

Sanctuary Care Limited

Highcroft Hall

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

Our inspection took place on 14 and 18 August 2015 and was unannounced. We last inspected the service on 25 June 2013 and we found improvements were needed to ensure that there was sufficient staff available to keep people safe. After that inspection, the provider wrote to us and told us how they were going to make improvements. We found the provider had now made these improvements to the service.

Highcroft Hall provides personal care and accommodation for up to 52 older people, some who may live with dementia. There were 49 people living at the service when we carried out our inspection.

The service had a registered manager at the time of our 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

Summary of findings

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.

People felt safe and they were treated well by staff. People were cared for in a safe way which also maintained their independence. The registered manager and staff had a good understanding of how to keep people safe and escalate any concerns appropriately. There were enough competent staff to ensure the care people received was safe and addressed their needs and wishes in a timely manner. People's medicines were managed in a safe way.

People received care and support in a way that showed staff were kind and considerate. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training. People were supported to make their own decisions and choices by staff who understood and promoted people's rights and worked in their best interests. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People had access to sufficient quantities of food and drink that they enjoyed, and were able to have meals or snacks at the times they wanted them. Staff provided appropriate assistance to people that needed help to eat and drink and there were systems in place to ensure people at risk of weight loss were monitored.

People felt staff were kind to them. People had developed positive working relationships with the staff who supported them. People were well cared for and staff understood what was important to them and they were satisfied with the way individual care and support was provided to them. Staff demonstrated a good knowledge of what was important for people although there was some scope to improve opportunities for some people to follow their chosen religion.

People's needs were assessed and their support plans provided staff with guidance about how they wanted their individual needs met. Staff knew how people preferred their care and support to be delivered. People participated in a range of activities and pastimes that reflected their individual interests and preferences. People knew who to speak with if they had any concerns and were confident these would be addressed.

The provider assessed and monitored the quality of the service. There were systems in place to gain people's views on the service and these views were acted upon when shared with the provider. In addition there were systems in place to monitor the quality of the service such as a range of management audits. People and staff found the registered manager and other senior staff approachable and were able to share their views about the service with them, although some people needed encouragement to share what they saw as minor issues. Staff felt well supported and were aware of the provider's values and vision in striving to provide good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe

People's safety was promoted by systems the provider had in place to manage potential risks to their health and welfare. There was sufficient staff available to keep people safe. Staff were aware of what abuse was and knew how to escalate any concerns so that people would be kept safe. People received their medicines as prescribed and in a safe way.

Good



Is the service effective?

The service is effective

People had confidence in staff who they felt were skilled and competent. The provider ensured that people's rights were promoted, and their best interests were considered. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted and there were systems in place to ensure any risks to people due to their health were identified and minimised.

Good



Is the service caring?

The service is caring

People felt staff were consistently kind and caring. Staff spent time explaining people's care at the point it was provided and they respected people's privacy and dignity. People's independence was promoted.

Good



Is the service responsive?

The service is responsive

People felt involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. People were able to pursue pastimes that they enjoyed and were supported by staff to follow their chosen interests and lifestyles, although not everyone could observe their chosen religion in the way they wanted. People felt able to complain and were confident any issues they raised would be addressed to their satisfaction.

Good



Is the service well-led?

The service is well led

People were able to approach the registered manager, who was knowledgeable about people and the service. Systems were in place to capture and review people's experiences and to monitor the quality of the service. People and staff felt able to approach the registered manager and provider and share their views or concerns and were confident these would be listened too, and changes made if needed.

Good



Highcroft Hall

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 14 and 18 August 2015 and was unannounced. The inspection team consisted of two inspectors 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.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form in which we asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. These are events that the

provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people who used the service and six visitors. We also spoke with the registered manager, two senior carers, five carers, one activities organiser, one cook and one administrator. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at five people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at three staff recruitment records and records relating to the management of the service, that included, minutes of meetings with people and staff, service improvement plans, complaints records, stakeholder survey records and the provider's self-audit records.

Is the service safe?

