

Sanctuary Home Care Limited

Pennefather Court

Inspection report

Croft Road
Aylesbury
Buckinghamshire
HP21 7RA

Tel: 01296484810

Date of inspection visit:
18 September 2018
19 September 2018

Date of publication:
22 October 2018

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 inspection took place on 18 and 19 September 2018. It was an unannounced visit to the service.

We previously inspected the service on the 10 and 11 August 2017. The service was rated Requires Improvement at the time. At that inspection we found breaches of the Regulations of the Health and Social Care Act 2008. We found people were not always protected from fire as staff did not know how to support people in the event of a fire. Staff were not always supported in line with provider's expectations. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe and Well-Led to at least good. At this inspection we found ongoing concerns about people's safety due to a lack of action by the provider to rectify faults in fire doors and a lack of information readily available for staff on how to support people in the event of a fire. Identified actions from a water safety risk assessment had not been completed in a timely manner.

Pennefather Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is located in a residential area in the market town of Aylesbury. Accommodation comprised of individual bedrooms, two dining areas and a small lounge. People had access to a garden area which was being improved to provide more level access.

The service did not have a registered manager in post on the two days of the inspection. 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. However, within the same week of the inspection the manager in post had an interview with us to become the registered manager. We received confirmation following the inspection the manager had been successful at the interview and is now the registered manager. We have referred to the manager in post at the time of our visit to the service as the registered manager as the inspection process was still open.

We received mixed feedback about the risks associated with fire and if they had been managed appropriately. We have made a recommendation about this in the report.

People gave us positive feedback about their experience about living at the home. Comments included "Its more relaxed now, we get on together," "They [Staff] have got time for you, everyone is so kind" and "The staff are excellent, very kind and caring."

People were supported by staff who had been recruited safely. Staff were provided with training to ensure they had the right skills and experience to support people.

People were supported by staff who had developed a kind, compassionate and caring relationship with them. We observed positive interactions between people and staff, with lots of laughter and smiles.

People told us they had opportunities to undertake meaningful activities, both within the home and the local community. Each person had a one to one session each week with a member of staff.

People told us the registered manager and deputy manager worked well together and staff told us they felt valued and listened to.

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. Staff supported people to be involved in decisions about their care and support.

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.

Staff did not always have easy access to information on how to support people in the event of a fire.

People told us there were times when they felt there was not enough staff.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported to maintain their health, referrals were made to external healthcare professional when needed.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to attend meaningful activities, both within their accommodation and the local community.

Is the service well-led?

Good ●

The service was well-led.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission.

People told us the registered manager was approachable and managed feedback about the service in a timely manner.

Pennefather Court

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 was carried out on 18 and 19 September 2018 and was undertaken by one inspector.

Prior the inspection we requested and received back a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection we offered the registered manager and staff opportunities to share with us, what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We looked at four people's care plan records, observed four people receiving their medicines, checked their medicine records and a further two other medicine records. We looked at four staff recruitment files and checked training records. We spoke with eight people who lived at the home. We spoke with the registered manager, the deputy manager and three care workers. We spent time observing interactions between people and staff. We cross-referenced practice against the provider's own policies and procedures. We checked maintenance records and safety certificates.

Following the inspection, we sought further feedback from staff and relatives of people who lived at the home. We contacted health and social care professionals who had contact with the care home.

Is the service safe?

Our findings

At the last inspection carried out on 10 and 11 August 2017, we found people were not always protected from risks associated with their medical condition. Risks of people choking had not always been considered. We found staff were not always completing incident forms or following up on a person's condition following a fall. We also found people were exposed to risks as the sluice and chemical storage rooms were not always locked. These were all breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to ensure improvements were made. We received an action plan detailing what the service had planned and giving a date when the improvements would be made. At this inspection we checked if the improvements had been made. We found the service had made improvements and we have been satisfied the provider is no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home. Comments included, "I am very happy", "I do feel safe", another person gave us a 'Thumbs up' sign when we asked them about how they felt about their safety.

