

Sanctuary Care Limited

Don Thomson House Residential Care Home

Inspection report

Low Road
Dovercourt
Harwich
Essex
CO12 3TS

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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

Don Thomson House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Don Thomson House accommodates a maximum of 28 older people, including people who live with dementia or a dementia related condition, in one purpose built building in its own grounds. Don Thomson House is a large detached property situated in a residential area of Dovercourt, Harwich and is close to all amenities and the seafront. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection, 25 people were using the service.

At the last inspection on 29 September 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Staff were clear about their role on protecting people from the risk of harm and understood their responsibilities to raise concerns. Individual risks to people and environmental risks were identified and minimised to maintain people's safety.

Systems were in place to prevent and control the risk of infection.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character, and there were sufficient staff available to support them. The skill mix of staff ensured people's needs were met.

Medicines were managed safely and people were supported as needed to take their medicine as prescribed and access healthcare services.

People were consulted regarding their preferences and interests and these were incorporated into their care plan to promote individualised care. The staff team knew people well and were provided with the right training and support to enable them to meet people's needs.

People were supported with their dietary needs and to access healthcare services to maintain good health.

People were supported to have maximum choice and control of their lives and staff understood the importance of gaining people's consent regarding the support they received. The policies and systems in the service supported this practice.

People were supported to develop and maintain interests and be part of the local community. The registered manager actively sought and included people and their representatives in the planning of care.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. A positive culture was in place that promoted good outcomes for people. People and their relatives were involved in developing the service; which promoted an open and inclusive culture.

The provider, registered manager and staff understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Don Thomson House Residential Care 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 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 25 January 2018. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

Whilst some people were able to talk to us, others could not. During our inspection, we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included staff files, which contained

recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with five people, four relatives/visitors, five staff, the registered manager and the care development manager. We observed the care which was delivered in communal areas to get a view of the care and support provided. The inspection team also spent time sitting and observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us understand the experience of people who did not wish to or could not talk with us.

Is the service safe?

Our findings

People told us they felt safe and that the service was friendly and caring and that staff were always available, were courteous and helpful. One person told us, "It's a very pleasant place to be" and they were, "Quite happy to be here." A relative told us, "[Relative] is very safe here. Care staff are very good, very friendly, couldn't find a better home, well not unless you paid a lot more probably." The whole family is, "impressed with the home."

We saw that people had a good rapport with the staff that supported them and they were relaxed and comfortable in their presence with them. Staff knew how to recognise and report potential abuse to keep people safe from harm. We saw there were safeguarding procedures in place in line with the provider's policies and the registered manager and staff, had a good understanding of these. One staff member told us, "We have had a lot of training and it covers all the areas involved with reporting concerns. If I saw something I was concerned with, I would report it immediately to the manager."

We saw that people were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the equipment they needed to keep safe. For example we saw at the lunchtime meal staff moved people's frames away from where they were seated in the dining area. Not everyone had capacity so staff assisted people and we saw that walking frames were brought to people when they wished to leave the dining area. During the day we observed a number of transfers from chairs to wheelchairs including the use of a sling. We saw there were always two staff members completing the task and they made sure the immediate area was clear of obstacles. They were noted to speak clearly and slowly to ensure that the person concerned understood what was happening.

The care plans demonstrated that risks to people's health and wellbeing were assessed. We saw that equipment was in place as reflected in care plans, such as sensor mats where people were at risk of falls. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use. For example we were told one person liked to help wash up in the kitchen and this had been appropriately risk assessed so the person could do this. The registered manager monitored falls on a regular basis to enable them to identify any patterns or trends. They told us, "I do this to identify if there are any patterns." We saw that accidents or incidents were reviewed and actions taken as needed; for example one person due to their falls had been referred to the appropriate professionals for assessment.

Assessments were undertaken regarding the environment and had been reviewed in a timely manner. Plans were in place to respond to emergencies and people had personal evacuation plans. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the service to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was available and staff confirmed they had received training to use this equipment. One relative told us, "Very safe here. We actually looked at three others but they weren't very wheelchair friendly (narrow corridors) but this being purpose built is much better for [relative's] mobility".

