Sanctuary Care Limited

Shaftesbury Court Residential Care Home

Inspection report

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13 October 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

This unannounced comprehensive inspection took place on 12 and 13 October 2016. At the last inspection on 1 May 2014 the provider was meeting the regulations in all the areas we looked at.

Shaftesbury Court is a residential home that provides accommodation and personal care for up to 39 people. Individual accommodation is in separate flats or bedsitting rooms. At the time of the inspection there were 26 people using the service.

There was an established registered manager in place who had been registered manager at the home for several years. 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.

At this inspection we found people and their relatives told us they felt safe at the service. Staff understood signs of abuse or neglect and knew how to report concerns. Individual risks to people were identified and monitored.

There were processes in place to manage emergencies. The premises and equipment, including emergency equipment, was routinely checked and maintained. Recruitment checks were in place before staff started work to reduce the risk of unsuitable staff being employed. Medicines were safely managed. There were enough suitably qualified staff to meet people's needs.

Staff received regular supervision, appraisal and suitable training across a range of areas and told us they felt supported to enable them to carry out their roles. Consent was sought before care was provided and staff followed the principles of the Mental Capacity Act 2005.

People had plenty to eat and drink. People at risk of malnutrition or dehydration were monitored and their weight checked regularly. The home worked with a wide range of health and social care professionals to meet people's health needs.

People and their relatives told us staff were very caring, kind and gentle. We observed enthusiastic staff focussed on providing personalised care in a calm and dignified way. Professionals commented on the caring ethos and staff told us they enjoyed their work.

People's needs were assessed to ensure they could be safely met. Care and support for people was planned to meet their individualised needs. There was a regular activities programme to provide stimulation and social interaction.

People, their relatives and staff all told us they thought the service was well managed. The views of people,

relatives, staff and visiting professionals were sought and used to make improvements. Complaints were responded to in line with the provider's policy. People knew how and where to complain if they had a problem. There were systems in place to monitor the quality of the service and issues identified were acted on.

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.

People told us they felt safe and secure at the home and with the staff who supported them. Risks to people were identified and monitored to reduce the likelihood of them occurring. There were plans to deal with emergencies.

People told us, and, we observed, that there were enough staff at the home on each shift to support them safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective.

People said staff had the knowledge and skills necessary to support them properly and we confirmed this from records.

Staff understood the principles of the MCA 2005 and told us they would always assume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food. Staff were aware of any special diets people required either as a result of a health need or a preference.

People said they had good access to other healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring.

People using the service, their relatives and friends were happy with the care provided. People spoke positively about their relationships with staff and told us they felt safe and supported. We saw positive and warm interactions between staff and people

using the service.

Staff displayed kindness, compassion, dignity and respect towards people.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed, evaluated and reviewed in discussion with them.

People were supported to engage in meaningful activities that reflected their interests and supported their well-being.

There was a complaints policy and procedure in place. People using the service and their relatives were confident they could raise concerns and they would be addressed.

Is the service well-led?

Good

The service was well- led.

People, their relatives and staff told us they thought the service was well run.

There were systems to monitor the quality and safety of the service. People's views were sought about how to improve the service and issues identified were acted on.

Shaftesbury Court Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned following concerns we were made aware of, 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 unannounced inspection took place on 12 and 13 October 2016. On the first day the inspection team consisted of one inspector and an expert by experience. An expert by experience is a person with personal experience of using or caring for someone who uses this type of care service. On the second day the inspector returned to complete the inspection.

As part of our planning we looked at the information we held about the service including the PIR.This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from any notifications the provider had sent us. A notification is information about important events that the provider is required to send us by law. We asked the local authority commissioners for the service and the safeguarding team for their views of the service.