We received mixed feedback about the staffing levels and staffing deployment. A relative had contacted us prior to the inspection to raise their concerns. They had informed us they were worried their family member was left in bed for too long and on occasions it appeared only two staff were on duty. We discussed this with the registered manager and deputy manager. They informed us, they were actively recruiting and admitted staffing levels had been lower than expected levels on some occasions. They advised us staffing gaps had been filled with agency staff. The registered manager and deputy confirmed they had also covered gaps in the rota by working themselves. People we spoke with told us staffing levels had been an issue. One person told us "There has not been enough staff" another person told us "Sometimes there is only two people on." We asked the people if their care had been affected by the staffing levels. They told us, it had not affected the service they had received. The manager advised us recruitment of new staff had been ongoing and they have recently had successful interviews.

A fire risk assessment had been drafted, but had not been signed off by the provider. Some fire doors were not routinely shutting. Remedial action had been identified, however, all the required actions had not been completed. The registered manager told us and provided evidence they had chased the works up and following the inspection we received confirmation when the works were due to be completed. We were provided with a risk assessment dated January 2018, which detailed what action the staff needed to follow in the event of a fire. Each person had a personal emergency evacuation plan (PEEP). However, not all the PEEPs were stored in the fire emergency box. We discussed this with the registered manager. They ensured this was rectified immediately. We spoke with staff and reviewed fire simulation drill records. We found the staff were aware of what support people required in the event of a fire and the records detailed what actions the staff needed to take in the event of a fire.

We recommend the provider ensures fire risk assessments are readily available for staff in the event of an emergency.

People were protected from the spread of infections. The environment was maintained. Staff had access to personal protective equipment. For instance, gloves and aprons. Staff who supported people with food preparation had completed appropriate training. Staff had received training in the prevention and control of infections and had good knowledge on how to minimise the risk of the spread of infection. The sluice and chemical storage rooms were locked when not in use. The provider had guidance for staff on how to manage infection control, the guidance followed nationally-recognised good practice.

People were protected from the risk of unsafe premises. All the required water safety checks were carried out and records showed the home maintained correct water temperatures. Equipment used by people was serviced regularly. Gas and electrical safety certificates were in date.

Risks were managed within the home. Risks posed to people because of their medical condition or level of support required were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. For instance, risk assessments were written for the use of bedrails and assistance people needed with moving position as examples. Where risks were identified, we found staff were aware and followed the guidance provided. For instance, one person was at risk of choking, we observed staff were present whilst they were eating.

People were supported by staff who had been recruited safely. The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The home had support from a central recruitment team who ensured all the appropriate checks were in place prior to a new member of staff commencing work.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. A member of staff told us "I would report the information to the manager and would not discuss with others. I would reassure the person that they'd be ok and will get everything sorted." People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority.

Medicine were managed safely within the home. People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MARs) detailed what the medicine was and when it was required. We found MARs to be completed appropriately. People told us they were supported with their medicine in a safe manner and we observed this to be the case. Staff told us medicines were managed well within the service. Some people were prescribed medicines for occasional use. We found these were also recorded on the MARs. Staff demonstrated a good level of knowledge of the medicines. Medicines which had the potential to be abused, and required additional storage and record management, were stored safely and the records were accurate and up to date. A regular audit was carried out on the medicine management within the home and any actions identified were quickly completed.

Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed. The management team analysed any trends in accidents to prevent a future similar event. Lessons learnt were shared across the team and all the provider's locations. The service received medical device alerts and safety device alerts. These are national alerts sent to providers to identify faults and defects in equipment. The registered manager advised information was cascaded to the team and

appropriate action was taken to ensure learning was shared and risks to people were managed.

Is the service effective?

Our findings

People told us they received effective care and support from staff. Comments included, "The staff could not do enough for you, very kind" and "My keyworker is really good." Prior to people moving into the home their care needs were assessed by a senior member of staff. The assessment covered a range of domains which provided guidance for staff on how to support people. The domains included communication, health, mobility and pain as examples. Where people had been referred to the service by Social Services, the provider was given a copy of the adult social care assessment.

