Sanctuary Home Care Limited

Sidegate Lane Nursing Home

Inspection report

248 Sidegate Lane
Ipswich
Suffolk
IP4 3DH

Date of inspection visit:
13 June 2018

Date of publication:
19 July 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

Sidegate Lane Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing care. Sidegate Lane Nursing Home accommodates up to 24 adults in one adapted building.

There were 23 people living in the service when we inspected on 13 June 2018, some living with dementia and/or other mental health conditions. This was an unannounced comprehensive inspection.

At our last inspection of 24 March 2016, the service was rated 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 service continued to provide a safe service to people. This included systems designed to protect people from abuse and avoidable harm. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic. People received their medicines safely.

The service continued to provide an effective service to people. People were cared for by staff who were trained and supported to meet their needs. 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. People received care and support to maintain a healthy diet and good health. People were supported to access health professionals where needed. The environment was suitable for the people living there.

The service continued to provide a caring service to people. People had good relationships with the staff. Staff interacted with people in a caring manner. People were consulted about the care and support that they received.

The service continued to provide a responsive service to people. People received care and support which was assessed, planned and delivered to meet their individual needs. People were supported to participate in meaningful activities that interested them. A complaints procedure was in place. There were systems in place to support people at the end of their life.

The service continued to provide a well-led service to people. The service had a quality assurance system to monitor and assess the service provided to people. These systems assisted the manager and provide to identify and address shortfalls promptly. As a result, the quality of the service continued to improve.

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**

Sidegate Lane Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 13 June 2018 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We ask that service's complete and send to us their Provider Information Return (PIR). 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. At this inspection we had not received the PIR, this was because of technical difficulties.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and four relatives. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the manager, regional manager and seven members of staff including the deputy manager, nursing, care, regional business support assistant, domestic, maintenance, and catering staff. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection of 24 March 2016 this key question was rated Good. At this inspection we found that the key question for safe remained Good.

People told us that they felt safe in the service. One person said, "I do feel safe living here." One person's relative commented, "I feel [family member] is safe, it's the quality of the staff that makes me think that." Another relative said, "Yes, I feel [family member] is safe, very safe." Another relative told us, "[Family member] is definitely safe."

Risks to people continued to be managed well. People received care and support from staff who were trained and understood how to recognise signs and indications of abuse and how to report concerns. Guidance for staff was on a notice board in the service, which included how to make a safeguarding referral. Where concerns of safeguarding had arisen, the service had taken prompt action to report them to the local authority safeguarding team, who are responsible for investigating safeguarding concerns. Actions had been taken to learn when things had gone wrong and reduce similar incidents from happening, such as disciplinary action.

People's care records included risk assessments which identified how risks in their daily lives were reduced. This included risks relating to mobility, nutrition and falls. There were systems in place to reduce the risks of people developing pressure ulcers. This included the use of pressure relieving equipment, assistance to reposition and the use of barrier creams. One person told us, "I don't get a sore bottom, they give me cream." There were systems to monitor and reduce the risks of people falling. This included analysis of incidents to identify patterns and actions to minimise risks, including referrals to falls specialists. This demonstrated that when things went wrong the service had systems to learn from and used them to drive improvement.

There were environmental risk assessment in place. Regular checks on the environment and equipment, including mobility, electrical and fire safety ensured they were fit for purpose. However, there were some areas in the service where chairs and wheelchairs were stored which could be a risk to people using the service. This was evidenced when we walked into a chair which had been stored inappropriately. Action was taken to complete an accident form and staff were advised to ensure that action was taken to reduce the risks to people.

We received mixed views from people and relatives about if there were enough staff to meet their needs. One person said, "I think there is enough staff, they are always there if you want them, they don't ignore you." One person's relative told us, "The only thing I would say is that at weekends there could be a problem as there appears to be less staff." Another relative commented, "There is certainly a lot of staff up here today." We saw that staff responded to requests for assistance in a timely manner, including responding to call bells. However, two people said that they did not always have access to their call bell, in one of these people's bedrooms we saw that the call bell was in there but not within their reach.

