

Sanctuary Care Limited

Shaftesbury House Residential Care Home

Inspection report

5 Cowper Street
Ipswich
Suffolk
IP4 5JD

Tel: 01473271987
Website: www.sanctuary-care.co.uk/care-homes-east-and-south-east/shaftesbury-house-residential-care-home

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shaftesbury House Residential Care Home is a residential care home providing accommodation and personal care to up to 28 people. The service provides support to older people in one adapted building. At the time of our inspection there were 27 people using the service, some people were living with dementia.

People's experience of using this service and what we found

There were systems in place to assess and mitigate risks of avoidable harm and abuse. The service learned from incidents to reduce future occurrences. People were supported by a staff team who were available when needed. Staff recruitment was done safely. People received their medicines when needed. The service was clean and hygienic. People were supported to have visits from their 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 and in their best interests; the policies and systems in the service supported this practice.

People's care records identified the care and support people required to meet their assessed needs and preferences. People's end of life decisions and how they wished to be cared for was included in their care records. People were supported to participate in social activities to reduce boredom and isolation. There was a complaints procedure in place.

The registered manager understood their role and responsibilities. There was a programme of audits and monitoring systems which supported the provider and registered manager to identify shortfalls and address them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to check improvements had been made following the last comprehensive inspection. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which had been rated requires improvement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shaftesbury House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Shaftesbury House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Shaftesbury House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shaftesbury House Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered, including feedback from three people who used the service, as part of monitoring activity that took place on 16 June 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service to understand their experiences of the care and support they received. We observed staff interactions with people using the service and activities. We also spoke with one person's relative. Following our inspection visit we received electronic feedback from another relative. We spoke with five staff members, including the registered manager, deputy manager and care staff.

We reviewed a range of records, including the care plans and risk assessments of three people who used the service, training records, three staff recruitment records and records relating to the management and oversight and monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Improvements had been made in people's care records. Records showed that risks in people's daily living were assessed and staff were provided with guidance in how to reduce them. This included risks associated with falls, mobility, pressure ulcers and people's specific health conditions, such as diabetes.
- Risks to people were reduced because environmental and equipment safety checks were undertaken. This included fire safety, moving and handling equipment, electrical safety and legionella.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and systems were in place designed to reduce the risks of abuse.
- Where concerns were identified, the registered manager ensured the appropriate professionals were notified, including the local authority who were responsible for investigating concerns of abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The registered manager used a dependency tool to assist them to calculate the numbers of staff required to meet people's needs. This was being reviewed by the provider to make it more robust.
- People told us they felt the staff were responsive to their needs and attended to their requests for assistance in a timely way. This was confirmed in our observations. One person said, "There is enough of them [staff]... they come when needed. Call bell is normally answered right away."
- Staff recruitment records showed systems were in place to undertake checks to reduce the risk of employing staff who were not suitable to work in the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service used an electronic system to record when people had been provided with their medicines. Regular audits and monitoring assisted the registered manager to identify any shortfalls and address them.
- There were systems in place for the safe storage, ordering and returning medicines and people received their medicines as prescribed. People told us they received their medicines when they needed them.
- We observed part of the medicines administration round which was done safely.
- Staff responsible for supporting people with their medicines had been trained and had their competency checked to ensure their practices were kept up to date and safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed current governments guidance relating to visiting in care homes.
- People confirmed they were supported to have visits from their relatives and friends.
- We saw people having visits and going out with their relatives, for example to lunch.