During the inspection we spoke with fourteen people who used the service, four relatives or visitors and one visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people, who may not be able to fully express their views with us, about their care and support. We spoke with staff on duty including, six care workers, the activities co-ordinator, the chef, one domestic staff and the maintenance staff member. We spoke with the registered manager, deputy manager and regional manager for the home. We also talked with a visiting health professional for their views about the service. We looked at six people's care records. We tracked people's care to see if the care they received was in line with their care plan. We looked at records related to

the management of the service such as minutes of meetings, records of audits, and service and maintenance records. Following the inspection we contacted two healthcare professionals to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe and free from harm or discrimination at Shaftesbury Court. One person told us, "It is safe here. It's a fantastic place!" Another person said, "Of course I am safe. Everyone is so friendly." People confirmed their possessions were safe and respected by staff. One person commented, "I feel very safe and my belongings are safe here." We observed throughout our inspection that people seemed very comfortable and relaxed with staff and each other. Relatives also confirmed this view. One relative commented their family member was, "Absolutely safe here. Much safer than when they were at home."

Staff were able to describe the types of abuse that may occur and their role in the process for identifying and reporting safeguarding concerns. They explained, that, if they saw something of concern they would report it to the manager and record the incident. Staff were aware of the provider's whistleblowing policy and knew where they could report to, if they needed to.

Risks to people were assessed and monitored. Where risks to people were identified these had been assessed. There was a plan to minimise or prevent them occurring, which, was specific to each person. For example, where a person was assessed to be at risk of falling, there was guidance for staff about how best to support them safely, while continuing to allow as much independence as possible. Where someone's skin integrity was identified as at risk, this was regularly monitored and staff had guidance on how they might reduce that risk. Risks from people's health conditions were also identified and guidance was provided for staff.

Accidents and incidents involving the safety of people using the service and staff were responded to, recorded and acted on to reduce the risk of reoccurrence. One person told us "I had a fall here. I pulled the cord and they got the ambulance immediately and a member of staff waited with me." Records showed staff had taken appropriate action to address concerns and considered what might be done to reduce the possibility of the incident reoccurring. For example, a referral to the GP or additional equipment to aid people's mobility and safety.

There were arrangements to deal with risks in relation to emergencies. The provider had a business contingency plan to provide guidance and contact details for staff for a range of emergencies. Staff had received regular first aid and fire safety training and fire drills had been held to ensure staff were familiar with what to do in the event of a fire. Regular checks and servicing was carried out of fire safety equipment to ensure it was ready for use.

Risks in relation to the safety of the premises or from equipment used by people were identified and monitored. The home had undergone an extensive refurbishment in the previous 18 months which was near completion at the time of the inspection. People and their relatives told us that although there had been issues with noise and disruptions they had felt safe at all times. The regional manager told us they met regularly with the builders to oversee progress and ensure people's safety was prioritised at all times. Regular checks were carried out on water temperatures and for legionella to ensure people's safety.

There was a programme of regular recorded internal checks and external servicing of equipment such as hoists, beds, the lift and electrical and gas equipment. People told us that any issues in relation to maintenance were dealt with promptly and efficiently. A visitor commented "My friend's light bulb went and I mentioned it to them and they quickly came and put a new one in."

The provider had safe staff recruitment systems to reduce the risk of unsuitable staff being employed. We looked at the personnel files of four staff and saw required identity and character checks were completed including health declarations, people's right to work and criminal records. However, records did not consistently evidence that prospective staff were asked for their full employment history before they started work. We found not all the recruitment checklists had been fully completed and there were two staff records where this was not evidenced. Following the inspection the registered manager completed an audit of staff records and sent through records to evidence that staff full employment histories' had now been obtained. They had updated their checklists to ensure this would be required of all new applicants. We were advised by the provider that they had updated all their recruitment paper work and reminded staff about the requirements of the regulations. The regional manager told us the provider had recently moved to a system of regular updates of DBS checks and this was in progress at the time of the inspection.

People and their relatives told us there were enough staff to meet their needs; our observations confirmed this. One person said, "There are always staff around." Another person commented, "Staff are only two minutes away if I call – even in the middle of the night. They would always help me." We observed the care throughout the day and found there were always staff to provide care in the communal areas and attend to people who chose to sit in their rooms. Staff were seen to be able to support people's needs in a timely way.

Staff also confirmed they thought there were enough of them to meet people's needs safely. One staff member told us, "Staffing levels are good; there are always enough of us. Some days can be busy but we do manage." We were told that the service did not employ agency staff and any additional cover came from within the current staff group and regular bank staff. The registered manager told us staffing levels were decided by people's needs and could be flexed if this changed.

