

Sanctuary Home Care Limited

Sanctuary Supported Living (Oleander House)

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

Our inspection took place on 2 and 3 May 2017 and was announced. This was the locations first inspection since they registered with us.

Oleander House provides personal care to people with a learning disability, Physical disability or mental health difficulties within a supported living environment. At the time of our inspection the service was providing the regulated activity of personal care to 11 people.

There was 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.

People felt safe. Staff knew how to recognise the signs of potential abuse and how to report it. People were supported by sufficient numbers of staff who had been recruited safely. Risks to people's health, safety and well-being were identified and managed. Staff understood how care and support should be provided in order to keep people safe. The provider had systems in place to ensure medicines were managed safely.

People were supported by staff that had the skills, knowledge and support to provide effective care. People consented to their care and support and the provider was appropriately applying the principles of the Mental Capacity Act to ensure people's rights were protected. People were supported to eat and drink sufficient amounts to maintain their health and were provided with choices. People had access to healthcare professionals when required and were supported to maintain good health.

People were supported by staff who were caring and treated people with kindness and respect. People's individual needs and preferences were understood and met by staff and people were involved as much as possible in making decisions about how their care and support was provided. The service was responsive to people's specific needs and preferences. Staff supported people in a way that maintained their privacy and dignity and promoted their independence. People were supported to maintain relationships that were important to them.

People knew how to raise a concern or complaint and the provider had a complaints process to effectively manage complaints. We saw complaints were used to make improvements to the service.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided. People and staff were encouraged to give feedback on the service and information from audits, surveys and quality checks was being used to drive improvement. Staff felt supported in their roles and understood their responsibilities. The registered manager was appropriately notifying us of events they are required to do so by law, such as allegations of abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support from staff that understood how to keep them safe. People's risks were assessed and appropriately managed.

People were supported by sufficient numbers of staff who had been recruited safely. People's medicines were safely administered and managed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and support required to carry out effective care.

People's consent to care and support was sought the provider was applying the principles of the Mental Capacity Act.

People were supported to eat and drink sufficient amounts to maintain their health and were offered choices.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with kindness and respect.

People were involved in making decisions about their care and support.

People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care and were supported by staff who understood their needs and preferences. People had access to a wide range of activities within the service and the local community.

People knew how to raise a concern or complaint and complaints were appropriately managed.

Is the service well-led?

Good ●

The service was well led.

People and staff were provided with opportunities to give feedback and this was used to make improvements to the service.

Staff understood their responsibilities and felt supported in their roles.

The registered manager had effective systems in place to monitor the quality and consistency of the service and information from checks was being used to make improvements to the service.

Sanctuary Supported Living (Oleander House)

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 was planned to check 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 inspection took place on 2 and 3 May 2017 and was announced. We gave the provider 48 hours' notice of the inspection because it was a supported living service and we needed to be sure that someone would be in. The inspection team consisted of 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We also contacted the local authority for information they held about the service. We considered this information to help us plan the inspection.

During the inspection we spoke with two people who used the service and five relatives. We also spoke with three members of staff, the deputy manager, the registered manager and a healthcare professional.

We reviewed a range of records about how people received their care and how the service was managed. We looked at three people's care records, records relating to the management and administration of medicines and two staff files. We also looked at records relating to the management of the service which included accident and incident records, compliments and complaints and quality checks. We visited four people in their own flats and carried out observations of how staff interacted with people and looked at the equipment in place to keep people safe. We also carried out observations within the services communal

areas.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe, this place is very secure and there are people here to help you". Another person said, "I like to have the staff around I feel safe". The provider was regularly seeking people's feedback with regards to their safety and was using this feedback to make improvements. We saw staff had appropriately reported concerns relating to people's safety and the registered manager was escalating these to the local authority safeguarding teams. We saw the provider had internal systems in place to safeguard people from harm or abuse, such as financial audits to reduce the risk of financial abuse. Staff understood how to use the provider's whistleblowing policy and felt confident to use this if required. This demonstrated that there were appropriate systems in place to protect people from harm and abuse.

People's individual risks were assessed, managed and regularly reviewed and staff we spoke with had a good understanding of people's risks and how to manage them. For example staff knew how to support people to safely mobilise and how to reduce the risk of pressure sores. People who required regular checks to be completed for their safety were receiving these. For example, night time observations and food and fluid intake and output. People had the appropriate equipment in place to ensure their safety, such as hoists and pressure relieving mattresses and staff had been appropriately trained to use this equipment safely. Where people had specific risks that required the use of specialist equipment the provider had produced these plans in pictorial form and these were visible in people's flats for staff to refer to. People had personalised evacuation plans to ensure they would be safely evacuated in the event of a fire. People were supported by staff who knew how to report and record accidents and incidents. Accidents and incidents were being documented and analysed to look for patterns or trends. The registered manager was taking appropriate action in response to this information to reduce the risk of incidents re-occurring. This showed that the provider had systems in place to ensure people's risks were effectively managed to keep them safe.

