Sanctuary Care Limited
Broadmeadow Court

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<th>Region:</th>
<th>West Midlands</th>
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<td>Location address:</td>
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<td>Type of service:</td>
<td>Care home service without nursing</td>
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<td>Date of Publication:</td>
<td>July 2012</td>
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<td>Overview of the service:</td>
<td>Broadmeadow Court provides accommodation with personal care for 32 older people.</td>
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Our current overall judgement

Broadmeadow Court was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 May 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We visited this service because we had received concerns about the care being provided to people. This was an unannounced visit so the service did not know we were visiting.

People we spoke with said they were happy with the support they received. Comments included: "Good staff" and, "You couldn't get anywhere better".

People were provided with choices about how they lived their lives. They chose when to get up and go to bed, how they spent their day and had choices over what they ate and drank. People were treated with respect.

People had sufficient food and drink of their choice to meet their needs. When people needed special diets these were provided. People's weight was checked and specialist health support provided when needed.

People were kept safe and staff knew how to respond to incidents of potential abuse. Staff were not always aware of issues of the Mental Capacity Act 2005.

There were adequate staff on duty to provide people with care and we noticed positive
relationships between staff and the people that live there.

We saw that people's care needs and any risks were being reviewed. We also saw that the service had systems in place to gain the views of people about their care and about how the home was run. The home had a procedure in place to act on any complaints raised.

**What we found about the standards we reviewed and how well Broadmeadow Court was meeting them**

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided.

**Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and hydration. People had a choice of meals and drinks throughout the day.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard. Systems were in place to protect people from abuse and to act any concerns raised.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider was meeting this standard. People were safeguarded against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard. Adequate staffing was provided to meet people's needs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. Systems were in place to regularly assess and monitor the quality of service that people received.

**Other information**
Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

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<td>The provider is compliant with Outcome 01: Respecting and involving people who use services</td>
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What people who use the service experienced and told us
People told us that they were involved in planning their care and supported to make decisions about their lifestyle. They said that they had choices, for example about the time they got up and went to bed, what they wore and how they spent their time. They told us that they could decide where they spent their time, had choices over their meals and where they ate them. One person said, "I always sit in the lounge and I've got a few friends". Another person told us that they chose to spend most of their time in their bedroom.

We had received a concern that people were having to get up early. We spoke to some people and to staff and although some people did get up early there was no indication that this wasn't their choice. Everyone we spoke with said they could get up when they wanted. People told us that they could stay in bed if they wanted to. One person said, "I get up at seven and this suits me". There was one person when we visited who chose to get up at 10am.

We saw evidence that people were involved in planning their care. Plans of care included information about how they liked their care providing, their food preferences and the activities they liked to do. We saw that plans of care were signed by the person concerned.
People told us that the staff showed them respect, that they were treated with dignity and their privacy was promoted. We observed that staff spoke with people in a respectful manner. We also observed that people were suitably dressed and that they received hair and nail care. Staff told us how they made sure that people's privacy was promoted when supporting them with personal care.

Other evidence
We spoke to three of the staff. All of them were aware of people's needs and could tell us about how they liked their care providing. For example when we asked staff about specific people they could describe the times they liked to get up, their morning routine, the time they liked to go to bed and how and where they liked to spend their time.

Our judgement
The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided.
Outcome 05: Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of meals.

People we spoke with were satisfied with the quality of the food they received. One person told us that the food was "alright" and that there was plenty to eat. They said that if you didn't like something you could have an alternative. This person said that they preferred puddings so often had two. Another person told us they were "quite satisfied" with the food and drink and said "I have lots of drinks when I want".

We pathway tracked two people living at the home. This means that we looked in detail at their care records and spoke with staff and the person concerned if possible about their care needs and the support they received. This helps us to decide if the service is meeting the essential standards of quality and care.

We identified that people had an assessment of their nutritional needs that was reviewed every month. When people were assessed as being at risk a plan of care was in place to show staff the support they needed to have their nutritional needs met. The plans identified a regime for weighing to check people's weight and we saw that this was completed. One person told us that they were weighed every week and was putting on weight. We also saw that where needed a food and fluid chart was being completed. This made sure that the amount of people ate and drank was recorded to monitor whether they were receiving enough food and drink. We also saw that when people were identified as needing support with food and drink this aspect of care was always commented upon in the daily records. This meant that staff were aware that
people needed support and were keeping a check on their food and fluid intake.

We observed that records included information about any special diets people may need and that people were asked about their food preferences.

People were offered a choice of food and we saw a daily menu was available for people. The manager may find it useful to note that menus could be presented in a more easy read format for example in larger writing and in pictures. This may help people to understand the choices better.

We saw that people were offered suitable portions and had the chance to have more if they wished. Some people at the home found it difficult to sit for long periods to have a meal or to use cutlery. The home provided a range of finger foods that could be eaten easily by these people. This made sure that these people had the opportunity to have plenty to eat.

Drinks were readily available to people. Drinks were provided at every meal and at time between meals and before breakfast.

Other evidence
We spoke with the catering staff at the home and they were able to tell us about the people that required special diets and about foods that specific people enjoyed or did not like. They confirmed that people always had a choice including people receiving special diets. They also said that they would try and cook anything a person requested even if it was not on the menu. They confirmed that when a new person moved to the home they would go and meet them and talk about the foods they liked.

We also saw evidence that the cook attended resident meetings to gain their views about the food and to ask for suggestions for the menus.

Our judgement
The provider was meeting this standard. People were protected from the risks of inadequate nutrition and hydration. People had a choice of meals and drinks throughout the day.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We had received a concern over the way some of the staff spoke with the people that lived there.

