Sanctuary Home Care Limited

Shaftesbury Court (High Street)

Inspection report

High Street
Winslow
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MK18 3HA

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04 December 2015
08 December 2015

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 04 and 08 December 2015. It was an unannounced visit to the service.

Shaftesbury Court (High Street) is a care home for adults who have learning disability and or autism. It is registered to provide accommodation for 18 people. At the time of our inspection 17 people lived at Shaftesbury Court (High Street).

We previously inspected the service on 28 January 2014. The service was meeting the requirements of the regulations at that time.

The service had 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.

Shaftesbury Court (High Street) accommodation is split into four sub flats. Each flat has individual bedrooms, which were personalised and homely. A lounge area and an open plan kitchen, dining area. Where possible people were supported to make their own drinks and snacks.

We found that there were not always enough staff on duty and deployed in a way that ensured safety and choice of activity.

Medicines were administered in a safe way and people received them when needed. However where required by law to record the number of control medicine in stock, we found this did not happen.

Staff had a good understanding of what constitutes abuse. People using the service had access to information on how to raise concerns about safety. Personal emergency evacuation plans were discussed with people at least three times a year.

Staff had a good understanding of the implications for them and their practice of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely.

People living at Shaftesbury Court (High Street) were provided with easy read leaflets in a wide range of topics. Regular meetings were held with people living at the service and feedback was sought about how effective the service was.

We have made a recommendation about ensuring that national guidance on recording the amounts of

controlled medicine is followed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough staff to ensure safe care.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Potential risks to people were clearly identified and actions to manage them were available to all staff. Risk assessments were reviewed regularly.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through structured induction, supervision and training.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making

compliments and complaints about the service.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

Good

The service was well-led.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

People and relatives had confidence in the management. Management were visible and accessible.

Shaftesbury Court (High Street)

Detailed findings

Background to this inspection

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

The inspection took place on the 04 and 08 December 2015 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the seven people living at Shaftesbury Court (High Street) who were receiving care and support, three relatives; the registered manager and five care staff. We reviewed five staff files and four care plans within the service and cross referenced practice against the provider's own policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Shaftesbury Court. Comments included "staff make me feel safe here," and "I like living here, I feel safe." Another person wrote "we are safe in our home." Relatives told us that they felt their family member was safe. One relative told us I know X is safe, all their health and welfare needs are met."

We observed that there were not always enough staff on duty to manage potential risks and respond to emergencies. Two staff we spoke with felt that on occasions staffing levels were low and this placed an additional pressure on those on duty. On day one of our inspection there was a period of three hours where nine people were present in the building and two staff were rostered to work. In addition to carrying out planned and unplanned care needs the staff had to prepare a main cooked meal for all living at Shaftesbury Court (High Street), responding to all telephone calls, visitors and undertaking 30 minute observational checks on one person who was at risk of self-harm. We spoke with the registered manager and deputy manager about staffing levels. They advised us that the bare minimum for that period of time is two staff. But the ideal numbers of staff for the afternoon shift is 4 care staff and one senior. On day two of the inspection we spoke with the deputy manager about the night staff. They advised us that two waking night staff would be rostered to work. We reviewed rotas and in one week five of the seven night shifts were supported by one waking night and one sleep in staff. In another week four of the week's shifts with were covered with one walking night and one sleep in. The deputy manager confirmed that they were currently recruiting and some work was underway to explore the use of agency staff. There was a clear commitment from the service to ensure that if used, agency staff would have an induction period where they would not be counted in the numbers of staff for the shift. Staff undertook a mixture of roles. Some staff who had completed additional training acted up as a shift leader

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure that there were sufficient numbers of staff on each shift.

We observed that prescribed medicines were administered in line with policy and national guidelines. We observed good hygiene techniques. Where people were prescribed medicine for occasional use (PRN), protocols were in place to guide staff about when those medicines should be used. We observed that there was a clear process for the ordering, storage and disposal of medicine. We asked if the service had any controlled medicine. We were informed that none were present at the time. The Misuse of Drugs Act 1971 places additional requirements on services to store and record amount of controlled medicine. The service had safe storage and a book to record amount of controlled medicine. We observed that a controlled medicine was in the additional storage and had been dispensed in July 2015. The label on the box stated that four tablets had been dispensed. We counted the remaining tablets and it was two. We asked the senior on duty for the records of when this was administered. It was clearly recorded when it had been given and it was stored in line with national guidance. However the amount had not been entered in the record book. An internal medicine audit conducted in October and a pharmacy audit conducted in November did not pick this up.

