

Sanctuary Care Limited

Parkview House

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

We undertook this unannounced inspection on 15 & 17 July 2015. Parkview House is a care home which is registered to provide personal care and accommodation for a maximum of 45 older people with dementia. The home is on two floors and divided into 5 units or “clusters”. At this inspection there were 42 people living in the home.

At our last inspection on 17 December 2013 the service was found to be meeting the regulations we looked at.

The home did not have a registered manager. The new manager had applied for registration with the Care

Quality Commission (CQC) to manage the service. However, the application was withdrawn and the new manager was in the process of transferring to another service. The regional manager stated that a new manager would be recruited soon. Like registered providers, registered managers are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. They said

Summary of findings

that people were treated with respect and people were safe in the home. Some people had dementia and did not provide us with feedback. However, we observed that they were appropriately dressed and appeared well cared for.

People's needs were carefully assessed. Staff prepared appropriate and detailed care plans with the involvement of people and their representatives. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual care needs and preferences of people. The home had arrangements for encouraging people to express their views and experiences regarding the care and management of the home. People's preferences were recorded and arrangements were in place to ensure that these were responded to. The home had an activities programme but effort was needed to provide a more varied range of activities so people could access adequate social and therapeutic stimulation.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision from their managers. They knew how to recognise and report any concerns or allegations of abuse. There were enough staff to meet people's needs although regular staffing reviews were needed to ensure that any occasional staffing problems were dealt with.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff and the regional manager. These reflected the CQC standards expected of care services. The home had achieved the Beacon Award for Gold Standards Framework. This is a higher level award in recognition of the high standard achieved in providing good end of life care.

We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Risk assessments had been carried out and these contained guidance for staff on protecting people.

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 was safe. The home had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. There were arrangements to ensure that the home had sufficient staff to meet people's needs.

The home was clean and infection control measures were in place.

Good



Is the service effective?

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

People's healthcare needs had been closely monitored and attended to. Their nutritional needs and preferences were met.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. Staff were reminded by their managers to treat people with kindness and spend quality time with them. People were treated with respect and dignity. Their privacy were protected.

Staff supported people in a friendly manner and were responsive to their needs. Adaptations and equipment were available to assist those with mobility problems. Feedback from people, their relatives and health and social care professionals indicated that staff made effort to support people and develop positive relationships.

People and their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices.

The home had an activities programme. Arrangements were in place to ensure that the home had more varied activities so that people can receive adequate social and therapeutic stimulation.

The home had meetings and people could express their views and suggestions. People and their relatives knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led. The quality of the service was carefully monitored by the manager and regional manager.

The results of a recent satisfaction survey and feedback from people and relatives indicated that there was a high level of satisfaction with the care provided.

Good



Summary of findings

Staff were aware of the values and aims of the service and this included treating people with kindness. Social and healthcare professionals told us that the service worked well with them and people received a high quality of care.

Parkview House

Detailed findings

Background to this inspection

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

The inspection took place on 15 and 17 July 2015 and it was unannounced. Two inspectors carried out this inspection. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

We spoke with ten people living in the home, three of their relatives and a visitor to the home. Some people had dementia and did not provide us with feedback. We also spoke with nine care staff, the regional manager, deputy manager and manager of the home.

We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people living there, five staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. One person said, "I am happy in the home." Another person said, "I feel safe in the home." A third person said, "The staff come to me when I need help." A relative stated that their relative was well cared for and the premises were clean whenever they visited.

We saw that staff were constantly supervising and observing people to ensure that they were safe. Professionals we contacted expressed no concerns regarding people's safety and were satisfied with the care provided to people.

Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider's safeguarding policy. The home had a whistleblowing policy and staff said if needed they would report any concerns they may have to external agencies.

People's care needs had been carefully assessed. Risk assessments had been prepared and these were up to date. These contained action for minimising potential risks such as risks associated with falling, pressure sores and medical conditions.

We looked at the staff records and discussed staffing levels with the deputy manager. We noted that in addition to the manager, deputy manager and household staff, there were usually two care staff on duty during the day shifts in each unit of the home. During the night shifts there was usually one night staff on waking duty in each unit in addition to a senior carer with responsibility for the whole home. Two staff told us that sometimes the home had sufficient staff. Two relatives stated that there were times when more staff were needed. We noted that in one of the units, there was only one staff at lunchtime. This staff member requested additional assistance and we were later informed by her that additional staff came soon after.

The regional manager stated that she was unaware that there had been a lack of staff in the unit at lunchtime. We discussed the need to regularly review staffing levels with staff and people who used the service and their representatives to ensure that any occasional staffing problems were dealt with. She agreed that staffing levels would be reviewed regularly. She also provided us with the staffing tool used which indicated that the staffing hours were adequate and based on the care requirements of people. We were also informed by the deputy manager that eight new staff had been recruited and three had just started at the home. This was confirmed by some staff we spoke with. We also saw that there were new staff who had just started in the home.