Medicines were safely managed and stored securely. Medicines that required refrigeration were stored appropriately and safely; temperature checks were carried out to ensure medicines were safe and fit for use. Controlled drugs were safely and securely kept in line with guidance.

Medicines were administered safely. People told us they received their medicines as prescribed. One person said, "They give me medicine whenever I need it." Where people self-administered their medicines risk assessments had been completed; there were processes to monitor any changes to people's ability to manage them safely. We found no gaps in the six medicines administration records we looked at. Allergies were clearly recorded to reduce risks of inappropriate medicines. Controlled drugs registers were checked daily and completed correctly. People's medication was regularly reviewed to ensure it remained appropriate to their needs. Staff had completed medicines competencies before they started to administer medicines to ensure they understood their role and responsibilities. The regional manager told us the provider had recently decided to renew these on an annual basis and we saw this was underway at the time of the inspection to ensure staff remained competent to administer medicines.

Good

Is the service effective?

Our findings

People told us they thought staff were competent and knowledgeable when they supported them. One person told us, "The staff here are good they know what to do."

New staff told us they received an induction which included training, and a period of shadowing more experienced staff members. They told us this had been helpful in starting to learn about their roles. The induction followed the Care Certificate, a recognised programme for staff new to health and social care. We saw there were checklists to confirm when new staff were ready to complete tasks on their own. Experienced staff confirmed they had regular refresher training that the provider considered mandatory and that they received regular supervision and an annual appraisal, to support them in their roles. One staff member said, "I get regular supervision. It gives me time to think about how I work and my training." Another staff member was pleased to explain how they had been given the opportunity to take up further training through the recognised Health and Social Care Diploma. Records confirmed that staff training in the areas the provider considered mandatory was up to date.

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.

Staff understood the need to obtain consent before they provided care. We saw staff interactions throughout the day asked people for their permission before care was provided. For example support with mobilising or at meal times. Staff had received training in relation to the MCA. They understood the importance of assessing people's ability, to decide on each decision separately, and to involve relatives and professionals as necessary in making best interests decisions. The registered manager knew how to submit a request for DoLS authorisations. Monitoring forms were completed when required and any other conditions placed upon the authorisation were followed.

People gave us positive feedback about the food at the home; comments included, "The food's good," "It's nice and healthy," and "The chefs here are really good." People told us they were provided with sufficient amounts of nutritional food and drink to meet their needs. We observed the meal time experience and found people were offered a choice of what they wanted to eat and drink. The chef showed us the menus and told us they went to see people individually when they first came to the home to discuss their dietary requirements and choices. There were written details of people's dietary needs in the kitchen and in

people's care plans so that they were available to both care staff and the kitchen staff to reduce possible risk. One person told us, "I'm a diabetic. They look out for me with the meals."

People's care plans included assessments of their dietary preferences and requirements. Any allergies were clearly recorded. If people required specialised support with eating and drinking the registered manager told us referrals to the dietician and Speech and Language team would be made through the GP. People's weight was monitored to identify any concerns. We observed that people had access to regular fluids which we found to be within their reach either in their flats, or, the communal areas. One person told us, "I'm supposed to drink a lot and I'm not good at it but they bring me five or six cups of tea a day and they are always encouraging me to drink water."

People told us they were supported to maintain good health and had access to health care support from health professionals when needed, for example dentists, a chiropodist, and opticians. One person told us, "Staff, arrange for me to see the doctor. They have one who comes in but I go to the doctor I've always had, down the road." We saw any advice was recorded in people's records to ensure all staff were aware. One person told us, "They don't hesitate to call a doctor if you need one, and tell your next of kin." We saw staff were quick to respond to changes in people's behaviours and alerted health professionals when needed. For example, during the inspection the GP was contacted due to concerns about someone's changing health.

Health professionals confirmed the staff worked well with them to address people's health needs. A health professional told us that staff were attentive to people's changing needs and followed any advice they provided. Another health professional stated "I have found the staff to be very prompt in requesting advice regarding any patients .. Their record keeping is very good."