Our findings

At our previous inspection on 25 June 2013 we found the provider had not met the law as there were occasions where they had not ensured there was a sufficient number of suitable staff to ensure people were safe. The provider sent us an action plan after that inspection telling us about improvements they were to make to address this breach of the law. We found at this inspection the provider had made improvements in accordance with their action plan.

The concerns we raised in respect of staffing at our June 2013 inspection related to staffing levels during the early morning period. At this inspection we saw that the provider had recruited more night staff and increased staffing levels at this time of day. People told us there were now enough staff available. One person told us that when they used their call button, “Staff come straight away and I don’t feel I have to wait”. Another person said, “Use the bell and staff respond”. We saw when people needed assistance staff responded promptly to what was requested from them, or when they observed someone in need of assistance. We spoke with staff and they felt there was sufficient staff available to ensure people were safe. The registered manager told us they considered how staff were delegated tasks based on their particular skills to meet people’s needs.

People told us they felt safe and staff treated them well. One person told us, “The staff look out for you” and a relative told us, “[The person] is cared for, safe and well fed”. People told us of ways in which staff supported them, for example with transferring them from chairs or helping them mobilise. People said they felt safe when assisted by staff. We saw that people were comfortable in the presence of staff and other people that lived there.

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff were able to describe what potential abuse may look like and were confident in describing how they would escalate their concerns to ensure people were kept safe. The registered manager was well informed as to how to report potential abuse.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right

staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role it is to provide any form of care or supervision. We spoke with a member of staff that had commenced working at the service in the last 12 months and they confirmed that the provider had carried out all the appropriate checks needed before they started work.

We saw risks to people due to their health or choices had been identified, assessed and recorded in their care records. An example of this was where people were at risk of fragile skin we saw measures identified through use of risk assessments were in place with staff understanding the actions they needed to take. Appropriate equipment needed was also provided. We spoke with staff about managing risks to people and they were well informed about what they needed to look for to identify changes in people’s health and whether this presented an increased risk. For example staff were aware that when providing personal care they needed to be observant as to any changes in people’s skin condition and what this may mean for their continued well-being.

We found that the provider ensured medicines were managed consistently and safely. People we spoke with told us people had their medicines at the times they needed them. We observed the administration of medicines on a number of occasions and saw that staff took time to check medicines so they were given to the right person and as prescribed. We found people’s care records contained details of the medicines they were prescribed, and how people should be supported in relation to medicines. When people were prescribed ‘as required’ medicines there were clear instructions for staff as to when and how to give these, and the staff we spoke to understood these protocols. One senior carer told us how they needed to be observant so that people on sedatives did not become drowsy and as a result at greater risk of falls for example. We looked at the way medicines were stored and found this was carried out so that they were secure, and we also saw that steps were taken to ensure the temperature sensitive medicines were stored in a way that would maintain their effectiveness.

Is the service effective?

Our findings

The registered manager and staff had a good working knowledge of the requirements of the Mental Capacity Act 2005. We saw these were put into practice so as to ensure people's human and legal rights were respected. People told us they were not restricted in any way one person telling us, "If you want to go out, you can go out, I'm not restricted". We saw people had the freedom to move around the building as and when they wished and we saw there were no evident restrictions to people's liberty.

The registered manager and staff understood the steps they needed to take if a person's liberty was restricted to promote their safety, so that their human rights were fully considered and protected. We saw the staff used techniques to avoid restricting people's liberty for example, we saw when people occasionally became anxious the staff would talk to them and offer choices and explanations that would divert them from the issue causing their anxiety. Staff knew how to offer people choices to calm their anxieties while still allowing them to make the decisions they wished. There were assessments of people's capacity in their care records although some of these assessments were not fully completed. Staff we spoke with however understood what decisions people could make, or who would be the appropriate person to make decisions on the person's behalf when they had no capacity. Visitors we spoke with told us the staff checked if they were the appropriate person to represent their relative's views if the person was unable to make certain decisions. Where we saw people had difficulty making decisions, staff still offered people choices, for example when they offered them personal care. We saw staff explained options to help people with decisions. The registered manager said people's capacity assessments would be checked and where needed updated to ensure they were accurate and reflected staff knowledge.