We recommend the provider takes into account good practice in record keeping of controlled medicine.

People living at Shaftesbury Court (High Street) were protected from avoidable harm. The service had a safeguarding procedure in place. Staff had received training on how to recognise abuse. Staff we spoke with were able to identify abuse and what actions needed to be taken if a safeguarding concern was raised. Details and contact numbers of the local safeguarding team were displayed in communal areas and staff rooms. Easy read versions were available. People living at Shaftesbury Court (High Street) we encouraged to discuss how they could protect themselves, this was evidenced in house meeting minutes. People we spoke with could tell us how they would protect themselves. They had confidence to speak with staff if they were worried. One person told us "I would talk to the manager if I had a concern."

People were protected from hazards as risk assessments were undertaken. These were person centred and detailed the particular potential risk to people. Risk assessments were completed for personal safety, support with finance and moving and handling amongst others. These assessments were reviewed and staff were informed of the changes to ensure they provided safe care. Sign. Risk assessments were discussed with people and they were encouraged to sign to show consent.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency. Easy read fire procedures were displayed in many areas within the service. People were reminded at house meetings what to do in the event of a fire. People we spoke with were aware of what to do. Each person was spoken to individually each quarter about their personal evacuation plan.

The service ensured that it regularly tested the fire alarm, on the day of inspection we witnessed the emergency lighting being tested. Faults were reported and the provider arranged for repairs to be completed. People were protected against the risk of unsafe premises. The service ensured that maintenance and safety of the building was kept up to date. Equipment used by people was inspected routinely. Electrical and gas safety certificates were in date.

Accident and incidents were recorded, firstly via telephone which was followed by the completion of a form. Staff were aware of the need to report incidents. We saw evidence that staff were reminded about reporting incidents in staff meetings.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

People were supported by staff who undertook a wide range of training to assist them in their role. Staff we spoke with were familiar about the subjects they had been trained in. Staff training was a mixture of face to face and e-learning. Some staff within the service had been registered to study The Diploma in Health and Social Care QCF Level 2. Regular monitoring meetings were held in a probationary period. Thereafter staff received supervision and an annual appraisal. The registered manager had a record of training and when it was required. Training was discussed in team meetings and in individual one to one meetings. The service had training room with computer access and staff were encouraged to use this

People were supported by staff who had a good understanding of the Mental Capacity Act 2005. Staff had received training and were able to tell us what their understanding was. 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. In one case we saw that the service had applied for a Deprivation of Liberty Safeguarding (DoLS) assessment in relation to providing accommodation and support. We noted that the service had been involved in a best interest meeting regarding the same person.

We observed that people were free to move around the building and on day one of our inspection we observed someone going out unattended to the local shop. Risk assessments were in place for accessing the community.

We observed one lunchtime meal. This consisted of a choice of sandwiches, soups and nibbles. We observed staff asking people what they would like to eat. We saw that pictorial menus were available and had been personalised to suit likes and dislikes. On day two we observed people requesting snacks and drinks. The requests were responded to quickly. One person had been identified at risk from malnutrition. Staff ensured that they were supported with meal times and meals and drinks were supplemented to include additional calories. One person told us "the food is alright, I can choose what I want to eat," another person said "The food is nice."

People were supported with healthcare appointments. We observed that people were supported to collect

their medicines from the pharmacy. We witnessed that changes in health were reported and responded to. One relative informed us that "The staff always inform me when Y has been to the GP or dentist." Information regarding people's health was communicated to staff, we observed this in a handover meeting and care plans were updated to reflect any changes.

Good

Is the service caring?

Our findings

People told us the service was caring, comments included "I like living here," "It's alright living here," "I like my room" and "staff are nice to me." One person wrote "The care here is very good" and "Our carers look after us." Relatives told us they felt the staff supported people well. One relative told us "I am very happy with how they support my relative" another said "I have been happy with Shaftesbury court (High Street) for a number of years."

We observed caring and compassionate support by staff, who understood people and were knowledgeable of their personal preferences. We saw that information was gathered about personal choices, likes and dislikes.

We observed staff speak to people in a manner that promoted dignity and respect. Staff we spoke with knew how to promote peoples dignity. People appeared very relaxed in the company of staff, laughing and joking with staff.