Good

Is the service caring?

Our findings

People and their relatives were all in agreement that the staff were caring, compassionate and kind. One person told us, "I like the staff – they're fantastic and I get on well with them. The staff are my friends." Another person said, "The carers here are beautiful, very nice. They treat me as one of their own." A relative told us, "The staff are wonderful with everyone. I cannot praise them enough. They are full of kindness." Another relative commented their family member was, "being looked after very well here. The staff are brilliant."

The health and social care professional we spoke with as part of the inspection said, "The care here is very good. When I get old I want to come and live here." We found a calm and relaxed atmosphere in the communal areas; people were content, clean, well groomed and cared for. We observed that staff adapted their approaches and pace to suit people for example; they reassured people while they supported them to mobilise. Staff interactions were calm, sensitive and unrushed and they responded to any signs that people needed assistance.

We saw staff took time to engage in meaningful interactions with people throughout the day either in the communal areas or in their rooms. For example staff engaged in card games or dominoes or encouraged conversations and we observed they drew people into the conversation if they expressed interest. There was a positive enabling atmosphere during the inspection. Many staff had worked at the home for several years and knew people well. They were aware of their life history, personalities and preferences and could explain people's diverse needs to us. People told us they enjoyed having staff support them that they were familiar with and who understood them.

People told us they were treated consistently with sensitivity, respect and dignity. One person said, "They treat me with dignity and are like friends." Another person commented, "They do try and they treat us respectfully." We observed people were spoken with respectfully using their preferred name and staff showed an understanding of the importance of confidentiality and discreetness about personal care. Staff gave us examples of how they respected people's dignity by making sure doors were closed and people were covered during personal care. The service had received a number of compliments and thank you cards for the care provided. A comment in the comments book read, "To all the staff and residents…. thank you for showing everybody how loving, caring and youthful you all are." Relatives told us they were always made very welcome and greeted warmly by staff at any time. A health professional informed us, "Staff at Shaftesbury court are friendly, pleasant, and approachable and are very caring of their patients."

People told us their independence was encouraged. One person remarked, "I've always been independent. They let me do what I want. What I want to do, I do!" People told us they went into the community independently, where they could do so safely. We saw some people were involved in doing small daily living tasks in the communal areas such as helping to lay tables which they told us they enjoyed doing.

People told us they were involved in their care. They were given a service user guide when they came to the home as a reference guide; this was also available in an easy read version to suit people's individual needs.

Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people with their individual needs. For example, staff supported people to practice their faith and to attend services that reflected people's cultural or religious needs and any cultural dietary needs could be met Staff told us that they received regular training in equality and diversity which supported them to consider, respect and meet people's individual needs.

People had been kept informed about the building work and consulted about it. For example, people had chosen the colour schemes for their rooms. People enjoyed their flats and the space and independence they provided. One person told us, "Now I'm here I think it's nice. I suppose it doesn't really feel like home but my flat is good." We observed they were consulted about their everyday routines, care and their preferences. People knew they had a care plan and told us they were involved in planning their care and made choices about their daily routines such as where they spent their time and when they got up or went to bed. One person said "I get up when I want. I go to bed at 9.30pm. There's no hard and fast rule here."

Good

Is the service responsive?

Our findings

People told us they were provided with individualised care and support that met their needs. One person said, "I have a care plan somewhere. I have discussed it with staff." We saw that people's needs were assessed before they came to live at Shaftesbury Court; this ensured their needs could be safely met. Care plans were, person centred, and provided clear guidance to staff about how people's care and support needs should be met. For example, detail about how their personal care was provided. There was information about their preferred routines during the day and at night and their life history, to help staff understand them better. Care plans were updated regularly to ensure any changes in people's needs were identified and guidance was updated for staff. Staff operated a key worker system so that people could build a relationship with particular staff members and feel confident in discussing their needs.