People told us they felt staff were good at their jobs and this enabled them to provide their care to the standard they expected. One person told us, "It's lovely here; they look after me, they [the staff] are lovely" another saying, "They [the staff] talk to you, they are all very nice". Visiting relatives also expressed confidence in the ability of staff. One relative said, "My [relative] has improved a lot since [they] came here. [The person's] more mobile and more engaged. It was a great upheaval for [the person] coming

here but [the person's] managed better than I expected, I can't fault them [the staff]." Another relative said, "The carers have been brilliant". We saw staff provided people with care and support on a number of occasions in a way that they were comfortable with. We spoke to a range of staff and they showed they had a good understanding of people's needs. The registered manager expressed confidence in the skills of the staff team and told us of training they were introducing to develop their skills and knowledge, for example in dementia care. We spoke with one of the staff that had received accredited training in dementia care and they told us how they planned to use this to provide other staff with support and guidance in providing effective care for people living with dementia. Staff told us while they preferred face to face training as opposed to some of the computer based learning they completed they were supported with the training they needed to help them in their work.

People told us they experienced positive outcomes regarding their health. One person told us of an occasion when they were unwell and told us how the staff responded quickly and appropriately in respect of their well-being. Some relatives told us how the staff were good at identifying issues related to people's well-being and then taking the appropriate action to promote the person's health. People told us if they wanted access to a doctor or other health professional they just had to ask staff. If they were unwell they said staff contacted the appropriate healthcare professionals. People told us they had access to routine health checks when they wanted these, such as opticians and chiropodists. We looked at some people's records and these showed us that any risks to people's health was assessed, monitored and reviewed on a regular basis.

Most people said that the food they received was good and they always had a choice of the foods or drinks to have. One person told us, "If I don't fancy the hot meal, I can always have a sandwich or a salad" another saying, "We have four meals and are very well fed". They also told us if they wanted a snack at night these were available. One person did comment that, "The food is adequate but I don't always like soft food". They told us they had not mentioned this to staff and when we raised this with the registered manager they said they would discuss this with the person so they could provide foods in accordance with the person's preferences. We saw that people who needed assistance to help them eat were provided with this

Is the service effective?

promptly by staff, who assisted them at the person's pace and took note of what people told them. People told us they had plenty to drink and a relative told us, "They [the staff] always make sure [the person] has a drink, they know how important it is to keep [the person] hydrated". During lunch we saw staff gently encouraged people to drink and they were offered a choice of drinks, with glasses replenished once the drink was finished. We saw that people were also offered drinks and snacks throughout the day.

We spoke with the cook who was well informed as to how meals should be prepared so as to meet people's individual needs for example, softer or fortified foods where they may have difficulty swallowing or had been identified as losing weight. They told us they had regular meetings with the registered manager to discuss what was required and any necessary changes to ensure the food and drink provided met with people's expectations and needs.

Is the service caring?

Our findings

People who used the service and other people who had contact with the service were positive about the caring attitude of the staff. One person told us, “It’s lovely, the staff are lovely”. Another person said, “They [staff] are all very nice” and a third said, “They [staff] treat me very well, I’m well looked after”.

People told us and we saw that people were consistently given choices by staff, for example they were supported to choose their own clothing and decide how they wished to dress. We saw staff helped people to make decisions by providing them with appropriate information. For example we saw staff would explain what medicines were for when they offered them to people and then ask the person if they wanted them. We saw people offered choice around meal times and with drinks when staff encouraged people to make decisions for themselves. One person told us, “I’ve got choice, like with the food”.

We found good relationships between staff and people that received support. We saw that staff consistently promoted people’s dignity and showed them respect. One person told us, “Staff will take the time to talk to you and listen to you if you need them to”. We found the atmosphere within the home was relaxed and people presented as comfortable with the staff. We saw staff approach people in a way that consistently showed respect for them, for example they positioned themselves as the same level as people, speaking to them in a friendly and open manner. We saw that staff generated a good rapport with people.