Information was gathered about people's medical condition and guidance leaflets were available in the care plan. For instance, one person was a diabetic and staff had access to guidance on high and low blood sugars. Another person's care plan contained information about the type of sling used with the hoist to support them move position.

People were referred to external healthcare professionals when required. One person told us they were being seen by the district nursing service. Another person had been referred to the dietitian. People told us they were supported to maintain a healthy lifestyle. Information was available to people about what a healthy diet was.

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. Throughout the inspection we observed staff sought consent from people and involved them in decisions about their care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff received training on the MCA and had a good understanding on how to support people. At the time of our inspection no-one had been referred for a DoLS as all the residents had been deemed to have capacity and were not subject to constant supervision and control.

New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way as examples. New staff were supported through a 12-week induction period. This included, working alongside more experienced staff and having regular meetings with a line manager. Staff were supported to study training the provider deemed mandatory, refresher training was offered to ensure staff kept up to date with their skills and knowledge. The registered manager monitored staff training and we saw reminders were given to staff on what training was required.

Staff told us they felt supported by the management. Staff were supported by a line manager and had an

annual review of their performance.

Where people required support with eating and drinking this was detailed in their care plan. People's preferences of food were highlighted. We noted the cook met with people on a daily basis to ask them what their food choice was. The cook had good knowledge of people's favourite foods. Food preferences due to a person's culture or religion were known by staff and respected. One person was given pear and mango, they told us "That's beautiful."

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was held each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. Where people moved between the home and other services such as hospital the staff ensured important information was shared to make sure people were kept safe.

People's accommodation was located on the ground floor. The flooring aided people to move around the home with ease. People freely used the whole building. People had access to a small secure garden area. One person told us "We are having the garden changed." They went on to tell us that it was planned the garden area would be levelled so people could use more of the space. All the people we spoke with told us they were involved in decisions about the home décor and any planned changes to the environment. Meeting minutes with residents confirmed environmental issues were discussed with people.

Is the service caring?

Our findings

We received positive feedback from people and their relatives. Comments from people included "It's more relaxed now, we get on together," "They [Staff] have got time for you, everyone is so kind" and "The staff are excellent, very kind and caring." This was supported by what relatives told us "[Name of staff], is excellent" and "[Name of staff] has been his keyworker in the past. I know all the staff."

Staff had developed good working relationships with people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service. We observed staff were kind and caring in their approach to working with people.

Staff were aware of how to provide a dignified service to people. We observed staff knocked on people's door prior to entering. Personal care was provided to people behind closed doors. One member of staff told us "I would always knock before entering a resident's room. Always ensure they are covered. I wouldn't talk down to them and if they require personal care needs, I would discreetly discuss closely with them so others are unable to hear."

People were supported with their communication needs. Staff were able to adapt their communication to suit people's needs. One person needed clear and concise questions to help them make a decision as they would easily get confused with long sentences. Another person used hand gestures and facial expressions to communicate with staff.

People told us they had developed good friendships with each other. We observed people expressed genuine concern for each other. One person told us "I have developed good friendships with the others, we all get on." Throughout the inspection we observed people talking to each other in a respectful manner and asking their peer "How are you?"

People were encouraged to be involved in decisions about their care. People met with a member of staff on a regular basis to ensure their needs were being met. People were given a survey to complete to ensure they had an opportunity to feedback their experience of the service. The management team met with people on a monthly basis. The meetings were recorded, so people unable to attend had an opportunity to read what had been discussed. Where required people had access to advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Is the service responsive?

Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted a review of their support was held. Each person had a keyworker, which was a named member of staff who supported the person to co-ordinate their care. Keyworkers were responsible for making changes to each person's care plan to ensure it was reflective of their needs. People told us they knew who their keyworker was and they met regularly with them. One person told us about a holiday which their keyworker had supported them to organise. Another person told us "My keyworker and I get on really well."

People told us they had one to one sessions with a member of staff. One person told us "I am going into the town today, I like to buy flowers." We observed when they returned from the trip they were holding a bunch of flowers and very proudly put them in a vase in the main dining room.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We observed easy read versions of information leaflets were readily available to people.