We examined a sample of five staff records. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. We saw that there was a record confirming that unused medicines were returned to the pharmacist for disposal.

People told us that they had received their medicines from staff. The home had a system for auditing medicines. This was carried out internally by the manager and deputy manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. There was a contract for maintenance of fire safety equipment. At least four fire drills had been carried out since the beginning of the year for staff and people using the service. Fire training had been provided for staff

Is the service safe?

and they were aware of action to take in the event of a fire. The home had an updated fire risk assessment. The deputy manager informed us that the home had recently been inspected by the fire authorities and no deficiencies were brought to their attention. We noted that staff had reported that some fire doors could close but did not open properly. We received confirmation from the maintenance person and the regional manager that they were in the process of being repaired.

Some new staff members were noted to have false nails, nail polish and big earrings and not wearing name badges. This may present a health and safety risk to people.

The regional manager stated that this would be dealt with. We were informed soon after the inspection that this had been dealt with and these new staff members had been spoken to regarding this matter.

The home had an infection control policy which included guidance on the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with laundry staff. Laundry staff were aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection. All areas of the home visited by us were clean.

Is the service effective?

Our findings

People who used the service indicated to us that they were satisfied with the care provided. One person said, “They take good care of me. There is enough food.” Another person said, “quite happy with the home” and “feel staff do the best they can”. A relative said, “My relative has been able to attend hospital appointments. They take good care of my relative.”

We observed that people were appropriately dressed and they could move about freely in the home and go out to the garden if they wanted to. Staff were friendly and regularly talked with people. We saw that people approached staff freely to talk to them.

People had their healthcare needs closely monitored. The care records of people were well maintained and contained important information regarding medical conditions and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as people’s dentist, chiropodist and GP. The weight of people had been recorded monthly and staff knew what action to take if there were significant variations in people’s weight. We noted an area of good practice. The deputy manager met with doctors and healthcare professionals at the local surgery monthly to review the healthcare of people who used the service. She explained that this was to ensure that people’s healthcare needs were met promptly and their medicines reviewed.

One person was an insulin dependent diabetic and had a diabetic foot ulcer. There was detailed information about how this person needed to be supported with guidelines on managing diabetes and diabetic foot care. Another person had a pressure area risk assessment which indicated that they were at risk of pressure sores. We noted that an appropriate air bed and monitoring charts had been provided.

We noted an area of good practice. There was a lot of detail in care plans which assured us that if there were new staff or agency staff in the home, they had sufficient information to support people effectively after reading the care plans. People’s life histories were also available which was very detailed. Staff we spoke with were knowledgeable regarding the needs of people.

The arrangements for meals were satisfactory and people had a choice of main dish at meal times. People told us that they were happy with the arrangements for meals. One person stated that there was sufficient food and another stated that they liked the food provided. We saw that there were fresh fruits and vegetables in the kitchen. Kitchen staff kept a list of people who required special meals or were on diabetic diets. We saw that the dining area was comfortable and there were flowers on the table. The menu on display at each table ensured that people knew what meals were available. The dining area was comfortable and tables were well laid out with condiments and flowers on the table. Meals were presented attractively. We observed that staff were seated when assisting people with their meals. Drinks were available, the radio was switched on in the background.

Staff were well trained and there was a comprehensive training programme to ensure that staff had the skills and knowledge to meet people’s needs. A training matrix was available and contained the names of all staff currently working at the home together with relevant training they had completed. Training included essential areas such as moving and handling and the care of people with dementia. Staff said they worked well as a team. The managers of the home carried out regular supervision and annual appraisals. This ensured that staff received appropriate support. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people who did not have the capacity to consent to certain decisions about their care and support were protected and staff were fully informed regarding their responsibilities. The managers and staff had a good understanding of the legal requirements related to the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that most people were subject to DoLS authorisations. Mental capacity assessments and best interest decisions were recorded in people’s care records to ensure that their rights were protected.

Is the service caring?

Our findings

People who used the service indicated that staff were caring and supportive towards them. They stated that staff were helpful and took good care of them. One person described staff as “nice people.” One relative said, “quite happy with the home, feel staff do the best they can”. A professional stated, “I have witnessed excellent interactions between staff and residents and staff always appear happy and welcoming despite how busy they are.”

Staff made effort to form positive relationships with people. On both days of our inspection we observed that staff sat with people and talked with them. One staff member said, “my residents are my top priority”. Some staff made more effort than others in encouraging people to talk and engaged them in meaningful activities. One relative stated they were satisfied with the care provided but added that there could be “a bit more interaction within the cluster”. The regional manager informed us that staff had been encouraged to spend more time interacting with people. On the second day of inspection we noted that time was allocated in the morning for staff to talk and interact with people.