We saw that people’s privacy was promoted. A number of people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas

if wished at any time as we saw happen during our inspection. We saw that there were a number of sitting areas around the service where people could sit, some of these allowing people privacy. We saw people’s bedroom doors were pulled shut unless the person expressed a preference to have the door open. We saw staff knocked bedroom doors and waited for permission before entering. One person told us, “I asked if I could have my meals in my room. X [the registered manager] came to see me and asked if I was sure but I like to keep myself to myself so he said it was ok”.

We saw that staff promoted people’s independence, for example where people were able to feed themselves staff encouraged them to do so. We saw people had freedom of movement where wished. Where there were risks to people, for example from falling we saw steps were taken to minimise the risks without unduly restricting people’s independence or choice.

People and their relatives told us they were able to visit at any time and visiting relatives told us they were always made welcome. People told us that they could see their visitors where they wished within the service, including their room. We saw the provider had supported people to maintain relationships, for example a married couple had used their bedrooms in a way that allowed them a bedroom and sitting room, this fitting in with their preferences.

We saw that some people’s bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were and they reflected their personal preferences.

Is the service responsive?

Our findings

Two people we spoke with told us they would like the opportunity to worship and said that this was important to them and they missed it. When speaking with other people we heard that a roman catholic priest visited the service regularly and some people told us how this was a comfort to them. Some of the staff we spoke with were not always aware of other religions or the wishes of the two people we spoke with who missed contact with their church. We discussed this with the registered manager who recognised the importance of addressing this matter, telling us that the support for people at the service from some religions/churches had been variable. They made a commitment to contact other churches and promote opportunities for people of differing faiths to worship.

People and their relatives, while not always aware of people's individual's care plans told us that the care and support they received from staff reflected their expressed preferences and needs. One person told us, "Need help it's there whenever we need it" and in respect of the care and support they received said, "I would change nothing whatsoever". Other people told us that they received support that they needed and wanted, one person saying, "Everything you need is done for you, they wash my hands and feet, I'm happy with the care". One person told us about how their relative, who had also lived at the home was cared for and said, "They [staff] couldn't do enough and made sure everything was in place so that [the person] didn't have to go to hospital" which was their preference.

One person told us about moving into the service and said their family had visited before they moved in and they were satisfied with them having done so. We spoke with some relatives who told us the registered manager had visited the person prior to their admission to the service and carried out an assessment of the person's needs and preferences. They told us that they were, "Kept informed" and, "Feel able to contribute towards the care" their relative received. They told us that the care the person had received since moving in had been responsive to their individual needs.

We looked at five people's care plans and found that these reflected the care people told us they received and what their preference and choices were. We also saw staff providing care and support to people on a number of occasions and this also reflected people's individual needs

as we saw detailed in people's care plans. We spoke with staff and they were well informed as to what people's needs were and how people preferred these to be met. We saw that one person was sat with a member of staff who was working with them to create their life in pictures. The member of staff told us this helped other staff get to know the person and their preferences.

The provider enabled people to have involvement in pastimes that they found meaningful. One person told us they loved to play the piano and had been able to bring their own piano to their room. Another person chose to take their meals in their room and preferred to watch their television, do their crocheting and knitting and read their books. They said they were able to join in with activities telling us, "I love music and the entertainers that come here. I always go and see them". Relatives told us staff stimulated people and we heard of ways in which this was done individually or in group sessions. We saw notice boards showed a range of activities and events were available, including social gatherings, meetings, entertainment afternoons, exercise group, pet therapy and outings. During the visit a pet therapy dog attended with their handler and we saw them talk to people about their own pets which we saw they enjoyed. We saw facilities were been developed for people where they could see items within the service that may be of interest to them, for example household items that people may have used in the past such as old sewing machines and an area with various handbags that we saw one person was interested in during the inspection. We heard from people and relatives that the service encouraged their participation in events through regular meetings.

