Sanctuary Home Care Limited

Sidegate Lane Nursing Home

Inspection report

248 Sidegate Lane
Ipswich
Suffolk
IP4 3DH

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24 March 2016

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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

Sidegate Lane Nursing Home provides accommodation and personal care for up to 24 older people, living with dementia and/or other mental health conditions.

There were 22 people living in the service when we inspected on 24 March 2016. This was an unannounced 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.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their needs were being met.

People were provided with personalised care which met their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Sidegate Lane 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 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.

This inspection took place on 24 March 2016, was unannounced and undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and three people's relatives. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the registered manager and five members of staff, including nursing, care, administration, activities and catering staff. We also spoke with one visiting health professional and one other visiting professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I think I am safe." We saw that staff were attentive to people's needs to ensure that they were safe. For example, when a person tried to stand unaided, the staff were fast to respond to the person to make sure that they were supported safely.

Staff had received training in safeguarding adults from abuse which was regularly updated. The registered manager told us that on a three yearly basis staff undertook face to face safeguarding training and on an annual basis completed e learning safeguarding training to ensure that their learning was up to date. Staff were provided with further guidance in flow charts, information about different types of abuse and information about how concerns of abuse should be reported which was available in the manager's office and staff room. There was also information about reporting abuse displayed in the service so that visitors and people were aware of what actions they could take if they were concerned about people being abused. As part of each staff member's one to one supervision meeting, safeguarding was part of the agenda. This provided staff with a forum to discuss any concerns they had about people's safety.

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse. The registered manager told us about times when they had raised safeguarding referrals regarding the care and treatment provided to people by other professionals when they were concerned that they were not receiving safe and appropriate care. Records seen confirmed what we had been told. This was done in consultation with people and where appropriate, their families, and showed that the registered manager advocated on people's behalf to receive safe quality care.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the bath chair had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Information was available for staff in how each person was to be supported to evacuate the building safely in case of an emergency. Environmental risks assessments were in place to guide staff on how they should ensure the safety of people, staff and others. There was a business continuity plan in place which identified how emergencies were to be managed to ensure people's safety.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and behaviours that may pose a risk to themselves and others. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks, including ensuring they were supported with their continence, used pressure relieving equipment and the administration of prescribed barrier creams. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

People told us that there was enough staff available to meet their needs. One person said, "They [staff] come if I need help." Staff were attentive to people's needs and requests for assistance were responded to promptly. We could see that staff were busy, but no people were left for long periods of time which could be a risk to their safety.

The registered manager told us that the staff levels were assessed and reviewed if, for example, people's needs increased. They shared with us an example how they had increased the levels of staff to support people when needed. This showed that appropriate action was taken to reduce the risks to people. The service did use agency staff when needed to ensure that there were sufficient staff numbers to meet people's needs, for example when staff were on leave. One staff member told us that the service used regular agencies which were reliable.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. During the probationary period if staff were not working to the standards required, their employment was not taken any further or their probationary period was extended. This showed that the systems of checking that staff were suitable to work in the service were robust.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. We observed part of the lunchtime medicines administration round and the staff member responsible for administering the medicines told us how they safely did this. For example, we saw that one person was provided with their medicines and the staff member watched from a distance that they took their medicines. They told us that this was to ensure that the person took them but ensured that they did not impact on their independence and dignity. Another person was provided with their medicines in yogurt. The staff member told us that the person knew they were there but had issues swallowing the medicines so they were provided with them in soft food to allow them to take them safely. We saw that the staff member asked the person if they were ready for their medicines and explained that they were in vanilla yogurt and asked if this was okay. This showed that people's safety was considered when administering their medicines as well as their dignity, independence and preferences.

Medicines administration records (MAR) were appropriately completed, staff had signed the MAR to show that people had been given their medicines at the right time. Where people were provided with medicines that were in the original packaging and not the blister pack system, a check of the medicines of stock was kept. People's medicines, including controlled drugs, were kept safely but available to people when they were needed. We checked the controlled medicines records and saw that they were appropriately completed. We also confirmed that the running total recorded tallied with the medicines stored. Regular temperature checks were undertaken to make sure that medicines were stored safely. Where people were prescribed with medicines that were to be administered when required (PRN), such as pain relief and medicines to support them at times of anxiety, there were protocols in place to guide staff when these medicines should be given. This meant that systems were in place to reduce the risks of the inappropriate administration of these medicines.

Good

Is the service effective?

Our findings

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that the staff training in moving and handling was effective because staff assisted people to mobilise using equipment safely and effectively. The way that staff communicated with people was effective. They positioned themselves at people's eyes level and checked with them that they had understood what they had said. During our inspection a group of staff were completing first aid training, which was a course for the whole day. We saw that one person was watching the training, we sat with them for a while and they told us that they, "Like to watch them learning." They said that they thought that the training being provided was, "Good."

