Sanctuary Home Care Limited

Shaftesbury Court (High Street)

Inspection report

High Street
Winslow
Buckinghamshire
MK18 3HA

Tel: 01296714858

Date of inspection visit:
14 August 2018
15 August 2018

Date of publication:
19 September 2018

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 inspection took place on 14 and 15 August 2018. It was an unannounced visit to the service.

We previously inspected the service on the 1 March 2017. That was a focused inspection to follow up on a previous breach of the regulations about staffing levels and deployment of staff. At the last inspection we found the service had met the breach of the regulation.

Shaftesbury Court (High Street)] is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate up to 18 people, at the time of our inspection 16 people were living at the home. The accommodation is split into four flats which have four bedrooms, kitchen and lounge areas. There is a communal lounge and dining area on the ground floor. People had free access to the garden areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The care home was located within a small village location with access to a wide range of community facilities. This included, food shops, public houses, community centre and charity shops.

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.

We received positive feedback from people, their relatives and staff on their experience of the service. Comments included "I like living here," "It is very good" and "I like living here I do."

The care home benefitted from longstanding staff members. This enabled strong and well-established working relationships. It was clear that staff were fully aware of people's likes and dislikes. People demonstrated they were able to make staff aware of their needs. This was through verbal and non-verbal communication.

The provider had processes in place to undertake pre-employment checks on staff to ensure they were suitable to work with people.

Staff were supported to develop their skills and knowledge through training. Systems were in place to monitor staff training to ensure they were equipped with up to date knowledge.

Staff were aware of the need to report any incidents and accidents. Lessons were learnt from incidents and accidents as there was a clear audit process in place.

People were supported to engage in meaningful activities and keep in contact with family and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 was carried out on 14 and 15 August 2018 and was undertaken by one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). We used information in the PIR the provider sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also provided the registered manager with opportunities to share their planned changes with us throughout the inspection. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We looked at four people's care plan records, observed two people receiving their medicines and checked their medicine records and a further two other medicine records. We looked at four staff recruitment files and checked training records. We spoke with seven people who lived at the home. We spoke with the registered manager, the deputy manager and six care workers. We spent time observing interactions between people and staff. We cross-referenced practice against the provider's own policies and procedures. We checked maintenance records and safety certificates.

Following the inspection, we sought further feedback from staff and relatives of people who lived at the home. We contacted health and social care professionals who had contact with the care home.

Good

Is the service safe?

Our findings

People told us they continued to receive safe care. People told us they felt safe and that staff promoted their safety. One person told us "The staff are nice here," another person told us "I feel safe, the staff look after me."

The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, criminal record check (DBS) and references from previous employers.

People told us there were enough staff to support them; this was supported by what staff told us. The registered manager and deputy manager advised us staffing numbers had been increased. A new post had been created to carry out domestic duties. The post had been recruited to and a staff member was due to commence in the near future.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns.

People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MAR's) detailed what the medicine was and when it was required. We found MAR's to be completed appropriately. People told us they were supported with their medicines in a safe manner. Staff told us medicines were managed well within the service. Some people were prescribed medicines for occasional use. We found these were also recorded on the MAR's and additional guidance was available for staff.

Risks posed to people as a result of their medical condition, home environment or level of support required were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. For instance, where people were at high risk of choking, information was available for staff on how to minimise this. We checked if staff followed the risk assessment when supporting people with eating. We found staff were aware of how to minimise risks to people and ensured they supported people safely.

Incident and accidents were recorded. Staff were aware of when to complete an incident or accident report. The registered manager and provider completed a review of all accidents and incidents to identify any trends to prevent a similar future event.

The registered manager received national safety alerts and communicated the advice to senior members of staff. Health and safety in the care home was routinely checked and monitored. There was a clear schedule for fire, water and electricity safety checks to be carried out.

The care home was well maintained. Staff had been booked on infection control and food hygiene training. People we spoke with gave us positive feedback about their living environment. The provider had invested

in the building and further environmental changes were planned.

Good

Is the service effective?

Our findings

People told us they continued to receive effective support. Prior to people moving into the care home their needs were assessed by a senior member of staff. Where people were referred to the service by the local authority, the service ensured they received important information about them. Where possible the service invited potential residents to shorter visits, prior to moving in to the home. This enabled people to make a choice about going to live at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made applications to deprive people of their liberty. Conditions placed on the authorised DoLS were routinely observed. For instance, one person was to be supported with one-to-one support so they could access the local community safely.

New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way as examples. Staff had access to on-going training to ensure their knowledge was up to date.

Staff told us they felt supported by the management. We checked if staff were offered one to one meetings with a manager in line with the provider's policy. We found staff received regular one to one meetings and an annual review of their performance. One to one meetings are used to support staff and manage their performance.