Staff told us that they felt that there were enough staff to meet people's needs safely. Discussions with the manager and records showed that the systems in place identified the staff numbers needed in line with people's requirements. This was used to plan the rota to ensure that staff were available to support people when needed. If there were changes in people's needs which required more staff, this was provided. Staff vacancies were actively being recruited to. The manager said that agency staff were occasionally used for the main staffing levels and were used for one to one support for people. They said that they used the same agency and same staff where possible, to provide people with consistent service.

The service continued to recruit staff safely. We reviewed the recruitment records of three staff members who had been employed since our last inspection. These records demonstrated that checks were made before staff started to work in the service to ensure they were suitable for this type of work.

Medicines continued to be administered safely. We observed part of the lunchtime medicines administration round and saw that this was done safely. The staff member completing the round had a good knowledge of people and their preferences when providing them with their medicines. Staff were trained in the safe management of medicines and had their competency checked by senior staff. Records showed that medicines were given to people when they needed them and kept safely in the service. Audits on medicines assisted the service to identify shortfalls and take action to address them.

The service was clean and hygienic. Staff were trained in infection control and food hygiene. The minutes from a staff meeting in May 2018 identified that they had completed an infection control quiz which was used to update staff on their knowledge. All bathrooms and toilets held hand sanitiser and disposable paper towels. There was also hand sanitiser provided around the service. Staff washed their hands, including when providing people with their medicines. We saw that staff used the disposable gloves and aprons, for example, when preparing to support people with their personal care. Cleaning schedules were in place which identified when areas of the service had been cleaned. There were also records of notes by care staff which identified areas in needs of cleaning and when this had been done. This demonstrated that the systems in place supported good infection control processes.

Good

Is the service effective?

Our findings

At our last inspection of 24 March 2016 this key question was rated Good. At this inspection we found that the key question for effective remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The service had introduced new technology in the service to improve the ways that people's care was assessed, planned for and met. Since March 2018 people's care plans were on an electronic system. Staff had access to lap top and tablet computers to enable them to input any changes to people's needs and the care provided.

The service continued to provide staff with training and support to meet people's needs effectively. Training provided to staff included moving and handling, fire safety, first aid, nutrition, and equality and diversity. Staff were also provided with training relating to people's specific conditions, including diabetes, mental health and behaviours that may challenge others. New staff were provided with an induction and the opportunity to complete the Care Certificate. This is a set of induction standards that staff should be working to. There was a range of information provided to staff on their notice board which they could access to keep them updated. This included health and safety, the dress code for staff, how to report abuse, upcoming training and study days, the CQC methodology used in inspections, and the provider's 'don't be a bystander' poster, which encouraged staff to report, for example, homophobic, racist, and ageist comments.

Records and discussions with staff showed that they continued to be supported in their work role. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The manager told us that there had been some issues with the supervision not being completed, but they now had a system in place to improve. This was confirmed in the records of supervision, and plan in place.

The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The manager told us that they had good working relationships with occupational therapists who responded to their referrals to assess people for the use of specialist equipment. The GP from a local surgery attended the service on a weekly basis where they provided advice, saw people if there were concerns and carried out reviews of their medicines. The GP was also called out if needed outside of their weekly surgeries. The manager was also able to explain how they maintained positive working relationships with other professionals involved in people's care, including mental health professionals, the pharmacist and commissioners. People's records included information about treatment received from health professionals and any recommendations made to improve their health. This ensured that people continued to receive consistent care.

There were systems in place to support people to move between services effectively. There was important information about people which were provided to other professionals if a person was admitted into hospital. The deputy manager told us that they had, "Grab bags," to give to hospital staff which included a

copy of their care plan and items the person may need including their medicines and night wear.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat. One person said, "I've never sent any of the food back, I just get on with it and eat whatever is put in front of me." Another person commented, "I like the food." Another person told us, "I had sausage and mash, no vegetables as I don't like them, then I had gateau." One person's relative said, "From what I've seen the food looks good."