We saw, and people confirmed that staff were available to them. One person said, "It's very nice here, they look after me very well and properly." They also thought that there were always, "Enough staff around to look after me." We saw that staff were present within communal areas of the service throughout the day and spent time sitting chatting with people in-between supporting with care needs. Some people told us they preferred to stay in their bedrooms and confirmed that staff checked on them on a regular basis. Whilst this was the case we noted on one occasion during a shift change of staff that call bell responses were delayed and we spoke to the registered manager about this who addressed this with staff following the inspection.

The staff told us there was sufficient staff to meet people's needs. We saw there was a good skill mix of senior staff and care staff on duty. The registered manager confirmed that the staffing levels were assessed on a continuous basis to ensure people's needs were met, and that the current number of staff employed were sufficient to cover the shifts. One member of staff said, "There are busy periods but overall we have enough staff and we all help each other."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for five staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. The registered manager discussed involving people that used the service in recruiting new staff and told us this had recently happened when the service recruited a new activities co ordinator. This demonstrated that the registered manager considered ways to enable people to be involved in the running of the service.

People told us the staff supported them to manage their medicines safely and this was seen when we observed the support people received at the lunchtime meal. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated with them. Staff told us, and records showed they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible to staff who dealt with medicines.

There were systems in place to ensure the prevention and control of infection was managed within the service. Staff confirmed and we saw that personal protective equipment such as aprons and gloves were used within the service. Cleaning checks were undertaken in areas such as bathrooms throughout the day and records were maintained to demonstrate this. We saw that monthly infection control audits were undertaken to identify any areas for improvement. We also saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff, and all staff that handled food had completed training in the safe handling of food.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. One person told us. We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

Information in people's care plans reflected the support they told us they needed and the support we observed on the day of the inspection. For example, one person's records confirmed that an referral had been made to a health care professional as the person had been identified as at risk of choking. We saw the assessment advised they required supervision when they were eating and their food cutting into small pieces and this information had been included in their care plan. We saw that staff followed this guidance and supported the person according to their care plan when they were eating. This demonstrated that appropriate referrals to external health care professionals were made to ensure people's needs were met.

We saw the provider ensured people were protected under the Equality Act. This varied from call systems that enabled people to call for staff support, adapted utensils to enable people to eat independently, to the accessible facilities within the service to enable people to move around independently. We saw that renovations were due to be undertaken to make the environment more dementia friendly with a new colour scheme. The adaptations in the service met the diverse needs of the people using it. For example, we saw that signage was clear throughout the home to support people to find their way around. The design of the building enabled access for people that used wheelchairs and accessible outdoor spaces were available for people to use.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that there were some people that used the service that did not have the capacity to make decisions and that appropriate referrals had been made for these people. We saw, and people confirmed that where able they consented to the support they received. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities.

People were happy with the support they received from the staff team. Staff received training and they confirmed this supported them to meet people's needs. One member of staff told us, "We get regular training which helps me to understand my role." The registered manager told us that new staff all completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values

and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to support them to meet people's needs and maintain their safety. All of the staff we spoke to told us they felt supported by the registered manager. The registered manager told us that staff supervisions were completed and we saw their planned supervision plan [matrix] which covered all staff throughout the year. The registered manager told us, "I am always very visible so I do a lot of observation of staff as well."

The majority of people we saw spoke favourably regarding the food available to them and confirmed choices were offered. One person said the, "Food is very good. I like it." Another person told us, "Foods a bit bland, I am probably what you'd call a fussy eater, so I find it a bit boring. Its edible and everyone else likes it. Of course there is always a choice, so I don't starve. I'd just like something a bit more adventurous." Another relative told us that their relative suffered from a particular health concern so there were foods which gave them problems. They added, "We've told the home this and told them what [relative] does and doesn't like. As far as we know they have stuck to that. We take [relative] out occasionally and all the family visit and food is not something they have ever complained about." A third person told us, "The foods good and there's always a choice. So if I don't like something they will make me something else. I never feel forced into anything."