Where people required support with eating and drinking this was detailed in their care plan. People's preferences of food were highlighted. We found staff had access to information on how to keep people safe when eating. We observed staff encouraging people to make choices on what they wanted to eat. For instance, one person had approached staff and had asked them what was for lunch. The staff member responded, "Why don't you go and look in the fridge and decide what you want, and I will come upstairs to help you in a minute."

Where people required support to attend health appointments this was provided on a one to one basis. Staff made appropriate referrals to external healthcare professionals when required. For instance, one person had been seen by a physiotherapist as they had presented as being at risk of falling when mobilising, another person had been reviewed by a district nurse.

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was made each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team.

Good

Is the service caring?

Our findings

People told us they continued to receive a caring service. We received positive feedback from people and their relatives. Comments from people included "I like living here," "It is very good" and "I like living here I do."

It was clear from our observations that people were treated with kindness and staff were caring in their approach to people. For instance, we observed staff warmly supporting a person who was distressed. It was obvious the action the staff took quickly and effectively supported the person to feel safe and secure.

Staff had developed good working relationships with the people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service.

Staff were aware of how to provide a dignified service to people. We observed staff discretely supported people. For instance, asking the person to go to their own room before supporting them with changing clothes after they had been soiled. A staff member told us how they supported people in a dignified manner, "Allowing people to have privacy by knocking on bathrooms doors and calling people by their preferred name."

People were supported with their communication needs. It was clear staff had a good understanding of people. Staff who had not worked at the service a long time told us "I am still learning about how [Name of person] communicates."

People were encouraged to be involved in decisions about their care. We observed staff talking to people about what they wanted to do. Each person had a keyworker, a member of staff who took the lead in co-ordinating their care. The registered manager was implementing a new system for keyworkers to meet with people and seek their feedback. Pictorial feedback had been devised to ensure people's views were captured. A staff member told us "I make sure that residents are fully involved in any decisions that affect their care."

There was a commitment from staff to encourage people to be independent. We observed people to independently access the local shops where it was safe to do so. Where people required support to maintain their safety this was provided. Staff told us "I encourage residents to be involved in decisions with their care and health. Supporting residents to improve their health, giving them the best opportunity to lead the life they want."

Good

Is the service responsive?

Our findings

People told us they continued to receive a responsive service. People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted a review of their support was held.

Staff were aware of people's religious, cultural and sexual choices. Staff received training on equality and diversity and were able to demonstrate how they challenged discrimination. They actively sought to promote people's rights. For instance, ensuring that people received appropriate medical treatment and support when a change in the person's health was noted.

People were encouraged to participate in meaningful activities. One person had been supported to access voluntary work within the local community. Other people attended day centres and work placements.

A number of people were supported by one-to-one funding to engage in activities of their choice. One person we spoke with had been to the local shops. It was clear they had enjoyed the outing. They told us they were going out again later in the same week.

Staff were able to support people to maintain their safety in the community. We observed staff supporting people to go to the local bank and shops.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints made to the registered manager were used as opportunities to develop the service. People told us they would not hesitate to contact the registered manager. It was clear from the interactions we observed people felt the registered manager was approachable.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone with end of life care needs.

Good

Is the service well-led?

Our findings

People told us they continued to live in a service that was well-led. People, their relatives and staff gave us positive feedback about how the service was run. One person told us "It is good." One staff member told us "I can reply on her she is brilliant. She has been great."

The registered manager and provider were aware of the legal requirements of the regulations and notified us of all events they were required to do so in a timely manner.

The provider had a mission statement and set of values which were shared with all new staff. The registered manager held regular staff meetings. Important information about changes in legislation was shared with staff. Team meetings were used to discuss people's needs and for ideas to be shared among staff on how to care for people safely.

The provider produced a newsletter which was shared with staff. It communicated strategic changes within the organisation and celebrated any of the provider's successes. We asked the registered manager if any 'good news' stories had been shared at Shaftesbury Court (High Street), they told us "We have recently sent information through about our donation for the garden." The care home had been given a donation by a local charity to improve the garden facilities. The newsletter was also used to share learning across the organisation.

There were clear and robust quality assurance processes in place. These included monthly audits carried out by the registered manager, monthly regional manager visits and quarterly audits carried out by the providers quality team. The service had an improvement plan in place which listed all the areas which required action. The plan was routinely reviewed and updated.

The provider had a number of policies and procedures in place to help them manage the service. The policies were updated by the provider when required.

The service had forged links with the local community. Staff supported people to participate in a fortnightly 'Walk in Winslow', this was an opportunity for people to meet local residents and socialise.

The service worked in partnership with external organisations. For instance, they facilitated annual contract monitoring by the local authority and worked with the local learning disability team.