We observed lunch, people received varying portion sizes which demonstrated that their preferences were met. Some people were provided with adapted cutlery to enable them to eat their meal independently. People were supported to eat their meal, where required. However, the quality of these interactions varied. For example, some staff engaged with people to provide a positive dining experience, whilst others assisted people to eat with no engagement.

People were provided with high calorie and fortified food and drinks where they were at risk of losing weight. Referrals to health professionals were made if people were at risk of malnutrition or if they were at risk of choking. Staff spoken with were knowledgeable about people's dietary requirements and preferences.

People were offered a choice of drinks, these were regularly topped up. This reduced the risk of people being dehydrated. Where people were at risk records were kept to monitor their fluid intake. One person said, "We get a cup of tea in the morning, yesterday I had three biscuits on a saucer and I thought this is alright."

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 Mental Capacity Act (MCA) 2005. The 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. Staff had been trained in MCA and DoLS. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty. People's care records identified their capacity to make decisions and included documents to show that they consented to the care provided in the service. Where people lacked the capacity to make their own decisions there were records which identified that others responsible for their care had contributed to making decisions in the person's best interests.

The environment was accessible to people using the service. There was signage in the service, where people had agreed, to assist people to navigate to their bedrooms. There were well-kept and attractive gardens in the service. One person said, "I come out when I want." Another person told us that they liked to walk in the grounds. We saw a staff member walking around the garden with a person. There was a conservatory in the service, which had recently been decorated and refurbished. Staff told us that people sat in there with their visitors or when they wanted to. One person said, "It is really nice." There were chairs and sofas placed periodically in corridors for people to rest on. There were communal areas in the service which people could use with others, as well as areas they could see their visitors in private if they wished.

Good

Is the service caring?

Our findings

At our last inspection of 24 March 2016 this key question was rated Good. At this inspection we found that the key question for caring remained Good.

People told us that they had good relationships with the staff and they felt that the staff were caring and respectful. One person said, "It's quite good, we get along, they [staff] are very nice." Another person commented, "I like the staff, they are lovely with no exception." One person's relative said, "Everybody is very nice here. [Family member] is settled, I think they know [family member], [family member] always looks clean and tidy. I do feel they are caring." Another relative said, "Staff are lovely, if we ask them to do anything they will always accommodate us… [Family member] loves the interaction with staff, [their] face lights up." One person's relative said about the atmosphere in the service, "It always feels like a lovely place." One person commented, "I like it here, it's friendly." Another person told us, "I've got no complaints, they are all very nice people, talk to you when they are passing, I have a comfortable bed."

Prior to our inspection, we received comments from a person's relative who stated that their relative had received good care when living in the service. They wanted to tell us about the caring attitude of the staff to their family member. We saw that they had also written a letter to the service thanking them for their caring and compassionate care.

Staff spoke about and to people in a compassionate manner. Staff spoke with people at their eye level and listened to what they said. We saw examples of good care during our inspection. One person refused any drinks, a staff member listed the drinks they could have and asked the person what they wanted. The person still refused a drink. The staff member returned later and chatted with the person and knelt in front of them to assist effective communication, the person then asked for a cup of tea. Another person was walking with a staff member to have their lunch, the staff member held their hand, which was instigated by the person, and the staff member spoke with them, "Shall we see what you can have? Have you been asleep after that massive breakfast?" The person laughed and chatted with the staff member. One person stubbed their toe, a nurse took swift action and spoke with the person about how they were feeling. Another staff member prepared a cold compress and applied it to the person's toe whilst chatting kindly to them. However, we saw an interaction which was not as caring. We fed this back to the regional manager, manager and deputy manager and they assured us this would be addressed.

People told us how they were supported to maintain their dignity relating to their personal care needs which reflected their choices. One person said, "I am always clean and tidy, they are hot on you having a bath." Another person said, "I have a shower. There is a nice one [staff member] who washes me." Another person commented, "The staff wash me in bed, they are lovely they are gentle and kind." One person's relative told us, "[Family member] is always clean, freshly washed…That was how [family member] has been all [their] life so that's so important."

