

Sanctuary Care Limited

Peel Gardens Residential and Nursing Home

Inspection report

Peel Gardens
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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 provides personal care and nursing care for up to 45 older people and people living with dementia. At the time of the inspection 31 people were living at the home.

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

A system for staff recruitment was in place and we confirmed all checks had been completed prior to staff starting work at the home. The building was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). There were sufficient care and nursing staff to meet people's care and support needs. People's safety was at the centre of care delivery. A relative said, "It's a lovely home with very good staff that are always around if you need them." Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely by qualified trained nurses.

There was a programme of staff training and regular updates were documented for staff to attend courses on site with the in-house training staff. People's care records contained social hobbies and likes and dislikes in food choices. People received support with their healthcare and nutritional needs. Comments from people were positive about the quality and choice of meals provided and included, "Very good food and plenty of it." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff spent time with people and comments found staff to be caring and treated people with respect and dignity. A relative said, "I come most days and find the staff caring and willing to sit and chat with people and not feel rushed."

Activities were varied, staff had worked hard with people to provide meaningful social activities to provide stimulation and exercise. A new activities Co Ordinator had recently been employed at the home and was taking up their position imminently. There was a complaints process which people and relatives were aware of and they had information about the procedure to follow.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service.

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

Rating at last inspection

The service was registered with us on 20 July 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice. There was a prevalence of COVID-19 in

the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection. Inspection activity started on 18 August 2022 and ended on 23 August 2022. We visited the location on 18 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at Peel Gardens Residential and Nursing Home, two relatives of people, six members of staff, the manager and a nurse. We observed staff interaction with people. In addition, we reviewed a range of records. These included care records of people, medication records, two staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems, staff training and care records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment processes were robust. Pre-employment checks were completed to help ensure suitable people were employed. Recruitment documentation looked at confirmed this.
- There were sufficient staff to support people's needs. People we spoke with told us they were supported by staff that were available when they required help. A relative said, "I come most days and find the staff caring and willing to sit and chat with people and not feel rushed."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable adults. Discussions with staff confirmed they were aware of how to react and who to contact if they felt someone was being harmed or abused.
- The management team completed risk assessments to make sure they kept people safe.
- People told us they felt safe and confident with staff that cared for them. Observations found sufficient staff available in communal areas to ensure people's safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. In addition, they consulted professional social workers and health professionals if this was required. Documentation confirmed this.

Using medicines safely

- The manager had good systems and procedures to manage medicines safely. Staff received training on a regular basis and they confirmed this.
- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance. Indoor visiting was suspended during the COVID-19 outbreak other than in exceptional circumstances; essential care givers were able to continue to visit indoors.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan effective care. The views of the people were also taken into account, care records evidenced this.
- People's care records reflected their current care needs. Care records were reviewed and updated monthly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable. The management team made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. The provider employed an in-house trainer to support the staff with on-site training requirements. A staff member said, "With having a personal trainer it's much more personalised."
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care, familiarisation with processes in the home and the expectations of the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain a balanced diet. Preferences and support with nutrition was documented in care records. Food, drink and snacks were available throughout the day. One person told us they could request a different meal if they did not want the choices on offer. Comments about the quality of food provided were all positive and included, "The food is good and there is plenty of it." Also, "They make me my bacon and eggs every morning and it is lovely."
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records. A relative said, "They know the special diet [relative needs] and there is never a problem."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans.
- The manager knew the process to submit applications for DoLS authorisations, as appropriate however none were required at the time of the inspection.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath. At present there were ongoing alterations to the first floor of the building and a programme of refurbishment was planned. One person said, "It will be nice when all the building work is completed."
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family pictures and artwork that was special and individual to them.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 treated people with care, patience, respect and kindness. We observed caring attitudes from staff towards people and conversations were friendly and not rushed. We observed staff taking time to stop and chat to people. One person said, "They always have time for a chat and sit down with me and I enjoy that."
- The manager concentrated on building and maintaining open and honest relationships with people. Staff confirmed the manager is approachable and always available if needed.
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure a person made their own choices with clothing and respected their views on how they dressed. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team were knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote their wellbeing.

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

- People were provided with information that enabled them to make decisions about their lives and involve relatives if people did not have the capacity to make decisions themselves. Staff understood the importance of empowering people to make decisions if possible. A relative said, "It is difficult with [relative] having dementia, however they are very good at trying to keep people as independent and share their views."
- People and relatives told us they were involved in making decisions about their care and what was best for them.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 received care and support that was centred around their individual needs and preferences. Their support plans were detailed and included what the person was able to do independently and how staff should support them.
- The management team ensured staff were responsive to people's needs and to ensure they had the information to meet people's care and social needs when they moved into the home.
- The manager regularly reviewed people's needs and worked in close partnership with people and other professionals to make changes when required.

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.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.

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

- The management team kept a record of activities people had undertaken. There had been a variety of activities both individual and group events. The service had recently appointed an activities coordinator. One relative said, "I believe they have a person to provide activities, the staff are really good at providing games and activities to keep people occupied." People were supported to follow their interests and take part in a range of activities.
- Staff encouraged people to maintain relationships that were important to them. One visitor also told us they felt welcome and appreciated by the manager and staff and encouraged to visit their loved ones.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place with a system of regular monitoring to improve the quality of care provision. No complaints had been received.
- People told us they knew how to raise concerns if needed. One person said, "I know the drill but have had no need to complain."

End of life care and support

- Where appropriate end of life plans were put in place and staff had appropriate training. Training documents looked at confirmed this.
- Staff and the management team discussed and recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People received person-centred care and support. Care records were detailed, person-centred documents that promoted people's wellbeing. Staff told us care records provided guidance about people's needs and support and how they could be met.
- Feedback from the staff was positive. Staff members we spoke with said they enjoyed working at the home and were confident the management team supported them well to carry out their role. One staff member said, "We have a manager who cares for people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.
- The manager encouraged candour through openness. The management team and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.
- The management team assessed and monitored Peel Gardens Residential and Nursing Home through methods such as surveys for staff, relatives and 'residents'. In addition, regular audits were undertaken, and any issues were actioned within an acceptable time frame. We confirmed this with documentation we looked at. Audits included, medication, care planning and the environment.
- The management team understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

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

- The management team encouraged people to provide their views and about how the service operated through one to one meetings and surveys. Comments from surveys we looked at were positive, Recent surveys were being sent out to relatives from August 2022. One relative said, "Yes I fill them in, and any little suggestions are certainly taken serious by the home." Also, one person said, "They do give me a form to complete to pass my opinions on."

- The management team and staff involved people in the running of Peel Gardens Residential and Nursing Home and gave consideration to their equality characteristics.

Working in partnership with others

- Records showed advice and guidance was sought from health and social care professionals.
- The manager and management team worked closely with other agencies and relatives to share good practice and promote people's independence and wellbeing.