People were encouraged to eat a healthy balanced diet and work had been undertaken to raise people's awareness of healthy eating. Nutritional assessments were in place that identified people's specific needs and people were weighed on a regular basis. We saw that assessments and weights were monitored to ensure any changing needs were identified and managed; so that people could be referred to the appropriate health care professional. People confirmed they were supported to see health care professionals as needed.

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. One visiting professional confirmed that staff followed their guidance. We saw that people were also supported to access the community health service teams as required. This ensured the best healthcare outcomes were achieved for people.

Is the service caring?

Our findings

People liked the staff. One person said that she thought the care her mother received was excellent. Staff are very good and helpful. Nothing seems to be too much trouble for them." Another person told us, "The staff are very pleasant and respectful." We observed positive and caring relationships between people and the staff. The staff demonstrated a good understanding of people's needs, and were able to effectively communicate with them. One relative told us, "Staff are very good with [relative] and they can be somewhat difficult, they had failing eyesight and hearing, as well as mobility problems, but they (staff) cope very well and seem to have endless patience.

People and relatives confirmed they were in agreement with their care plans and had been consulted regarding the support they received. One relative told us, "Staff are wonderful and very caring here. We have no problems in talking to the staff or the manager. They always treat us and [relative] with great respect, if they need the doctor they will call them in and then they let us know, so we are always kept informed." Another relative said, "Communication between the family and the home is excellent. Any issues they call us to let us know and see if we agree with any action, like consulting a doctor. We are very happy."

People were supported to be as independent as they could be and we observed this throughout the day as people moved around the service freely and decided which activities they wanted to participate in. We observed an activity in the downstairs lounge. This was a sing-song with an external singer. Song sheets were handed out to all participants and most joined in with the singing. It was well run and appeared to be an enjoyable experience for people and some visiting relatives. The upstairs lounge was quieter and whilst some people chose to doze in lounge chairs staff did regularly 'pop their heads round' every five minutes or so to check that everyone was OK and needed nothing extra.

The registered manager confirmed that no one currently required, or was using the services of an independent advocate; but information was available regarding these services. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

Staff respected people's need for privacy; for example, we observed staff knocking on bedroom doors before entering. People confirmed that the staff supported them to maintain their dignity when they received care and support. One person told us that, "The staff were supportive and that you can look for two main things in a home, one is caring staff and the other food. The former is very good indeed." One member of staff told us, "Caring is really important, I often think about if I were caring for my own relative I think about that and how I should care for people based on that." We saw people were supported to maintain their appearance, by choosing clothing that met their preferences and personal style.

The registered manager confirmed that staff had all received training in order to promote dignity awareness and staff confirmed they were sensitive to people's diverse choices and treated them all equally. Staff understood their role in ensuring people's right to confidentiality was maintained, and confirmed they did not discuss people outside of the workplace. People were supported to keep in contact and maintain

relationships with their family and people that were important to them. One visitor told us, "I visit regularly and am always made welcome. I am always offered a cup of tea. It's lovely."

Is the service responsive?

Our findings

We saw social activities were provided and people told us they enjoyed these. For example, people told us about the activities they took part in and the planned arts and crafts and movie afternoon, which took place on the day of inspection. Two breakfast rooms were noted to be themed as a western saloon and a tearoom and both could be used to entertain people's relatives privately if required. The registered manager told us, "Last summer we had a cruise themed week where we visited a different country every week and in October the service users really enjoyed pumpkin making/carving. We also held a dance hall event called 'Silver Sunday' where people had their own dance cards. That went really well and everyone joined in." She also advised that a new activities coordinator had recently been appointed and was due to start in February 2018.