People's independence continued to be promoted and respected. One person said, "They always ask me if I want a hand with washing, but I manage myself." We saw, that where they were able, people made their own

hot drinks.

People's privacy continued to the respected. We saw that staff knocked on bedroom doors before they entered. Some people had small gates at their bedroom door. A staff member told us that this was their choice and this ensured that other people in the service did not have access to their bedrooms.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person said relating to their choices about going to bed, "If I'm tired I just go to bed." People's relatives told us how they had contributed to the planning of people's care. One relative said, "We did have a meeting with staff when [family member] first came here, they asked about [family member], favourite food and stuff."

People's bedrooms were personalised and reflected their individuality and choices. Some bedrooms held pictures, photographs and ornaments, and others did not. We spoke with one person's relative who told us that they preferred their bedroom as it was. They said, "It's lovely for [family member] here, it's cosy, small. [Family member's] room is quite plain but [family member] actually likes that."

People were supported to maintain relationships with friends and family who were important to them. There were areas in the service where people could entertain their visitors, in private if they wished. One person's relative said, "When we visit they tend to leave us alone." Another relative said, "They always make us a cup of tea when we visit." People's relatives told us that they were kept updated with important information about their family members. One relative commented, "The nurses are particularly good at communicating with us. We are always made welcome."

Good

Is the service responsive?

Our findings

At our last inspection of 24 March 2016 this key question was rated Good. At this inspection we found that the key question for responsive remained Good.

People told us that they were satisfied with the care and support they were provided with and the staff were responsive to their needs. One person said, "I am being looked after here." One person's relative said, "I think it's really good care."

People's needs and preferences continued to be assessed, planned for and met. Care plans included guidance for staff about how people's needs were met. The records included information about people's conditions, including dementia and diabetes, and how they affected them in their daily living. There were systems in place to support people with their behaviours that may be challenging to others. This included guidance for staff on the possible triggers to people's distress and how they could effectively support them. However, records of the support staff had provided to people during and following their distress varied in quality. Some detailed the behaviours and the actual support provided, whilst some were not as detailed. For example, a staff member had written, "Reassurance given," but it was not clear what type of reassurance this was. We fed this back to the management team and they said they would address this.

People's care records demonstrated that they had been involved in their care planning. The documents included people's preferences including how they wanted to be cared for, their usual routines and their preferred form of address. The records included information about people's dreams and wishes. In one person's records we saw that the staff had organised for their dream to come true to go to an Elvis holiday. Another person had received a visit from a famous entertainer, following staff writing to the entertainer's assistant to say that they had not been able to get tickets to see them perform.

There were examples of how the service provided people with personalised care. Discussions with staff, and our observations showed how they had responded to a person's needs in an inventive way. The staff had contributed to discussions with each other and the person to assist the person when they repeated themselves to ensure that a consistent response from staff supported their wellbeing. We spoke with the person who told us that they were happy with this approach. Discussions with the deputy manager identified that the service had sought advice from the GP when a person was often sleeping at the time they were prescribed their medicines. As a result, they had gained agreement from the GP for the person to have their medicines later in the day. This identified that the service had responded to the person's needs and preferences. During the medicines lunchtime round, we saw that the staff member responsible had a red tabard on which was printed that they were administering medicines, indicating they were not to be disturbed. They did not wear this in one area of the service and explained to us that one person did not like it so they did not wear it in this area.

The manager told us about the activities available for people using the service, including in the service and accessing the community, such as shopping and visits to the seaside. They had recognised that they could do more in this area and had plans to improve. The manager had experience of working with people living

with dementia and had introduced and had plans for more improvements in the service. We saw a notice on the staff notice board which asked staff to sign if they were available to assist in a planned trip to a coastal town.