Learning lessons when things go wrong

- There were systems in place to learn lessons from incidents and accidents, which were analysed to check for any trends. Records demonstrated that actions were taken to reduce future incidents.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made in people's care records. The records documented people's specific needs and how they were to be met.
- People told us they felt their needs were being met and they had been consulted. One person told us they had seen their care plan and agreed with its contents. They added that their independence was respected by staff and assistance was available when needed.
- One person told us how they felt their well-being had improved which they attributed to the care and support provided in the service. They said, "They helped me through a dark patch. Give them an A+ for me."
- We observed a staff handover meeting, where information about people's wellbeing and actions required were discussed in the changeover of staff shifts. This discussion included planned actions for the day and to ensure people had enough to drink, particularly due to the weather being hot. Staff had a good understanding of people's needs and how they were to be met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records included information about how they communicated and guidance in how staff were to communicate effectively in line with people's needs.
- The registered manager told us that, where required, documents could be provided in accessible formats, including different languages and larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity coordinator in place and people's personal preferences and interests had been identified to support personalised one to one activity.
- A programme of group activities was displayed in the service. We saw photographs of group activities including a recent visit to the seaside, visiting entertainers and armchair exercises. During our inspection visit we saw people playing a game with a ball and parachute which was followed by coffee and cake and a reminiscence discussion. In addition, we saw people going out in the community, independently and with family.
- People spoken with, told us there were things to keep them occupied. One person told us about the recent

outing which had taken place.

- One person told us how they had been bored and not interested in the group activities provided, as a result they had supported the maintenance staff, for example, when testing the fire safety equipment.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and concerns were investigated and responded to. Information about making a complaint was posted in the service to ensure people using the service and visitors were aware.
- We received information from a person's relative. We spoke with the registered manager who told us they were meeting with the relative and a professional involved in their family member's care.
- Another relative told us when concerns had been raised, actions were taken by the registered manager, for example replacing lost items.

End of life care and support

- Improvements had been made in how people's end of life decisions were sought and recorded. People's choices, such as where they wished to be cared for and if they wished to be resuscitated at the end of their life.
- Where people had chosen not to discuss their end of life wishes, this was recorded and kept under review.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and responsibility in managing the service and notified us of incidents, where required.
- The registered manager had recently secured a role with the provider as a peripatetic manager. The provider was actively recruiting to fill the manager role; however, the current registered manager was continuing as registered manager for this service until a new manager was in post.
- A programme of audits were in place, which assisted the provider to monitor the service provided and identify any shortfalls and address them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy with the service provided. One person said, "It is as good as it can be here, it is a hotel, home, restaurant, as good as it can be for what it is."
- Staff told us they felt improvements had been made since our last inspection, the service was well-led, and people received the care and support they required. One staff member said, "This is the best care home have worked in, we all love [Registered manager], it is well led... I love it here."
- Since our last inspection, we found improvements had been made. This included improvements in care planning, for which a new electronic system was now in place. The registered manager told us how they had further plans to improve in this area.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place, which was understood.
- Records of incidents and discussions with the manager demonstrated the duty of candour policy was followed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service, their relatives and staff were asked for their views of the service in satisfaction surveys and meetings. We saw information posted on a notice board for actions taken as a result of comments, this also included information about improvements made since the last inspection. The registered manager told us recent surveys had been undertaken and the notices were to be updated.

- To support the engagement of people using the service, there was a resident ambassador in place, we saw notices in the service advising of this. We spoke with the individual who told us, if people had an issue they wanted to raise, but were not comfortable doing this directly, they could speak with the person and they would take their comments forward with the registered manager and/or staff.

Continuous learning and improving care

- Staff received training which was relevant to their role, this was kept under review and staff were advised when updated training was required.
- Staff had been allocated as champions in areas including oral health, dignity and infection control. The registered manager was in the process of securing in depth training for champions to allow them to advise and support colleagues where required.
- An action plan was in place which showed the ongoing improvements made in the service and any planned improvements which timescales for completion.
- Since our last inspection there had been improvements made in the environment and ongoing plans for further improvement were in place, such as extending the clinical room where medicines were stored.

Working in partnership with others

- The registered manager told us they worked well with other professionals, including commissioners and health and social care professionals.
- The registered manager told us how they were working in partnership with the Clinical Commissioning Group care home integration team, who were providing support and training to staff, including areas such as catheter care, pressure ulcers and diabetes.