People's needs for stimulation and social interaction were identified and addressed. People told us they had enough to do. One person told us, "I like the activities. If I want to go out, someone will take me. The shops aren't far away." There was an activities coordinator who worked full time at the home. They told us that activities were seen to be the responsibility of all the care staff team and not just the coordinator; staff would come in to help with special events such as a recent 1940's afternoon, or, to support someone to go out even on their day off. We observed staff provided informal activities throughout the day, with singing sessions, discussions and games. The activities coordinator said they visited people in their rooms during the morning, particularly those who preferred an individual activity. There was an activity schedule that displayed a range of activities such as crafts, quiz, bingo and singing, so that people and relatives were aware of what planned activities were available. There was a garden area that people told us they used during the summer months. There was a resident cat at the home and a pat dog visited regularly. Outside entertainers visited on occasions. Links with the local community were encouraged through contact with a local school who visited and students from a local college in the summer and people were supported individually or in small groups to go out.

People who preferred not to engage in activities told us staff tried to encourage their participation but their preferences were respected. One person told us "I don't really like the activities. I like a quiet life and they try to tempt me but I'm not interested."

People and relatives told us they knew how to raise a complaint and where they had raised issues felt confident they had been addressed. One person told us "I would just tell the manager or any of the staff. I am sure they would sort it out." The complaints policy was displayed in the reception area and in the service user guide. Complaints were recorded and investigated in line with the complaints policy.

Good

Is the service well-led?

Our findings

People and their relatives and visitors all told us they thought the home was well run. One person told us, "Things work pretty well here." A relative commented, "This is a well-run home. The staff all work together well and really seem to enjoy their work." There was an established registered manager in place at the time of the inspection who had worked there for many years. They understood their responsibilities as registered manager. People and their relatives knew who the registered manager was and commented that they were visible and approachable about any issues. One relative told us "The manager is lovely and very approachable. She would put anything right quickly I am sure."

Staff told us they felt confident they were listened to and respected. They commented that the building work had made their work difficult at times but that the improvements made it worthwhile and benefitted everyone. One staff member told us, "We do get praise when we have done well. It's always nice to have praise and be recognised." They told us the registered manager encouraged them to support each other and was focused on ensuring people received good quality care. One staff member said, "The manager is very approachable; she makes herself available to listen." The provider held an employee 'kindness awards' to acknowledge staff that had made significant contributions to peoples' well-being.

There was a structure of regular meetings with staff to ensure effective communication and foster team work. There were handover meetings to communicate between shifts of staff and ensure continuity of care; weekly team leader meetings monitored aspects of care and safety. For example recent meetings had covered procedures for administering medicines, staff supervision and appraisals. Staff meetings were held for all staff to raise issues; topics discussed included care plans, moving and handling training, activities and staff breaks. We observed staff worked well together and we confirmed this from speaking with them. There was evidence of co-operative team work to support and care for people; for example staff volunteering to assist one another. Staff were clear and knowledgeable about their roles. One staff member told us "I love my job. This is a happy place. The atmosphere is always happy."

The manager conducted a programme of audits and performance reports across all aspects of the service, to monitor the quality of the service, and, identify any areas for action. These were then checked by the regional manager on their visits. We saw that where issues were found these were identified with deadlines for completion to ensure their resolution. For example, the securing of a new medicines cabinet and the need for fan heaters in bathrooms. The monthly regional manager visits also tracked aspects of people's care needs, such as any falls, weight loss and pressure areas to identify any areas of learning.

The provider carried out an annual audit of the service and we found areas identified in the last audit of July 2016 that needed action had been resolved. For example, the need for medicines packaging to record the date of opening. Feedback from other professionals had ben acted on. We saw that the home had received a notice from environmental health concerning the kitchen following inspections during building work, in April and July 2016. We found action had been taken to address the issues they had identified.

The home regularly sought the views of people, their relatives, staff and professionals through residents

meetings, the informal comments book and surveys. People told us they thought their views were listened to on a regular basis. One person said "Staff do ask for our opinions about things." Another person commented, "I'd speak up if things needed saying." People were aware of the residents meetings and knew they could attend if they wished to. We saw that the plans and progress with the building work were discussed, as well as the food and people's satisfaction with their care. The home scored highly in the 2016 survey. We found areas identified for improvement, such as the lack of a current regular hairdresser, had been acted on.