Staff were aware that all people who used the service should be treated with respect and dignity. They were also aware of the importance of protecting people’s privacy and we saw them knocking on bedroom doors before entering. The home had a policy on ensuring equality and valuing diversity and staff had received training in Equality and Valuing Diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. These values were included in the induction of new staff. The care records of people contained information regarding their personal history, background and any special needs they may have.

Kitchen staff informed us that they could arrange for various cultural meals to be provided if requested. The deputy manager stated that some people who requested meetings with their religious visitors were able to do so in the home.

People were encouraged to express their views and participate in the deciding their care arrangements. Staff held monthly meetings where people could make suggestions in areas such as activities and the running of the home. This was evidenced in the minutes of meetings. One person said, “There are residents’ meetings. We can make suggestions.” A relative said that staff had discussed the care of people with them and staff kept relatives informed of progress. Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Care plans were up to date and had been regularly reviewed with people and professionals involved. We noted that care plans had also been signed by either people or their representatives to indicate they approved of them.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home. Furniture in the bedrooms were of a high quality and attractive. Aids and adaptations had been provided for people who had mobility problems. These included grab rails in toilets and bathrooms, ramps to the garden, shower chairs and portable hoists.

We saw an example of good practice. Memory boxes outside bedrooms. The regional manager said they contained memorabilia and items such as photos which people liked and assisted staff to understand, appreciate and know about people they were caring for.

Is the service responsive?

Our findings

People and their relatives informed us that they received care which met their individual needs and staff listened to them. One relative stated that staff responded well to their concerns. Another relative said they could complain if there was a problem and they would talk to the manager. One person stated “I am alright, the staff take good care of me.” A second person said, “The staff come to me when I need help.”

The home had a complaints procedure and a record of complaints received. Complaints recorded since the last inspection had been promptly responded to. Staff knew what to do if they received a complaint. They said they would inform their managers and record it.

The care provided was person centred. Individual assessments of people’s care needs had been carried out with their help or the help of their representatives. These assessments contained information regarding peoples’ diverse background, preferences and choices. Care plans were up to date and addressed areas such as people’s personal care, healthcare, nutrition and how their needs were to be met. Regular evaluations and reviews of care

had been carried out to ensure that people’s changing needs were met. Two health and social care professionals informed us that the care records and care plans were detailed and of a high standard and this enabled them to be able to review the care of people. One professional stated that the care received by their client was good and staff seemed to be able to manage challenging behaviour in an appropriate and professional manner.

Activities had been organised for people. These included walks in the adjoining park, singalong sessions, outings, sessions by visiting entertainers and card games. We noted that people who liked gardening had opportunity to participate in gardening in the home’s own allotment. A gardening club had been started and this club met weekly. Details of the weekly activities programme were displayed in the office. We however, noted that this programme did not appear varied or stimulating. The regional manager explained that the home currently did not have an activities organiser as the organiser had left her post recently and care staff were involved in organising activities. She stated that a new organiser was in the process of being recruited and more varied activities would then be provided.

Is the service well-led?

Our findings

People and their relatives indicated that the home was well managed and people were well cared for. One relative stated, "The home is excellent. I have no complaints. They are excellent at phoning me." A social care professional stated that staff and management had a positive attitude and this reassured her client and relatives that the home was able to meet the needs of people. All three professionals we communicated with expressed confidence in the way the home was managed and were of the opinion that people had benefitted from the care provided.

Record keeping in the home was of a high standard. Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided

with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them.

The home carried out annual satisfaction surveys of people who used the service. A recent survey had been carried out. The feedback was positive and an action plan was in the process of being produced. Audits and checks of the

service had been carried out by the deputy manager, manager and the regional manager of the company. These included checks on care documentation, cleanliness, medicines and maintenance of the home. The regional manager carried out audits which reflected the CQC's five questions (Is it Safe, Effective, Caring, Responsive and Well Led?). We noted that prompt action was taken to address any deficiencies identified by the regional manager.

The home had an effective system for communicating with professionals and relatives. This was confirmed by them. It ensured that they were kept informed of the progress of people. There were daily meetings for senior staff to ensure that each department was working well. In addition, monthly staff meetings were held and we noted that staff had been updated regarding management and care issues. The managers and care staff were aware of their roles and responsibilities. They were aware of the values and aims of the service. They indicated that their priority was to ensure that people were treated with kindness and received a high quality of life.

The home was an accredited Gold Standards Framework (GSF) care home. GSF care homes gain accreditation by showing they can sustain a best practice approach to end of life care. The home had attained the Beacon Status which is an advanced level of the accreditation.