On the day of the inspection, the majority of people participated in a sing-song in one of the main lounges with an external singer. People were engaged and looked like they were enjoying the experience. Throughout the day people were supported to be actively involved in activities of their choice and we were told people accessed the community with relatives. Staff confirmed people were supported to stay as active as they could be and to maintain contact with relatives and friends. One relative told us, "The home and the staff are always very welcoming. I can't imagine you could better this place." The registered manager confirmed that in the past pictorial information had been provided to support people to communicate. For example, we saw one person used a white wipe board to make their needs known to staff.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them to follow their faith. People confirmed that visits from different faith denominations visited them to meet their faith needs. The service had links with four parish churches in the area. One person told us, "I am religious and the local vicar does come in once a month for communion. I do take part. Unfortunately the vicar broke her ankle a short while back so she hasn't been in for a while I understand that she has made a recovery and will be in again soon." The registered manager confirmed that people's protected characteristics were met and told us, "Each person is treated as an individual here within their own right." One person told us, "I like to do what I can for myself; staff are there if I need them but they give the space and time to do what I can for myself. If I need them, and there are days when I do need them, they just need asking."

People confirmed they would feel comfortable telling the registered manager or staff if they had any concerns. The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. One member of staff told us, "I would tell the senior immediately or the registered manager if they were here." A complaints procedure was in place and guidance was available in the entrance to the service on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these had been addressed in a timely way; we saw that the actions taken and outcome were recorded. All the visitors told us that communications between them and the service was very good. They confirmed they attended meetings and felt their relatives and their own views were heard and taken into account. A system was in place to audit any complaints received each year to identify any patterns or trends. We saw that no trends had been identified regarding the complaints received this year.

None of the people that used the service were receiving end of life care. The registered manager confirmed that people would stay with the service until the end of their lives if it was their wish. An end of life plan was written with the person and their family. We saw that staff had received training in end of life care. The registered manager confirmed that this training would be provided to all staff as caring for people approaching the end of their life was an integral part of their role.

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. The registered manager managed the home in a transparent way and resources were available to drive improvement. For example, the ongoing refurbishment of the service to make it more dementia friendly and the incorporation of initiatives such as a dementia wall projection activity. This meant people could visit places such as other countries purely by viewing it on a wall and would aid reminiscence.

Staff confirmed they were supported by the registered manager and were confident that any concerns they raised would be taken seriously. We saw a positive culture promoted with the registered manager being present within the home. They encouraged staff to professionally develop and discussed their plans to delegate responsibilities for senior staff to undertake.

We saw a positive rapport was in place between the registered manager and the staff team, who told us they felt supported. The service's aims and objectives and mission statement were on display and provided information to people regarding their rights to privacy and dignity and information regarding people's daily life and social activities being addressed and information about care plans and staff training. The service's philosophy of care promoted the ethos that people and their relatives were encouraged to participate in monitoring and maintain quality standards of care for each person. Discussions with people, observations of care and records seen at the inspection, confirmed that these objectives and the service philosophy were being met.

Systems were in place to support staff's well-being both physical and emotional through resources that were accessible to staff through the provider. All of the staff we spoke with told us that they felt supported by resources and training available to them. One member of staff told us, "The training here is really good, it's really helped me feel more confident in my role."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.

Regular meetings were undertaken with people that used the service and their relatives. We looked at the minutes of these meetings; which included discussions on the menus, new staff and activities such as the Christmas pantomime. Staff confirmed they had staff meetings and the minutes were available for them if they were unable to attend. They told us that the culture of the service enabled them to speak with any member of the management team if they had any concerns. The registered manager met regularly with staff during the day and had a daily meeting called, '10 at 10' where one person was discussed in a holistic way to ensure all their needs were being met. Additionally the registered manager also encouraged staff to stop for 10 minutes each afternoon and talk with and focus on a resident. This was called 'Together at 10'. One staff member told us, "This is the best job I have had, I feel very supported here and we make time for the residents."

Quality monitoring was in place and we saw that actions were taken to drive improvement. This included audits of the environment and infection control and food hygiene monitoring, medicine and care plan audits and audits of staff training and support. We saw that where actions were identified these were addressed. The registered manager confirmed that they kept up to date with current guidance to ensure they were following best practice guidelines. They advised that they displayed different key lines of enquiry as a theme on the staff noticeboard and ran CQC mini road shows to enable staff to be well informed on the standards expected. Staff were also encouraged to read articles from journals and we saw up to date guidance was on display.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

We saw that the registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams to ensure people received the support they required. They told us, "We promote good relationships and always work in partnership with professionals who come into the home."