People were supported by sufficient numbers of staff who had been recruited safely. One relative said, "There seems to be plenty of staff". Staff we spoke with told us they felt there were sufficient staff to support people safely and meet their needs. One staff member told us there were always two members of staff available to support people who required this. We observed people were supported by appropriate numbers of staff during the inspection. For example, people were going out into the community with the required support. Staff levels were determined by people's individual levels of need and the provider had sufficient systems in place to manage staff absence. This showed us there were enough staff to meet people's needs and keep them safe.

Staff told us they had to wait for appropriate pre-employment checks to be completed before they could start working. These included References and checks with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed what staff had told us. This demonstrated the registered manager was ensuring staff were safe to work with people.

People's medicines were administered safely and as prescribed. One person said, "My medicines are locked away in a cupboard I take them to stop me having seizures, I get them on time". A relative said, "Staff give [person's name] their medicines he has never missed any doses and always seems to get it on time". We

looked at people's medicines records which confirmed what we were told. Staff we spoke with told us they had received training and had their competency checked by management to ensure they were competent to administer medicines. One staff member said, "You have to be checked at least three times before you can administer on your own". Records we looked at confirmed this. We saw there was clear guidance for staff to follow with regards to administering medicines that were to be given on an 'as and when required' basis and we saw these were regularly reviewed and updated to reflect any changes. We saw where people had refused to take their medicines at the required times this had been documented and escalated to the appropriate healthcare professionals. There were effective systems in place to ensure people's medicines were managed safely and administered as prescribed.

Is the service effective?

Our findings

People were supported by staff that were appropriately trained, knowledgeable and supported to provide effective care. One relative told us, "From what I have seen the staff are a very good team and are very competent". A healthcare professional told us, "They will always take on board any recommended training that we suggest". Staff received an induction to their role which consisted of training, competency checks and shadowing more experienced staff. Newly recruited staff were expected to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff received on-going training to ensure they were kept up to date with current legislation and best practice and also received specific training to ensure they were suitably trained to effectively meet people's specific needs. For example, training in epilepsy and diabetes. Staff told us they found the training they received useful and shared examples of how they put this into practice when working with people. Staff competency was regularly being checked and we saw appropriate action had been taken where these checks had identified concerns. Staff told us they were well supported to carry out their role and received regular one to one sessions with their manager. This demonstrated that staff had the knowledge, skills and support to carry out effective care.

People were supported by staff who sought their consent to care and support. One person said, "The staff will check if I want to have my shower". We observed staff seeking people's consent during the inspection. For example, we saw a staff member asking if a person was ready for another sip of their drink before supporting them. Staff understood the importance of gaining people's consent and told us they always sought this before providing care and support to people. One staff member said, "We ask people if they are ready and want support, we never force people to do things but instead encourage. We respect their wishes". Staff told us how they supported people who were unable to give consent verbally. For example by using pictures observing body language or facial expressions. One staff member said, "[Person] will touch your hand when they are ready for another spoonful of food".

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. We looked to see if the provider was working within the principles of the MCA and found that they were. We found that staff had received training and had an understanding of the requirements of the Mental Capacity Act. One staff member said, "If someone lacks capacity this has to be assessed and decisions have to be made in the person's best interests". Where people lacked capacity to make decisions for themselves decision specific capacity assessments had been completed and decisions were being made in people's best interest. For example, we found one person had bed rails to prevent a fall from their bed. They had been unable to consent to this decision and a best interests meeting had been held with appropriate individuals to discuss and document the decision that was being made. This meant the provider was working in ways which ensured people's rights were

protected.

People we spoke with told us they received sufficient quantities to eat and drink and were supported to make choices. One relative said, "I have no concerns about [person] having a healthy and varied diet". Staff were able to tell us about people's specific dietary requirements, such as soft diets and vegetarian diets and we saw these recorded in people's care plans and displayed in people's flats. Staff were also able to tell us about any specific adaptive equipment people required to support them to eat and drink such as beakers. We saw these pieces of equipment in place when we visited people. Where people were unable to communicate their wishes verbally we saw the provider ensured people were able to make choices by using pictorial aids or by showing people the options that were available to them. Where people were at risk of poor nutrition or hydration we saw this was being monitored to ensure people maintained good health. One person we spoke with told us about how they had been supported to lose a significant amount of weight to improve their health. They told us, "I have lost a lot of weight I feel better now and I am eating much more healthily". This demonstrated that people were supported to eat healthy diets in order to maintain good health.

People had good access to healthcare professionals when required and were supported to maintain their health. Relatives we spoke with told us they were confident their family members health was being monitored and they had good access to healthcare when required. People's care records confirmed what we were told. We saw people's records contained details of health care professional visits such as speech and language teams, dentists, GP's and learning disability nurses. Staff were following healthcare professionals advice. A healthcare professional said, "They take on recommendations from us with regards to [person]'s care". We saw staff were ensuring guidance was followed when supporting people to eat and drink to reduce the risk of choking. People were supported by staff who were monitoring their health and knew of the action they needed to take in the event a person's health or wellbeing deteriorated. People had hospital passports which had been created to give key information about people, their preferences and communication needs in the event of a hospital admission. People had access to healthcare when they needed it and appropriate advice and guidance was being followed.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The staff are lovely they are kind to me, I talk to them if I feel down about things". A relative said, "Staff are definitely caring, [person] is always treated with dignity and compassion". Another relative said, "All in all it's a good place and [person] is very well looked after and seems happy". The went onto say " [Person] seems very happy and even when he comes to visit us after a brief time we know he wants to go back which is down to the care he receives". We observed staff interacting with people in a kind, and caring manner. For example asking them if they were ok and if they wanted anything. One staff member told us, "One person will ask you sometimes to sit outside their flat, we respect this decision and understand that the person may need their own personal space. This showed that people were supported by staff who respected their choices.

