

Sanctuary Care Limited

# High Peak Residential and Nursing Home

## Inspection report

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## 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

### About the service

High Peak Residential and Nursing Home is a care home providing personal care to up to 33 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 25 people using the service.

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

High Peak Residential and Nursing Home was an organised and well run service that had an open and transparent culture. The registered manager was clear about how the service should be provided and they led by example.

Staff were caring and treated people with kindness and respect. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of incidents reoccurring.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored and disposed of safely.

People were supported by staff who completed an induction, received appropriate training and support to enable them to carry out their role safely. There was time for people to have social interaction and staff carried out activities to assist people.

Staff knew how to keep people safe from harm. The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced. Infection control measures were safe. Steps were taken to learn lessons if things went wrong.

The registered manager provided good leadership and clear direction. Staff felt supported and were confident people received good care. Systems and processes for monitoring quality and safety were effective.

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 and update

The provider had made a change to their registration since the last inspection. This is the first inspection under the providers new registration. The last rating for this service was good (published 05 December 2018). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for High Peak Residential and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 effective.

Details are in our effective findings below.

Good ●

### 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 ●

# High Peak 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

High Peak Residential and 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.

#### Registered Manager

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

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

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection visits

We spoke with 6 people who used the service and two family members about their experience of the care provided. We spoke with 12 members of staff including the registered manager, regional managers, care staff, maintenance staff, administration staff and catering staff.

We looked at a range of records. These included 4 people's records related to their care and support and a variety of people's medicine administration records. We looked at recruitment records for 4 staff members employed since the last inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed appropriately.
- Care monitoring records for people had been completed to show they had received the care and support they needed to minimise the risk of harm.
- Care records contained information that was person-centred. This included a life story and people's preferences when receiving care. Staff could easily access care records and had a clear and concise understanding of the person they were caring for.
- People told us they felt safe living in the home and would report any concerns about their safety to care staff of registered manager. People's family members told us that they had no concerns about people's safety.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- The systems in place protected people from the risk of abuse.
- Staff had received safeguarding training and were aware of the signs of abuse. They understood what to do if they had any safeguarding concerns. This included how to raise a safeguarding concern and how to use the providers whistle blowing procedure.
- The provider had robust accident, incident and safeguarding procedures in place. Staff completed the relevant reports, investigations took place when necessary and lessons were learnt and shared with staff.

### Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented to help minimise the risk of further occurrences. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment.
- Staff were able to explain the reporting process they followed to report an incident or accident via the service's electronic care planning system.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.

### Using medicines safely

- Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with current guidance.

- People had medication risk assessments in place and staff were familiar with individual medication administration procedures.
- Staff received regular medication training and competency checks. Routine medication audits were completed.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care settings.

#### Preventing and controlling infection

- There were safe systems to manage and monitor the prevention and control of infection including COVID-19.
- Staff were provided with infection prevention and control (IPC) training and kept up to date with any changes to national guidance.
- Cleaning schedules and checklists were in place for all areas of the service and equipment used and staff signed the records on completing the required task.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- Care plans included information about people's preferences and choices, and when a person's needs changed their care plan was updated.
- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support received.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills, knowledge and experience. Staff were confident in asking for extra support or training if they felt they needed it.
- Staff told us they felt supported in their roles and received regular supervision.
- Staff told us they had access to training and received regular supervisions. One staff member said, "I can have any additional training and [name] will listen to me and find best way to support me to complete the training."

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

- People were supported to maintain a balanced diet.
- Catering staff knew about people's special dietary requirements, for example, people who required their food to be modified or have low sugar foods.
- People were offered a good choice of food and drink.
- People had a choice of eating in their rooms, on single tables or joining each other around the table in the dining rooms. People were given multiple choice of meals and they could choose which they would prefer. There was a choice of non alcoholic drinks to accompany meals.
- During the inspection we observed positive mealtime experiences and people felt comfortable and were never left waiting for food or drinks. Staff were attentive to people's requests and spent time assisting and engaging with at mealtimes.

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

- Staff monitored people's health and involved healthcare professionals where required. During our visit a GP attended the service to complete a home round with residents for individual reviews.

- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and wellbeing. Records showed people were seen regularly by doctors, district nurses and other health professionals.

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

- The home was adapted and designed to meet people's needs.
- People had access to aids and adaptations to help with their mobility and independence. This included handrails, ramps and adapted bathrooms.
- The provider was periodically redecorating the home and making alternations to improve the outside areas.
- People had a choice of communal areas where they could spend their time including a safe and accessible outdoor space.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had the capacity to make decisions about their care and treatment.
- Managers and staff completed training in the MCA and understood its principles. They always sought appropriate consent before carrying out any care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were caring, friendly and always took time to speak with them and ask how they were. Staff had formed positive and caring relationships with people and knew them well.
  - The provider aimed to ensure people received care from a consistent team of staff. Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.
  - People and family members told us they were given the opportunity to share their views about the care they received.
  - Regular review meetings were held with people and family members to discuss care and obtain people's views.
  - We observed positive interactions between people and staff, staff were seen offering people choices and options.
  - Staff told us they supported people to make their own decisions. One staff member said, "We ask them if they can do things for themselves and leave them if they don't want us there and we ask if they want their own space. Choose their own clothing, giving option of dinners."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- People told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. People told us they felt staff were patient and listened to them at all times.
- Staff understood the importance of maintaining people's confidentiality and we observed staff respecting people's personal space. Staff knocked on bedroom doors before entering and used the person's preferred name.
- People were clear about the level of independence they had when being supported with personal care. Care plans reflected people's individual needs and abilities showing what they could achieve independently.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.
- People's care records were stored and maintained confidentially within the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided care and support that met people's individual needs.
- Each person had a person-centred care plan which contained specific information on how they wished their needs were to be met. Staff knew what was important to people and followed the guidance from their care plans.

Meeting people's communication needs

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

- Care plans contained information about people's communication needs which were established through the initial assessment.
- Each person's care plan contained information on how they communicated their care and support needs and choices.

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 were encouraged to get involved in a variety of activities to meet their needs.
- People were offered a range of activities and opportunities to socialise. These included foot soaks and bingo.

Improving care quality in response to complaints or concerns

- Complaints were acknowledged and responded to and used to improve people's experiences.
- The provider had a complaints policy which they shared with people and relevant others. Where complaints had been raised, they had been responded to efficiently.
- Staff told us that the service had a culture of open and honest discussions, so any issues were dealt with immediately. One staff member said, "The manager is available anytime and we speak through any issues or anything we are not sure about. [Name] and deputy are always available."

End of life care and support

- People and were supported to make decisions and plan their preferences for end of life care if they

wished and family members were involved where this was appropriate.

- At the time of our inspection no one was receiving end of life care. The registered manager said they worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life experience surrounded by the people they wish to be by their side.
- Staff had completed end of life training and there was an end of life policy to ensure staff could support people with their end of life care wishes and needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to their role and aimed to achieve high quality care for people alongside a dedicated staff team.
- The home had a positive culture that promoted people's choice and independence. People praised the atmosphere at the home and the approach from the registered manager and staff members.
- People, their family members and staff told us they had confidence in the leadership at the service. All of the feedback we received about the registered manager and the provider was positive.
- Staff described the registered manager and the provider as approachable and open. One staff member told us, "The manager and [names] are very approachable and will try to help no matter what the circumstances."
- We saw examples of how learning from audits and checks had been shared with the staff team in a positive manner with the aim of developing and improving the service provided.
- Staff meetings took place regularly; staff told us they were able to share their views and that the registered managers door was always open for any discussions.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented on their positive working relationships with other professionals.
- Referrals were made for people to relevant professionals when required for specialist advice and support.
- There was regular contact with people and relevant others to ensure consistency of care for people.

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 provider maintained effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices. One health professional told us, "Very open relationship with [name] and we speak candidly about things."
- The provider understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
- The registered manager and nursing staff met daily to discuss changes made to people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality

- The provider had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service.
- The registered manager and provider were committed to the continuous development of the service. They assessed the quality of the service to drive additional improvements. They included regular reviews of people's care and regular observations of staffing numbers and audits.
- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- People's family members told us they felt involved in care planning and were reassured by open and ongoing communication from the registered manager and provider.