People we spoke with knew how to complain and we saw there was information about complaints available within the service. One person told us about concerns they had raised in the past and said, "If I have a complaint they [staff] will sort it out, I will ask for the manager, they are nice". They told us staff had resolved their previous concern quickly. One person told us they did not know about the complaints procedure and said "It's not my place to complain; what do I have to complain about". They did say they could speak to staff who they were confident would deal with their concerns. Another person said, "My only complaint is that I have to leave my door open – I've had a few things go missing, slippers, pen and a comb". We saw that items the person said were misplaced during the inspection were found by staff. The registered manager told

Is the service responsive?

us a staff member had made them aware of this issue earlier on the same day and they took action to provide the person with a door key. The registered manager also said they would review whether any other person wanted a key where they were safe to hold one.

A relative told us they often made her feelings known. They told us they had made a complaint on one occasion to the

registered manager and said their response was appropriate and the matter had been dealt with. They told us that they were happy with the care their relative received. We saw that the provider had recorded complaints, these records including outcomes and correspondence as to the findings of investigations to the complainants.

Is the service well-led?

Our findings

People told us that they were listened to by staff and the registered manager. They told us their views, when shared with staff, were responded to, with people telling us they experienced positive outcomes. Everyone we spoke with, including staff, spoke highly of the registered and deputy manager. People made positive comment about the service including, “It’s nice here, the staff are lovely. If I need help someone always comes”, “It’s a nice place” and, “I’m very lucky, it’s a wonderful place”. Relatives we spoke with also described positive outcomes for people one telling us, “Overall, we’re very, very happy. [The person] is cared for”.

There were a number of ways people told us they were able to feedback their views about the care they received. We saw people’s views were sought through a variety of methods including surveys and meetings. There were also annual surveys of people and relatives to gain their views of the service, the results of these on clear display within communal areas. We saw that these presented a positive view of the service. Written comments received by the provider about the service included, “Highcroft Hall is a wonderful place, the staff are second to none and [the person] is really well cared for and happy” and, “[The registered manager] leads a very good team at Highcroft”.

Relatives told us they were able to share their views at meetings or through approaching the registered manager, with their views listened to. The registered manager said they tried to ensure they were always available to people and visitors. People told us the registered manager or deputy manager were accessible to them, telling us the registered manager routinely came round the service to talk to them. There were some issues people raised with us that they told us they had not raised with staff or the registered manager, for example not wanting soft food and additional provision for religious observance. These issues were raised with the registered manager who said they would address them. They also stated they would encourage people to share all their views, even though some had told us they didn’t want to raise them because they felt they received a good service.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were

recorded and monitored for trends and patterns. These informed how risks were managed, for example we saw that steps had been taken to minimise the risks to people from falls, weight loss or poor health. We did find that the risks to people due to their diabetes was not always clear in people’s records but when we spoke with staff they understood what they needed to do to identify and safely manage these risks. We saw action was commenced to update these records during the inspection. We saw there was a regular monitoring visit carried out by the provider where they spoke with people, observed what was happening in the service and checked records. The records of these visits outlined the provider’s findings, what could be learnt from these and included action points that set out how improvements could be made, these related to identified target dates for completion. We saw that the provider monitored the service to ensure these target dates were complied with. The registered manager told us they felt well supported by the provider with regular visits from a regional manager for support. They also told us that they had access to specialists for advice when needed, for example the provider employed people with expertise in health and safety.

The registered manager told us about their and the provider’s vision and values for the service, which we saw reflected in their information about the service which was accessible to people. We spoke with staff who also had an understanding of the provider’s value base.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them, one saying, “I think the manager on the whole is a good manager” with another member of staff telling us the registered manager was, “Very good to talk to, can talk to anytime”. All the staff we spoke with told us they received regular one to one meetings with the manager or deputy where they were able to reflect on their work and discuss any issues of concern which they felt were useful. A senior member of staff explained that these one to one meetings were a good tool for improving staff work practices. Staff told us staff meetings were held to ensure any changes needed at the home were communicated to them. We discussed with staff how they communicated information

Is the service well-led?

that they needed to be aware of and they were able to tell us about systems that they felt were effective, and kept them informed of changes in people's needs and requirements.

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person

who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. One member of staff told us they would not hesitate to whistle blow on poor practice and told us, "I wouldn't hesitate to do it if I saw something I wasn't happy with".