We observed that people were relaxed in each other's company and group discussions were respectful. We overheard people discussing a forthcoming holiday. People told us they were looking forward to this. Relatives told us "The staff have a good rapport," "staff are very caring." Another relative told us "residents care for each other, they look out for each other, and it's like a big family."

Rooms were personalised and people were not restricted as to what they could do with the room. People were keen to show us their rooms and possessions. People told us that it felt like home.

People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people as to ensure sensitive information was not discussed in the open.

Staff had guidelines on maintaining professional boundaries. Staff we spoke with stated that there was good teamwork when on shift and that communication was good.

People had access to advocacy and leaflets in easy read format were available. Easy read formats about healthcare and exercise were also available.

Good

Is the service responsive?

Our findings

The last time a new person moved into Shaftesbury Court (High Street) was two years ago. A number of people have lived in the service many years. Prior to moving into the service important information was gathered to support the staff care for people. Information was gathered about cultural needs, emotional well-being, health and medication.

People were allocated a keyworker. It was the responsibility of the keyworker to update information about any changes to a person's need.

The service had undertaken a project to promote good oral healthcare. The 'smile for life' project helped to educate people in good hygiene. Information about oral care was recorded in care plans.

Relatives we spoke with were contacted by the service when important events took place. For instance, one relative informed us that they were always contacted when their family member was unwell and the GP had been called.

The service worked with healthcare professionals when changes in conditions occurred. One person whose mental health had deteriorated was being supported by the psychiatrist. Shaftesbury Court (High Street) staff monitored changes and recorded events that were shared with healthcare professionals. People were supported with an annual health check.

Relationships with people outside of the service were encouraged and supported by staff. Some people who lived at the service attended day services. A number of people who had been affected by the closure of day services; had been supported with additional care provided from an outside agency. We observed people going out with the care agency and discussing what they wanted to do that day. One person told us that they were going out with family and did so often.

A notice board which detailed the week's activities was displayed in the common room. We observed people engaging in hobbies, one person had been out and had bought a new record, another person spoke about how they enjoyed cutting pictures from books to make collages. Each person had a record of activities undertaken.

The service had a complaints procedure. People we spoke with were aware of how to raise concerns. We saw evidence that people were supported to make comments about the care they had received. An easy read version of complaints and a charter of rights was displayed in the common room. The service had not received any complaints in the last year. We saw evidence of a previous complaint which was investigated and feedback given to the complainant.

Good

Is the service well-led?

Our findings

People told us they had confidence in the management team. One person told us "I like this place; I like how it is run." Relatives told us that they would speak to the manager if they had any concerns, but also felt able to speak to any member of staff.

The registered manager ensured that regular quality monitoring took place. They were supported by the provider who undertook monthly quality visits. Reports were compiled from theses visits. Actions required were entered onto an Improvement action plan. A number of regular audits were conducted. For instance a health and safety audit had been carried in November 2015.

The provider conducted an annual satisfaction survey. However the registered manager was unable to extract the information regarding their service from the report. Shaftesbury Court (High Street) conducted their own survey, in an easy read format. Areas covered were environment, food, choice, privacy and dignity. At present the results from these surveys were not analysed. The registered manager advised that if actions are needed they are completed. The registered manager advised us after the site visit that they have introduced an action plan to evidence what they have put in place as a result of feedback. In addition the service sought feedback from people on a monthly basis. Again this was in an easy read format.

The fire service had issued the service with a deficiency notice in August 2015. We observed that actions had been taken to rectify the issues raised. The provider had a team of surveyors who, visited the service. The registered manager told us that requests had been made to improve the environment. We observed that the communal area and a number of bathroom areas were maintained to a high standard.

People, staff and relatives told us that they would go to management if they had any concerns, and we observed that the manager was well known by people who lived in the service. Staff told us that they had made suggestions to improve the service and they felt this was listened to by management. Staff we spoke with felt valued by the management.

We saw that staff meetings and resident meetings were held. We saw that the service had a variety of policies in place to assist with the running of the home; these included safeguarding people, infection control and equal opportunities.

The registered manager was fully aware of their role and responsibility and what information they needed to share with us. They had notified us of significant events, this included when a decision had been made about a DoLs application.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient staff and deployed appropriately. Regulation 18(1)