time of the inspection.

Throughout our inspection we saw that the staff in the home protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Bedrooms were decorated and furnished to reflect people's personal tastes and people were encouraged to bring their own furniture in with them if they wished. This meant people were supported to recreate familiar surroundings for themselves.

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided, and people were properly supported when they needed it.

# Is the service responsive?

## Our findings

People were assessed before they were offered accommodation at the service. The needs assessments had been reviewed regularly to make sure they were up to date and gave staff accurate information about the support each person needed. The needs assessments had been used to develop detailed care plans which had information for staff about how to support the person to meet their individual needs. For example, in one person's care plan it was prominently displayed that the person had a risk of choking. We saw there was a Speech and Language assessment plan in place. This gave clear directions about the support they needed to keep them safe, including the form in which their food should be delivered to them. .

People who lived in the home and their families had been included in developing the care plans. The care plans included information about the person's life, their likes and their dislikes. This meant the staff had information about the person, not just their care needs. A relative commented, "We work as a team. I am in the home several times a week and I am kept fully up to date with any changes to my (relative's) care plan".

Relatives told us they were included in developing the care plans for their family members. One relative told us, "We were asked lots of questions about what (person's name) likes and didn't like. We were asked about what (person's name) did before they needed care and what's important to them". All the relatives said they were invited to attend care review meetings if they wanted to and said the staff in the home kept them informed if their family member was unwell.

When people were unable to express their views about the care and support they received managers and staff tried various ways to engage with them and involved families in care planning and reviews. Relatives told us they were regularly consulted about their family member's care and were invited to care reviews. One relative told us, "I have been invited to attend important meetings and reviews in the past. I feel like I know what is going on with (person)".

We asked people if they felt they had enough to occupy their time. One person commented, "They are as good as gold, they couldn't be better. Some days they take us out on the bus, but not very often. We sometimes do cooking,

we made a Christmas cake and we sometimes have outside entertainers." A relative told us, "They sometimes have activities, not on a daily basis but when they do activities, they are top notch, and they go the full 100%". The registered manager told us they were in the process of recruiting a new activities coordinator. Currently staff were encouraged to spend time with people and undertake activities such as games and quizzes in the afternoon. We saw a word association game about the seasons taking place one afternoon. This was enjoyed by the people who took part.

Everyone told us they would be confident speaking to the management or a member of staff if they had any complaints or concerns about the care provided. One person told us they had raised a concern with the registered manager of the home and said they were happy with how this had been resolved. They told us, "It wasn't a complaint, more a niggles, but they listened and put it right".

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was given to people and their relatives when they moved into the home. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

We asked staff how they were made aware if people's needs changed. We were told there was a verbal handover session at the beginning of every shift where the incoming shift was updated on any relevant information. In addition to this daily records were completed, which were stored electronically. These were recorded regularly and were signed and dated and contained detailed information. We spoke with the registered manager about the need to ensure daily records were appropriately detailed and written in a way that consistently had the person's needs at the centre of the report. Care plans were reviewed regularly. This helped staff to adapt the care and support they offered to meet people's needs.

There was clear documentation in place to explain how the service had decided to support people, and what parties had been involved in the decisions. It is important accurate records are kept regarding people's care in order to protect against the risk of unsafe or inappropriate care.

# Is the service well-led?

## Our findings

The culture of the service was open and friendly. People told us they were happy living at St. Mary's Haven Residential Home and had no complaints or concerns about the staff at the service. Management at the home were open to making changes in the service which would improve how the service worked. For example, the service had recently asked staff to wear their own clothes when working. Following discussion with the staff it was decided this was not appropriate for the service and staff had gone back to wearing new uniforms. Professionals we spoke with commented they felt it was more appropriate and less of an infection control risk for staff to wear uniforms while working.

Management made sure staff were supported by meeting with them for individual supervision. This allowed staff to discuss any concerns about the service. Staff also received an annual appraisal from management. This provided an opportunity to look at the staff member's development and future training needs. We saw staff development plans were carried out as a result of this. Staff told us that they enjoyed working in the home. One staff member said, "I enjoy working here. It's a good team".

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. A team meeting took place on the first day of the inspection, which the inspector attended. The staff team discussed issues about the running of the home and communicated well with each other. Staff said they felt well supported by management at the home.

People and their visitors said they knew the registered manager and staff team well and would be confident speaking to them if they had any concerns about the service. The registered manager told us, "The home is much more positive. It is a very caring and supportive place to live and work".

People told us that they were asked for their views about the service. One person told us, "We have resident meetings sometimes and we can suggest things we want changed or maybe new activities we want". We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people's comments.

Relatives and other professionals had been asked to complete surveys to give their feedback about the home. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on.

The area manager for Sanctuary Care Ltd paid regular visits to the service to support and audit quality assurance for St. Mary's Haven Residential home. The service had robust quality assurance processes in place including monthly audits for maintenance of the home, medicines management and monitoring complaints. These processes acted as an audit system and were used to drive continuous improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.