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. The registered manager told us that new staff had started working on the new care certificate as part of their induction. This showed that they had kept up to date with changes to training requirements in the care sector.

As well as mandatory training, including safeguarding and moving and handling, staff were provided with training in people's diverse needs. This included equality and diversity, dementia and mental health awareness. The registered manager told us how the training for moving and handling and challenging behaviour was tailored to be meaningful to the people living in the service. This allowed staff to learn about people's diverse needs and provide care that was individualised and effective.

Staff told us that they were supported in their role and had one to one supervision and appraisal meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 had sent us the required notifications to advise us when DoLS applications had been authorised. DoLS applications had been made appropriately to ensure that any

restriction on people were lawful, these were kept under review to ensure that they were up to date and appropriate. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Staff were provided with training in MCA and DoLS and understood how the principles of these and how they were important when caring for people using the service.

We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and to mobilise using equipment.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people or their representatives, where appropriate, to consent to the care provided. People had been asked for their consent to use a local doctor surgery, where people had preferred to use another doctor, their choices were respected. Where people lacked the capacity to make their own decisions, there were records in place which showed that best interest meetings had been held with people, where appropriate relatives and relevant professionals. A visiting health professional confirmed that they had been involved in best interest meetings. This meant that people who lacked capacity to make decisions were supported effectively.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is always nice." Another person commented, "I can have what I want to eat and drink and when I want it."

During lunch people who chose to eat in the communal dining rooms sat together in their own friendship groups and chatted. This provided a positive social occasion. Those who ate in their bedrooms told us that this was their choice to do so. People chose what times they wanted their meal, for example we saw one person eating their breakfast mid-morning, which they had chosen to do. Where people required support to eat their meals this was done respectfully and at the person's own pace. We saw that staff took appropriate action when they were concerned that people had not eaten enough. One person had not eaten much of their meal, a staff member offered them an alternative and listed things that the person may like. They encouraged the person and said, "You have not had much today, what would you like?" The person then agreed to have a yogurt.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake. We spoke with a member of the catering staff who understood people's specific dietary needs and any guidance provided by health professionals.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person talked with the registered manager about a recent illness and how they were feeling. The registered manager told them that the doctor was due in today and asked if they wanted to see them, the person said that they did. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The registered manager and a staff member told us that the service was visited on a weekly basis by a doctor from a local surgery. This meant that they could refer people to be seen during these visits. The registered manager told us that this worked well and that people were provided with timely treatment when needed. This was confirmed by the doctor who we spoke with during their visit.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They are all lovely." One person's relative commented, "All of them [staff] are excellent." One person's relative said, "All the staff are lovely." One visiting health professional commented that the service was, "Caring, focussed on the patient's dignity."

Staff talked about people in a caring and respectful way both. One staff member told us about how they knew people well and the ways that they interacted with people was based on their individual needs and preferences. Another staff member told us how they knew people who lived in the service well and could quickly identify if their wellbeing had changed.

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. When staff assisted people to mobilise using equipment, they explained what they were doing and why. They encouraged people's independence and respected their abilities. The atmosphere in the service was very calm and relaxing. People showed signs of wellbeing by being relaxed and smiling. One visiting professional said, "It is very nice here, nice feeling." We sat with a group of people and talked about the music that was playing, one person said, "It is relaxing."

People's views were listened to and their views were taken into account when their care was planned and reviewed. This was evident in our observations and records. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's records showed the terms of address people preferred and we saw staff addressing them in this way. People's bedrooms had been decorated considering their choice of colours and what they liked, for example dogs and darts. People's bedrooms were personalised and reflected their individuality. One person said that they, "Liked," their bedroom and had everything that they needed.

We saw that people's choices, independence, privacy and dignity was promoted and respected. For example, staff knocked on bedroom and bathroom doors before entering. Each bedroom and bathroom door guided staff to knock before entering. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way which could not be overheard by others. One staff member supported a person with their drink and encouraged their independence when doing it, they said to the person, "You hold it, that's it, well done." Where people smoked, the registered manager had provided a smoking hut and a device where people could safely light their cigarettes without having to ask staff for their lighter. This respected their independence and choice. The registered manager told us about how they had encouraged one person's mobility with the use of equipment to increase their independence.

The registered manager told us how they provided good end of life care and supported the person and their relatives in a caring way. They provided us with examples of how they did this, including setting up a bed for

relatives to stay with the person, supporting people and their relatives to have physical contact, cuddles. Where people, or where appropriate, their relatives had requested that they were not for resuscitation, this was regularly reviewed to consider if people had changed their minds or their capacity had changed. All resuscitation decisions had been reviewed in January 2016.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, "I am very happy here." One person's relative said about the service, "I have nothing but praise for them," and that the service had, "Saved [person's] life." Another person's relative told us about the service their relative was provided with, "Excellent, top marks." The registered manager and staff responded to people when they were showing signs of anxiety or distress. They spoke with them in a caring manner which helped to reduce people's distress. One staff member told us that they knew people well and the triggers to their anxiety. They said that they were able to pick up any changes in their wellbeing and take prompt action to engage people to reduce their anxiety before it could escalate.

