

Sanctuary Care Limited

# Time Court Residential and Nursing Home

## Inspection report

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22 May 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Time Court Residential and Nursing Home is a care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 56 people.

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

People's care, treatment and support promoted a good quality of life. Assessments had taken account of people choices. People were supported to access the healthcare services they needed. There were arrangements to ensure that people's nutritional needs were met. People's dietary requirements, likes and dislikes were assessed and known to staff. However, the environment was not fully adapted to meet the specific needs of people with dementia. We have made a recommendation for the service to seek advice regarding this. 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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were protected from abuse and avoidable harm. Staff understood different types of abuse, which meant they could spot the signs of abuse and report accurately to relevant authorities. There were also effective systems and processes in place to minimise risks to people. Each person's care plan had several risk assessments and measures to reduce risk. People told us they received their medicines on time and as prescribed.

People were supported and treated with dignity and respect. They were involved as partners in their care. People and their relatives confirmed that staff were kind and caring. They were supported to maintain their independence. Their care records contained information about their choices and independence. People's care plans recorded and addressed their specific needs in relation to equality and diversity issues. However, we found the food menu did not fully cater for different cultures and cuisines. There was evidence the service was working to address this.

The service planned personalised care that met people's needs, preferences and interests. People's records set out their preferences and addressed their individual nutritional needs and risks. There was a programme of activities organised by the service. People attended a variety of activities, which they enjoyed. However, people told us outdoor activities were limited. The service was working to improve opportunities for outdoor activities. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

Methods of monitoring the quality of the service were in place. There was an ongoing effort to improve the service. Regular checks and audits had been carried out in areas related to maintenance of the premises,

health and safety, medicines management, infection control and management of accidents and incidents. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection:

The last rating for this service was Good (published 25 November 2016).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring 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 ●

# Time Court Residential and Nursing 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 Care Act 2014.

### Inspection team

This comprehensive inspection took place on 22 May 2019 and was unannounced. The inspection team consisted of one inspector, a nurse specialist 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.

### Service and service type

Time Court Residential and Nursing Home 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 service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced.

## What we did before the inspection

Our inspection was informed by evidence we already held about the service. We checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House and the Information Commissioner's Office (ICO).

We asked the service to complete a Provider Information Return. 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. All this information was used to plan our inspection.

## During the inspection

We spoke with 11 people who used the service and nine relatives about their experience of the care provided. We also spoke with eight members of staff including, the registered manager, deputy manager and six staff members. We reviewed a range of records, which included eight people's care records and multiple medicines records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of harm and abuse. One person told us, "I am safe here." A relative told us, "My relative is content and safe here. I've never heard him complain." Another relative said, "It's excellent. We couldn't ask for a better place to bring him."
- The service had safeguarding policy and procedures and staff were aware of this. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.
- Staff told us they had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Each member of staff we spoke with was aware of guidelines and contact details of the local authority safeguarding team, and this information was displayed around the home.

Assessing risk, safety monitoring and management

- There were a variety of care plans and risk assessments in place to support people who may have needed further provision and help to keep them safe. There were a wide range of assessment tools and care plans in place to mitigate risk.
- One person had a pressure ulcer and there was a clear skin integrity care and treatment plan in place to address needs around medical and physical conditions that affects skin damage. There was a plan in place to treat pressure ulcers and this included re-positioning charts. There was evidence of liaison with podiatry and a tissue viability nurse.
- We noted that two skin integrity care plans were not sufficiently detailed and could have been improved by specifying how often the respective people were to be turned or how often cream should be applied to dry skin. Although this information was highlighted in the risk assessment, good practice would be for this to be copied into the care plan. This was immediately corrected by the registered manager.

Staffing and recruitment

- Staff had been recruited safely. Appropriate checks had been carried out. This included, at least two references, proof of identity and Disclosure and Barring Service checks (DBS) and a check to establish whether the potential member of staff was barred from caring for people. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- We observed staffing levels throughout the day and we could see that staff were busy but had time to support people and speak and engage with them. One person told us, "If I ring the buzzer the staff come quickly." A staff member told us, "We have enough staff to spend time with people."

## Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicines were managed consistently and safely in line with national guidance. All medicines were stored in a lockable medicine cupboard. Only authorised staff had access to the medicines.
- Medicines were managed by staff who had received the relevant training and who had undergone annual assessments of their competency. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- The MAR sheets were completed accurately and stocks we checked tallied with the balances recorded. This gave us some level of reassurance that medicines were given as prescribed and were available. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- People confirmed they received their medicines on time. One person told us, "I get my medicines regularly" and another said, "They give medicines at the right time."

## Preventing and controlling infection

- We found the premises were clean and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control. One person told us, "The staff have been excellent. The shower rooms are regularly cleaned. It's comfortable here."
- Arrangements were in place for managing waste to keep people safe. Staff wore personal protective equipment (PPE) such as gloves and aprons. They told us this was readily available to them.

