

Sanctuary Care Limited

# Caton House Residential and Nursing Home

## Inspection report

37 Epsom Grove  
Bletchley  
Milton Keynes  
Buckinghamshire  
MK3 5NR

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Tel: 01908630670

Website: [www.sanctuary-care.co.uk/care-homes-east-and-south-east/caton-house-residential-and-nursing-home](http://www.sanctuary-care.co.uk/care-homes-east-and-south-east/caton-house-residential-and-nursing-home)

## 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

Caton House 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.

Caton House is located in a residential area of Milton Keynes and is registered to provide accommodation and personal care to people who may or may not have nursing care needs. They provide care for older people who may also be living with dementia and can accommodate up to 64 people at the service. When we visited there were 57 people living at the service.

At the last inspection in May 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. 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 treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Caton House Residential and Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 22 May 2018 and was unannounced.

The inspection was carried out by one inspector and an assistant inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with eight people who used the service, two relatives of people using the service, four support workers, a senior support worker, a nurse, the chef, the registered manager and the regional manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service such as maintenance records, service user feedback, and meeting minutes.

# Is the service safe?

## Our findings

People continued to receive safe support from the service. One person told us, "It's a wonderful place, I do feel safe." Other people and relatives we spoke with made similar comments.

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "If someone spoke to me and expressed serious concerns, I would talk to them and make sure they were ok. We have reporting procedures to follow so I would record everything and handover to the registered manager or above. I know I can contact the Care Quality Commission as well if I need to." We saw that staff were all trained in safeguarding procedures, and this was up to date. Information around safeguarding and whistleblowing procedures was displayed on a notice board for staff, people and visitors to see.

Risk assessments were detailed, individualised and up to date. They covered all the potential risks present for people and the environments they were receiving support in. The service utilised an electronic care records system which had been custom made for them. We saw that this provided a clear guide as to what risks were present for each person, and a detailed assessment of that risk. For example, people at risk of malnutrition had a risk assessment and corresponding food and fluid monitoring charts. People at risk of developing pressure sores had relevant assessments around their care and the equipment to be used to keep them safe. Staff we spoke with all felt the system was clear and easy to use, and felt comfortable supporting people in the safest manner possible.

Staffing numbers were sufficient to meet people's needs. During our inspection we saw that people had the support they needed from care staff and nurses who were available for people promptly when called. There were enough staff on shift to make sure people were safe, and to provide meaningful activity and conversation. The registered manager used a dependency tool to identify the amount of staff required to meet people's needs. Rotas we saw confirmed that staffing was consistent and appropriate for people's needs. We saw that the call bell system was monitored and showed that people were responded to in a reasonable amount of time when they called.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The staff supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. Medicine storage within the service was safe. We found that Medicine administration records (MAR) were filled in accurately including records that were used for topical medicines and skin barrier creams.

People were well protected by the prevention and control of infection. The staff took pride in the building they were working in, and provided care to people in a clean and tidy environment. During our inspection

we saw that cleaners were on shift who were cleaning people's rooms, bathrooms, and communal areas. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded within the service accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team, through team meetings, training and supervisions if required. We saw that the registered manager had taken swift action when the performance of some staff members had failed to meet the appropriate standards. A series of meetings and training within the whole staff team had been put in place to ensure that the staff culture and quality was improved and sustained. We saw that role playing scenarios were used within team meetings as a way of training staff about the impact that certain situations would have on people. All the staff we spoke with felt that the management had acted quickly, were clear about their expectations, and made sure that mistakes were learnt from and standards remained high.

# Is the service effective?

## Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered effectively. We saw that detailed pre assessments of people's needs were created by management before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment, and continued training to refresh knowledge and keep up to date with standards. One staff member said, "I think the training is good, it prepared me for the job." Training included subjects such as safeguarding, infection control, dignity through action, equality and diversity, and dementia care. When areas for improvement were found, the management created specific training for the staff team to improve the quality and standards.

All staff received regular supervision from management. We saw that supervision cards were kept to record the content of each supervision where staff could discuss issues and set targets and actions with their manager. Spot checks were also carried out to assess staff competencies on a regular basis.

People were supported to maintain a balanced diet. We saw that people were able to access food as and when they wanted. Menu planning took place and people were offered a choice of food. We observed that lunch took place in a relaxed and comfortable atmosphere that people enjoyed. During the lunch period, staff took round the food options to people so that they could see and smell what was on offer, then make a choice. We spoke with the chef who had a good knowledge of what people liked, any specific dietary requirements, and a passion to make sure people enjoyed the food on offer. Food and fluid intake was monitored when required, any dietary requirements were recorded and observed accurately.