The registered manager gave us examples of how they had responded to people's individual needs. For example, seeking advice and sourcing a new chair for a person who was distressed using their existing chair. They had organised a mental health assessment when they were concerned about a person's wellbeing. One person moved items of furniture around, because of their previous career, this had been seen as a positive activity for them to do safely.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, such as those living with dementia, and how these needs were met.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. The records identified people's specific conditions and how they affected their daily lives, including triggers to anxiety and how they were supported to reduce the risks of anxiety and distress reactions. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "We do things." There were several games, such as draughts and dominoes that people could use if they chose to. When we were looking at what was available a person pointed out the games that they liked to play. We found a large spongy dice, which they said, "We play with that." We asked them to show us what they played and we spent some time throwing the dice and comparing who got the highest score. We saw that people chose where they wanted to be in the service and what they wanted to do. From our observations, what we were told and records we could see that people's individuality and choice were promoted and respected.

One activities coordinator told us that people chose what they wanted to do. There were three activities coordinators in the service and at least one worked each day. One activities coordinator told us that they had a meeting about the activities that they could plan, but always did what people wanted, including ensuring people were supported in their individual activities. This was confirmed by our observations,

people were planning to do a group activity relating to Easter, and one person said that they preferred to go to the shops. We saw later in the day that the person and the activities coordinator had gone out as requested by the person.

During our inspection we saw people participating in several activities, both on an individual and group basis. For example, people had their hair styled, watching television, listening to the radio and chatting with each other and staff. One member of staff told us that people had a busy day the day before our visit. There was a birthday celebration for one person and musical entertainment. This was confirmed by the person who had the birthday who said that had enjoyed it. There were photographs in the service which showed where people had participated in planned activities including visits from a community service which allowed people to hold animals.

There was a sensory area in the main lounge, which one person showed us the tubes with lighting in. They told us that the chairs in this area were, "Very comfortable." The registered manager told us that there had been mirrors in this area, but one person had tried to climb into them because they thought someone was there. The registered manager had been responsive to the source of the person's confusion and anxiety and the mirrors were removed. There was another sensory room in the service, which had a screen where relaxing items, such as swimming fish, could be shown, music could be played and different lighting systems. We saw that the door to this room was open and people could use the room when they wanted to. There was also a games console in the sensory room where people could play games. There was a breakfast club every Wednesday, where people's friends and relatives could also attend. The registered manager showed us the new barbecue area which had recently been built and would be used in the warmer weather. The activities programme showed that people were provided with the opportunity to participate in activities including using the parachute, going out to the local shops, card games and making cards.

People could have visitors when they wanted them. One person's relative said that they were always made to feel welcome in the service. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. The registered manager showed us the recent minutes from a relative's meeting, where they could discuss the service provided and any suggestions they had. In this meeting people were asked if they had any concerns they wanted to discuss. As a result of relative's comments in this meeting, as well as the periodic newsletters sent to them, they would now be sent a monthly newsletter which would tell them what was happening in the service, including activities. This showed that relative's comments were used to improve the service. Records of complaints showed that they were investigated and responded to in a timely manner. This was confirmed in discussions with the registered manager.

Good

Is the service well-led?

Our findings

There was an open culture in the service. We saw that the registered manager knew all the people who used the service and they responded to them positively. For example by smiling and talking with them.

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. The results of the completed questionnaires were analysed and actions were taken to improve people's experiences. For example, seeking the source of concerns about an unnamed staff member and taking action. This showed that people's comments were valued and used to improve the service. This included improvements to the menu and input into the planning of activities.

Staff told us that they felt supported and listened to. One staff member told us about how the registered manager was approachable and supported them when they needed it. They said that the registered manager had high standards with regards to the care and support provided to people, which they thought was positive. Another staff member said that the service was well-led and they knew what was expected of them in providing high quality care to people. Staff understood their roles and responsibilities in providing good quality and safe care to people.

Minutes of staff meetings and information posted in the staff room guided staff on the expectation of providing good quality care to people.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager had kept updated with changes within the care industry, including regulation and the new care certificate, which had been introduced for new care staff to complete during their induction. There was information and guidance provided in staff meetings, in the office and staff room which included changes in regulation and inspection. This showed that staff were also kept up to date with the care industry and their roles and responsibilities.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Incidents and accidents were analysed and checked for any trends and patterns. Where areas for improvement had been identified these fed into the service improvement action plan, which stated on the document was a, "Working document and should be updated: when and action has been completed," and, "to include new improvement actions." These identified how improvements were to be made and timescales for the completion. The document identified when the improvement had been implemented and the progress was monitored. This included the improvement of supervision meetings, decoration and maintenance in the service and training. The registered manager told us about the further improvements they had planned, including in the environment. This showed that the service continued to improve.