## Learning lessons when things go wrong

- Accidents and incidents were monitored. There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were clear records to show how the service had managed incidents to make improvements to the service. Staff understood their duty to raise concerns and report incidents and near misses.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- People who were living with dementia did not have specific care plans outlining what the condition meant to them and how it affected them. The environment was not fully adapted to meet the specific needs of people with dementia. For example, the environment did not support reminiscence.
- There were no items of familiarity in place to support people living with dementia with orientation and to understand their environment. For example, there were no signage, dementia friendly crockery and dining equipment, contrasting handrails, toilet seats, and door frames to assist with perception of space.
- We spoke with a relative of a person with dementia. The relative showed us the room of their loved one. The door was devoid of anything helpful in the context of dementia care other than her name, room number and the name of her keyworker.

We recommend that the service seek advice and guidance from a reputable source regarding creating dementia friendly environments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started to use the service. We observed practice that reflected national best practice and guidance such as in wound and medicines management.
- The care plans set out essential background details about people, including what support was needed. Assessments of people's needs covered areas such as nutrition, moving and handling, communication, health and safety, and relevant medical conditions. This was important so that staff had a good knowledge and understanding of each person's needs.
- Staff knew each person's ability to undertake tasks related to their daily living. For example, one person had restricted mobility. There was a clear moving and handling plan in place which detailed steps to mitigate risk around falling and outlined equipment and personnel needed for safe transfer. We observed staff assisting this person as outlined in their care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- There were arrangements to ensure that people's nutritional needs were met. Their dietary requirements, likes and dislikes were assessed and known to staff. The service provided a variety of healthy foods and home-cooked meals for people to choose from. Drinks and snacks were available on request throughout the

day.

- A nutrition and hydration policy was in place to provide guidance to staff on meeting the dietary needs of people. Staff were aware of action to take if there were significant variations in people's weight. We saw correct documentation of food and fluid charts.
- Overall, the feedback from people was positive but one person told us, "Breakfast is the same every day. We have weetabix or cornflakes." We asked the person what they would like for a change and they told us, "A fry-up now and then. I would like a change every now and then." A relative told us people were supported to have enough to eat and drink. However, they added, "I would advise the service gives more opportunity for people to have a national food day so that people of different culture and nationality can have more choice."

Staff support: induction, training, skills and experience

- People were supported to have their assessed needs met by staff with the right skills and knowledge. Staff were described in complimentary terms for their skills and experience. One relative told us, "Staff are skilled. My relative [suffers from the effects of a medical condition] but staff know what to do to support my relative."
- New staff had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also confirmed they had shadowed experienced members of staff until they felt confident to provide care on their own.
- Staff had completed essential training, which covered a range of areas, including, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, health and safety, equality and diversity and infection control.
- Staff spoke positively about their line management. We evidenced that staff were supported through regular supervision and yearly appraisals of their performance.

Supporting people to live healthier lives, access healthcare services and support and working with other agencies to provide consistent, effective, timely care

- People had access to a range of community health and social care professionals when required. Referrals to the health care professionals were made in a timely way. This meant staff had current and relevant information to follow in meeting people's health needs.
- Care records included information about appointments with health and social care professionals. One person told us, "The GP comes here twice week. If it's something serious we ask them to phone the GP. I'm happy here."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw evidence where mental capacity assessments and best interests decision forms had been completed for specific decisions. Staff had received relevant training and understood the provisions of MCA and DoLS.
- People confirmed they were always asked for their consent before staff could proceed with support, which we also observed. Where possible, people, or their next of kin (where appropriate), had signed the care records to show that they had consented to their planned care, and terms and conditions of using the service.
- People had free access to all areas of the building, which showed they had independence and the freedom to move around with undue restriction on their liberty. Four people were subject to a DoLS for their safety.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service was aware of people's cultural and religious needs. People's care plans recorded and addressed their specific needs in relation to equality and diversity issues.
- People confirmed that care workers understood and addressed their religious and cultural issues. One person told us, "I go to the church service upstairs once every four weeks. A few of us are also supported by staff to attend a service at a local church."
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been considered in relevant cases. However, we found the food menu not to fully cater for different cultures and cuisines. There was evidence the service was working to address this.

Supporting people to express their views and be involved in making decisions about their care

- There were systems and processes to support people to make decisions. As stated, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care. One person told us, "I am involved in decisions about my care. Staff explain to me before they proceed with support. They look through my wardrobe and ask me what I want to wear." A relative told us, "Staff have on-going reviews. They speak with us about our relative. For example, they ordered a minibus for her hospital appointment the other day and thought to ask if one of us was coming."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. They told us that staff knocked on doors and asked for permission before entering their rooms. One person said, "Staff treat you kindly. They can't do any better than that." A relative told us, "Staff are very caring. It's the way they are with all people. They make time to speak with people. They're friendly and warm. They go over and above their duty of care."
- We observed two staff supporting one person in and out of her chair in the lounge area using a standing hoist. They handled the equipment well and were kind and patient. They reassured her when she showed signs of anxiety with the effort she was making.
- Staff maintained people's independence by supporting them to manage as many aspects of their care as they could. For example, during lunch, several people were supported to maintain their independence to eat their meals at their own pace without being rushed in any way.