People we spoke with were happy with the support they received. One person commented, "Quite happy with things. Couldn't get anywhere better" and, "There's no unfriendliness". Someone also commented, "The staff are very nice".

We spent some time observing in the lounge and in other communal areas how the staff spoke with the people that lived there. We saw that staff spoke with people in a friendly and respectful manner. We observed there was a relaxed atmosphere.

Other evidence
Staff we spoke with told us that they had received training in safeguarding adults. They could describe the potential signs of abuse and all said they would tell a senior staff member if they had any concerns. They were also aware of the need to make sure that people were kept safe and that their rights and choices were promoted.

We checked the training records and saw that a number of staff required updated training in safeguarding and some staff had not yet received training in the Mental Capacity Act 2005. However most of the staff we spoke to were aware of the provisions of the Mental Capacity Act 2005. The manager told us that she was aware that this training was required and had started to address this with the provider.
The home was looking after some people's money. Sampling confirmed that suitable records were kept of expenditure and receipts were kept. The monies checked corresponded with the records. There was a system in place to monitor and check the accuracy of the record keeping. This system would make sure that people's money was protected and any errors quickly identified.

**Our judgement**
The provider was meeting this standard. Systems were in place to protect people from abuse and to act any concerns raised.
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We did not speak to people specifically about their medication however people told us they were happy with the care they received.

Medication was being stored appropriately and the temperature of the medication fridge was being checked daily. The storage, administration and recording of controlled drugs was being completed correctly. There were always two signatures when controlled drugs were administered and checked.

As part of pathway tracking we looked in detail at the arrangements in place for two people to be supported to have their medication. We confirmed that people had a plan of care identifying the support they needed to have their medication. This included a list of their current medication. Medication protocols were in place to support medication that was given 'as required'. This would ensure that such medication was provided by staff in a consistent manner.

An examination of a sample of medication administration records for the people we pathways tracked showed them to be correct and where medication was not administered a record was kept of the reason for this. The service informed us that as part of their auditing system of medication they had identified occasions when the medication record had not been signed. We saw that where this had occurred the service had taken actions to address this. For example this was discussed with staff and retraining took place as well as increased monitoring.
Other evidence
We spoke with two of the staff that administered medication. They confirmed they had been trained and undertook an annual competency check. This was confirmed by the training records we saw.

Both staff were able to describe to us the medication administration process they undertook and the checks they made to make sure that people received their medication correctly.

We saw evidence that the service was undertaking regular medication audits and when issues arose plans were put in place to address them.

Our judgement
The provider was meeting this standard. People were safeguarded against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.
Outcome 13:
Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We had received a concern about the staffing levels at the home. People we spoke with said they were happy with the staffing. They said that the staff came to them when they rang their nurse call bell.

On the day we visited there were four care staff on duty as well as the manager, the activity co-ordinator and domestic and catering staff. We observed that staff were available to people and when the nurse call bell sounded people did not wait long for a response. We spent some time in the lounge and observed that there were positive relationships between staff and residents. Staff had time to talk with people. We observed that a group of residents were chatting with the activity co-ordinator whilst some people were knitting.

At lunchtime we observed that people were supported to sit at the table and, where needed, supported to eat their meals. Some people chose to eat in their bedroom and their meals were taken to them around the same time as people ate in the dining area.

The manager told us that two staff were provided overnight. This was a quite recent reduction by the provider from three staff. The manager assured us that this was sufficient to meet the needs of the people living there. She stated that there was always a senior staff member on call if needed. The manager confirmed that there was no one at the home that needed two staff for personal care or support to move and that there was no one that needed turning during the night. She said that the current staffing level was sufficient to make sure that people had checks throughout the night.
and be provided with any personal support needed. The manager confirmed that she had worked a night shift and although it was busy staff were able to respond to people’s needs.

**Other evidence**
We talked to some of the staff and they confirmed that they received a range of training. They stated that they were due to receive further training in dementia care in the near future. A high percentage of staff had a recognised qualification.

Most of the staff had worked at the home for a significant length of time and there was a very low turnover of staff.

The manager told us that accident records did not indicate that there had been any increase in falls at night since the change in staffing.

The provider confirmed that the level of staffing was based on national guidance taking into account the needs of the people living there. If extra staffing was required due to people’s changed needs this would be provided. The manager confirmed that the response times to the nurse call bells were computerised and that monitoring showed that most calls were responded to within two minutes. She said that if the response time was longer than three minutes she invesitigated the reasons. The provider might find it useful to note that there was no formal monitoring system in place to check the adequacy of the night staffing levels. This could mean that if people’s needs were not being met it may not be picked up promptly.

**Our judgement**
The provider was meeting this standard. Adequate staffing was provided to meet people’s needs.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People told us that they were involved in decisions about their care. We also saw evidence that plans and risk assessments were evaluated every month and that annual reviews took place that included the person and other significant people including relatives if appropriate.

We saw that people's views about the home were sought both through residents' meetings and through annual surveys. Copies of meetings attended by people that lived at the home showed that discussions took place about the activities people wanted to do and sought their views on the meals provided and asked for menu ideas.

Other evidence
We saw evidence that the service was undertaking checks on the care it provided. Both internal and external audits took place. These included regular audits on medication, fire safety and some care practices.

We saw evidence that the service was completing and reviewing risk assessments. Falls risk assessments were completed and updated where necessary. We saw that the home was keeping a record of accidents and incidents and had a system to review these. This showed that the service was learning from incidents and improving the service for people.

The service had a complaints procedure that was provided to all people and their relatives. This was displayed in the entrance hall. There had been no recent
complaints.

Our judgement
The provider was meeting this standard. Systems were in place to regularly assess and monitor the quality of service that people received.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety.*

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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<td>Author</td>
<td>Care Quality Commission</td>
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Care Quality Commission

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