People had access to all the healthcare requirements they needed. The service made referrals and developed good working relationships with district nurses, physiotherapists, speech and language therapists, the health action team and tissue viability nurses. We saw that an accurate record of people's ongoing health conditions were kept on the electronic care system and that actions were taken swiftly to ensure that people got the support they required in a timely manner. All the people we spoke with were happy that they received the care they required.

People were able to personalise their rooms and furnish them as they wished. We looked around many different people's rooms and saw that they were all personalised with photographs, pictures and furniture that belonged to people. Communal areas were homely and welcoming which encouraged people to use them, and various outdoor areas including a covered seating area was available for people to use in good weather.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only



be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required. People told us that staff sought their consent before carrying out any care.

## Is the service caring?

### Our findings

People told us that staff treated them with respect, and were kind and caring. One person said, "The staff here are always really nice, they smile and make little jokes." Another person said, "The staff are very caring, they do all that they can for you. I wouldn't want to be anywhere else." A visiting relative of a person said, "[Name] loves it here, the staff are lovely and they work hard." The staff and management we spoke with all spoke positively of the people living in the service, and were knowledgeable about people's needs and preferences. We observed staff interact with people in a friendly way and give people the time they required to chat and receive care.

People and family members felt involved in the care provided. One relative said, "I know the staff all very well. If we ask for something, we get it." We saw that people and their relatives were able to feedback and review the care provided, and make changes as they required. One person said, "The staff always ask me what I want. I feel listened to by staff and management." We saw that people were offered choice in all aspects of their care including food, activities and care tasks. The staff members we spoke with all spoke of the importance of involving people in their own care and offering as much choice as possible. At the time of inspection, nobody was using any advocacy services, but the registered manager had details available for advocacy services should anyone require them.

People confirmed that the staff respected their privacy and dignity when providing care. During our inspection we saw that staff were considerate when entering people's rooms, they knocked on doors before entering, and were aware of protecting people's dignity when personal care was required. One staff member said, "All the staff here understand the need to respect people's privacy. I would certainly say something if I saw a staff member that was not respectful to a person." Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

## Is the service responsive?

### Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff generally knew them well and understood their needs. A relative said, "All the new staff take the time to get to know [name]." Care plans we looked at contained a personal history about the person, as well as likes, dislikes and preferences. This enabled staff to better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person. The staff we spoke with felt that electronic care planning system made it easy to find out information about people quickly, and understand what their preferences were.

People were supported to engage in meaningful activity. We saw that a physical exercise session was being run which involved a game of throwing bean bags at targets. Several relatives who were visiting that day were also involved in the game, and it was clear that people were enjoying the activity. The service employed activity co-ordinators to run these sessions and plan activity with people. We saw that a Welsh and Irish theme had been set for the day with music, food, activity and decoration all included. One person said, "The activities are good. They could do with having more on at the weekend, but there is a lot on offer during the week." Some people were not able to join in group activities, and we saw that time was set aside to involve these people in one to one sessions with staff which could include music, reading, poetry or just time spent with a staff member.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that the complaints record had logged several complaints from people and relatives which had all been responded to formally as per the complaints policy. We saw that a 'What can be learnt from this' section was present to analyse any mistakes made.

No end of life care was currently being delivered at the service. Systems were in place should anybody require this care, and people were supported with advanced decisions as they required.

## Is the service well-led?

### Our findings

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.

The registered manager had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the registered manager was and saw them regularly. One relative of a person said, "[Registered managers name] is lovely. We see her all the time." One staff member said, "The service is very well run. The office is always open and I get the support I need from the registered manager." We saw that the management team within the service were all very knowledgeable about the people using the service and the strengths of the staff team. The registered manager was able to tell us about the areas of the service which had been identified for improvement, and the actions that had been carried out.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. People's views had been sought via a questionnaire. The results had been collated and showed scores for different areas of the service. We saw that the feedback gathered about the service was all positive overall. The service also ran residents and relative's joint meetings to enable people to feedback and discuss current issues and ideas. All the people we spoke with felt comfortable feeding back their views to the management.

Quality assurance systems were in place to monitor all aspects of the service. We spoke with the regional manager who showed us that they completed regular audits within all areas of the service and fed-back any areas of improvement to the registered manager. The registered manager also carried out detailed audits across all areas of the service including care files, staff files, medication records and the general environment. We saw that when issues were found, actions were set to make improvements. For example, training sessions were booked in when any training needs were identified.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority and safeguarding teams. The registered manager was part of a care homes forum, where other care agencies, registered managers and health and social care professionals met to discuss quality improvement, cost effectiveness, and generally share ideas that would benefit the service and the people using it. We saw that the local authority had been communicating with the service and had carried out a quality monitoring visit. The registered manager was awaiting the results of the review and felt positive that the relationship with the local authority was open and honest.