People told us they were encouraged to participate in meaningful activities. One person told us about a drama group they attended. Other people attended day opportunities. One person was keen to share how they had made a piece of art work at their chosen day opportunity. Another person told us they attended a social club. At the time of the inspection the service did not have additional staff to facilitate activities. Staff were encouraged to support people. On day one of the inspection a bingo game was being held. One person who did not join in told us "It's not for me, but the others enjoyed it." We overheard and observed it was a lively event with lots of laughter and smiles.

Staff were aware of equality and diversity and the need to challenge discrimination. Each member of staff had completed equality and diversity training. Where people had indicated they needed advice, they were supported to explore their sexuality. People were supported to observe their religion and cultural beliefs. One person told us, "I go to church every Sunday, that is very important to me." They went on to tell us "[Name of deputy manager] always makes sure I get to the church." A member of the local church visited the home to facilitate a Bible study group.

At the time of the inspection the service was not supporting anyone with end of life care needs. Staff had received basic life support training. Where the service had supported people in the past with end of life care, the staff worked well with external healthcare professionals to ensure the person received the right level of support. One member of staff told us "We have done end of life care here at PFC [Name of service] before and most recently, we supported the family through the difficult time. We had involvement and support from hospice nurses who were fantastic in supporting the staff to empower us to still be able to give dignified care to the individual. We helped this individual tick off some bucket list wishes, one of which was

going down to the café they frequented daily for one last time to say goodbye to dear friends and that memory meant a lot to them I'm sure." Where people observed a religious belief, advice had been written in their care plan about end of life care needs.

The provider had a compliments and complaints policy. The manager kept a log of complaints made and any actions resulting from feedback. The provider had oversight of complaints made and monitored them for any trends. Lessons learnt from complaints were shared across all of the provider's locations.

Is the service well-led?

Our findings

People, their relatives and staff gave us positive feedback about how the service was run. One person told us "Very approachable, open to talk, very nice lady." People told us the registered manager and deputy manager worked well together. Staff told us "I have always worked in care and I can honestly say this is the best team I have worked with," "We are all working well together, it is a lot more relaxed" and "I believe we all work well as a team and really come together to provide an excellent service to our residents, each other and external customers."

People and staff told us the registered manager and deputy manager were approachable. There was a clear structure within the home. We observed the regional manager had got to know the residents within the home and was warmly welcomed when they visited the home. New staff to the organisation were supported to understand the core values and culture. Staff we spoke with told us they felt valued and respected. One member of staff told us "I am included in staff meetings where we can bring ideas to the table and my management will always ask my opinion in a wide range of scenarios which makes me feel valued."

The provider and registered manager were aware of their responsibilities. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. The registered manager was aware of the events which needed reporting to us. We cross referenced our records against records held in the service and found we have been notified of event when required. There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. The registered manager was aware of the required actions if any event met the duty of candour threshold.

The registered manager and provider had oversight of the quality of the service provided to people. Quality assurance processes were in place. The registered manager had to complete regular audits on medicine management and health and safety as examples. Actions identified as a result of audits carried out were entered onto a service improvement plan (SIP). The SIP provided oversight of all the required actions. It was monitored by the provider a regional manager who visited the service on a monthly basis.

The provider had systems in place to share important information. The provider produced a staff newsletter which was shared with staff. It communicated strategic changes within the organisation and any changes in legislation. Lesson learnt were shared across all the provider's locations. The provider had planned to introduce more technology to make real time recording easier for staff. The service was due to take delivery of handheld devices for the staff to use to record the support they provided to people.

The provider had a number of policies and procedures in place to help them manage the service. The provider had support from a compliance team to ensure they reflected good practice. The policies were updated by the provider when required this ensured staff had access to current information.

The service had forged links with the local community. People had regular contact with the local church and attended social clubs within the local community.

The service worked in partnership with external organisations. For instance, they facilitated annual contract monitoring by the local authority and worked with the local physical disability team.