- Privacy was also upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People's care plans were based on comprehensive assessments of their needs. We saw that people's specific needs in relation to needs such as communication, mobility, continence, skin integrity, and nutrition were recorded and had been addressed.
- People confirmed with us that they received care and support that was based around their own needs and preferences, which their relatives also confirmed. A relative told us, "From my family who visit often I hear that my relative is happy. Her needs are met. Recently, the GP recommended some improvements. The staff's prompt response following the GP's suggestion is impressive."
- People's support plans were regularly reviewed by staff. This helped to monitor whether support plans were up to date and reflected their current needs. This ensured any necessary changes could be identified and acted on at an early stage.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs. There was wall mounted information presented in different ways to enable people to communicate to the best of their abilities. For example, complaints procedures were written in a way that was accessible to people.

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

- People maintained personal relationships with family and friends. A relative told us, "The service is personal and they're welcoming to relatives." Throughout the inspection we observed a lively, relaxed atmosphere with several relatives visiting.
- People were supported to take part in activities that were led by their interests and preferences. A monthly programme of activities was displayed. One person told us, "I do cross stitch, sewing, and reading in my

room." A relative told us. "My relative likes bingo and dominoes. My relative goes to all the activities, which he enjoys."

- However, people told us outdoor activities were limited. A relative told us, "They don't go out much. There could be more opportunities for people to go out. They could have someone who could wheel them out for an outing in the vicinity. My relative particularly needs that. She feels restricted." Another relative said, "More outings would be good. I take my relative out occasionally, which they enjoy."
- The registered manager told us the service was in the process of purchasing a bus, which would improve opportunities for outdoor activities. We discussed with the registered manager the need to find more creative ways to improve opportunities for outdoor activities.

#### Improving care quality in response to complaints or concerns

- The service had a range of approaches to gather people's views and experiences. One of these was a complaints procedure, which people and their relatives were aware of. The procedure explained the process for reporting a complaint. One person told us, "If anything is wrong we let the manager know."
- People and their relatives felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.
- Four complaints had been raised in the last 12 months, which had been investigated and concluded satisfactorily.

#### End of life care and support

- There was documented evidence that the service had considered advance wishes and care preferences. End of life care plans were in place and included diagnosis and prognosis, next of kin contact arrangements, directives, wishes and concerns.
- An end of life policy in place. Staff knew how to manage, respect and support people's choices and wishes for their end of life care as their needs change.

## 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 the last inspection this key question was rated as Outstanding. At this inspection this key question is now rated a Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service worked towards putting people at the centre of the way care was planned and delivered. There was documented evidence that people had regular meetings with their key support workers. This gave people an opportunity to discuss aspects of their care which included managing money, relationships, physical health, mental wellbeing and motivation. Staff told us that these meetings enabled them to keep up to date with people's changing needs and ensured people were receiving care that was specific to their on-going needs.
- Whilst we were assured of a person-centred approach, the service needed to develop more creative ways for supporting people living with dementia. The registered manager told us plans were underway to adapt the existing environment so that it was suited to the specific needs of people with dementia.
- There was an open culture within the service. Staff told us that they could raise any issues at team meetings and felt confident and supported in doing so. The service also sought feedback from people, people's relatives and staff, which it acted on.

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

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events. One person told us, "We can't fault anything in here. It's a very good service and there's the openness of the manager." A relative told us, "When our loved one had an accident, they took a picture of the wound and shared it with us to keep us informed."

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

- The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.
- There were clear management structures in place. The registered manager was supported by the clinical services manager and a team leader. Staff were clear about their own roles and those of the managers. They

were aware of their responsibilities and the reporting structures in place, including within hours and out of hours. Staff spoke with pride about the people they cared for and celebrated their achievements. All staff we spoke with told us 'the manager is lovely'. One staff said: 'A very good leader and an excellent manager.'

- We found the registered manager to be passionate and dedicated to providing quality care. She was knowledgeable about issues and priorities relating to the quality and future of the service. People described the registered manager and the service in complementary terms. They told us, "The manager is very helpful and supportive", "I would recommend this place. I'm happy with everything" and "I can't praise the place highly enough. It's warm, welcoming and relaxed place."

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

- People receiving care, their relatives, staff, health and social care professionals were engaged and involved in the way the service was run. There were a range of data gathering systems and processes for the purposes of improving the service. These included, regular surveys, 'residents and relatives' meetings, review meetings, and a complaints system.

- People told us they were involved in their care. One person told us, "One of my relatives has Power of Attorney, but the service always ensures my whole family is involved." Another person said, "I attend meetings. I make sure whatever I say is implemented. I remind them. I speak to the supervisor, even to the chef if it's to do with food. We talk about welfare and whatever we want to talk about. This place is very efficient."

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been fully considered in relevant cases. However, we found the canteen menu not to fully cater for different cultures and cuisines. There was evidence the service was working address this.

Continuous learning and improving care

- There was an ongoing effort to improve the service. Regular checks and audits had been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents.

Working in partnership with others

- The service worked together and with other health and social care professionals to understand and meet people's needs and to assess and plan ongoing care and support. One staff said, "We work with other professionals and organisations to promote good mental wellbeing." We could see evidence of this in records, including appointments people had with the tissue viability nurses, GP and podiatry.