We received mixed views from people and relatives about the activities and stimulation provided in the service. Some people said that there were plenty of opportunities to participate in activities. One person said, "They want you to not be on your own." Another person said, "I don't do a lot, no not a lot. I haven't got much energy, I sometimes go for a walk around the grounds. There are things to do if you want it, but they don't force you." Another person commented that the staff did not talk with them as they were too busy. One person's relative said, "There is an activities [staff member] and they do things, this afternoon they have animals coming." Another relative commented, "I don't think they have enough activities, maybe they don't have enough money. They do nails and have a breakfast club." Another relative told us, "[Family member] can't do much... [Family member] seems to be happy. They [staff] did take him to the football which was amazing, [family member] has a rapport with a member of staff and [they] arranged it."

We saw people participating in activities during the day including a breakfast club where people sat together, chatted and had breakfast. We saw a person talking with a staff member about how they had enjoyed this and described their breakfast as, "Delicious." In the afternoon, a range of animals were brought into the service, including a snake, hedgehog and chinchilla. The majority of people attended and were clearly interested and stimulated by the animals. Two animals were taken into the bedroom of a person who remained in bed. Prior to the activity, a person told us about their love of animals and how they were looking forward to the activity, "The animals are coming today."

There was a sensory room in the service which people could use as they chose to. We saw a programme of activities and photographs of people smiling when they were participating in these.

People told us that they knew how to make a complaint. One person's relative said, "We have no cause for complaint." There was a complaints procedure in place and information posted in the service about how people could raise a complaint. The minutes of meetings attended by people and relatives showed that they were advised of the complaints procedure and how these were used to improve the service. Records of complaints showed that they were investigated and used to drive improvement in the service. This included discussing complaints received in staff meetings and how the risks of the reported incidents happening in the future.

People's care records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated, where they wanted to be cared for at the end of their life, who they wanted to be notified and any funeral arrangements they had made. The manager understood their role and responsibilities relating to providing people with good quality care at the end of their life. This included the use of pre-emptive medicines to reduce the risks of people being in pain.

Good

Is the service well-led?

Our findings

At our last inspection of 24 March 2016 this key question was rated Good. At this inspection we found that the key question for well-led remained Good.

There was not 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. There was a new manager in the service since February 2018. They were in the process of applying to register with the Care Quality Commission. The manager told us that they felt supported by their line manager and the provider. The manager was supported by a deputy manager.

People and relatives were asked for their views on the service and these were valued and acted on. The minutes of meetings attended by people using the service and relatives showed that they were kept updated with any changes and made choices about activities provided in the service, such as the flowers they wanted planted in the garden. People and visitors could share their views, anonymously if preferred, in the service's suggestion box. Records identified that this was checked weekly, no comments had been recently received. People also completed satisfaction surveys, these were analysed and actions taken as a result of people's comments, including improvements in the activities provision.

Staff told us that they were happy working in the service. The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service. The minutes of a meeting held in May 2018 identified that the staff were kept updated with the expectations of their role, including ensuring fluid and cream charts were completed. As part of the meetings agenda, regular policy highlights were discussed at each meeting, harassment and whistleblowing was discussed at this meeting. Whistleblowing is the reporting of bad practice.

The manager continued to undertake a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety, infection control, and care records. These audits supported the registered manager in identifying shortfalls which needed to be addressed. Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening. During our inspection we saw that the regional manager arrived to undertake their regular compliance visits. These were used to check that the service was meeting the requirements to provide people with good quality care. Where shortfalls were identified action, plans were put in place to address these.

Since March 2018 the service was transferring people's care records onto an electronic system. This was being piloted in the service and the comments from staff about the system and any improvements were listened to and further improve.

The manager told us how they were working to improve links with the local community. This included

services in the community, such as a local transport company. The manager said that they had sourced the company, who were knowledgeable about people living with dementia, and they now used these as a preferred service.

The service had kept up to date with changes in legislation and the care industry. There was a notice in the service advising staff in changes in how records were kept, all staff were required to attend training in this subject. A staff member told us about the changes and what the service had done to meet with the legislation.