People and their relatives told us they had good relationships with the staff and enjoyed spending time with them. One person said, "I get on well with the staff". A relative said, "[Person] has developed good relationships with the staff". Another relative said, "I have a really good relationship with staff and if they have any concerns they will ring me and I do the same". They went on to say, "I completely trust them with [person's] care and it has made a massive difference to our lives".

People's achievements and significant events were celebrated. One person said, "I had a birthday party". We saw the service celebrated other significant events such as annual anniversaries of moving into the service. The service had an achievement tree where people's achievements could be displayed. We saw a number of achievements displayed on the tree to include the development of new relationships and people's increased ability to live independently. We also saw a person's art work they had completed themselves displayed in the corridors. The registered manager told us they had nominated four service users for a regional learning disability award to celebrate their increased independence. This showed that the provider cared about people's achievements and wanted these to be recognised and celebrated.

People we spoke with told us they were able to make a range of choices about their care and support such as what they ate and drank, what they wore and how they would like their flats decorating. One relative said, "[Person] gets to go shopping to choose his food and then will help to prepare meals". A healthcare professional said, "I have seen the staff use pictures to enable [person] to make choices about their drinks". Staff communicated with people in ways in which they preferred or could understand. For example using pictures or objects of reference. We saw staff spoke with people at eye level and at an appropriate pace for them to understand. One relative said, "Staff are very patient with [person]". We observed staff demonstrated patience with people they were supporting and allowed them time to process information and make decisions about their care and support. Staff understood the importance of providing people with choice and control over their lives. One staff member said, "We give people choices in every aspect of their lives and we support them to do what they want to do". Peoples care plans detailed their communication requirements in respect of supporting people to make choices about their care and support. This meant people received information in a way they understood to enable them to have choice and control over the support they received.

People were supported to maintain their independence. One person said, "I need help sometimes but I can do my own breakfast and make a sandwich myself. I will also have a go at things like washing up". A relative we spoke with said, "If [person] can live away from home with such a profound disability and be happy then anyone can". We observed staff supporting people in ways that promoted their independence. For example one person was being supported to maintain the cleanliness of their flat. We saw the person was enabled to undertake the tasks they could for themselves. This person also had pictorial aids to enable them to prepare meals independently. Staff we spoke with understood the importance of promoting peoples independence and shared with us ways in which they did this. For example, one staff member told us how they attended college with a person. They said, "We are there just in case and sit somewhere discreetly". Staff had a good knowledge of the tasks people could undertake themselves and those tasks where they required support. We saw people's care plans contained this information.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person said, "The staff will close the doors and curtains when I am having personal care and they also knock on the door before they come in". We observed this during the inspection. Staff were able to tell us ways in which they would ensure people's dignity and privacy was respected. One staff member told us, "Some people are not able to tell you if they need personal care or not, like if they wear pads, so we check regularly to ensure their dignity". This demonstrated people's right to privacy and dignified care was promoted.

People we spoke with told us they were able to have family and friends visit when they liked and there were no restrictions on visits. People were also supported to visit individuals that were important to them. For example, one person told us how they visited their family member regularly. Another person was supported to access a local extra care scheme to visit friends. During the inspection we saw relatives and friends visiting people at different times of the day. This demonstrated that people were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

People were involved in the assessment and planning of their care where possible. A relative said, "I am involved in care plans and reviews we have regular meetings and they also speak with [person] as well". Another relative said, "Yes I am involved in reviews, we have them every 12 months but if I had concerns I would raise them sooner". Where people lacked the capacity to be involved in the planning and review of care appropriate individuals such as family members of healthcare professionals were involved. We saw people's care plans were presented visually. The registered manager told us this practice had been implemented to ensure people were involved as much as possible in their care planning and to give people ownership of their care plans. We looked at these care plans and found they provided information for staff to refer to about people's specific facial expressions or body language and what this might mean for them.

People were supported by staff who had a good knowledge about their needs and preferences. One relative told us, "Staff have got to know [person] well". Staff we spoke with were knowledgeable about the people they supported. They were able to tell us about people's likes, dislikes and preferences as well as their care and support needs. We saw these were reflected in people's care records. People's care records detailed their support needs and preferences and we saw these were regularly reviewed to reflect any changes in people's care and support needs or risks. Staff told us that people's changing care needs was communicated to them to ensure they were providing appropriate care and support at all times. One staff member said, "Communication is good, if something changes you get to know quickly". This demonstrated that changes to people's care and support were made in response to people's changing care needs.

People's specific needs had been considered and their environment had been adapted to ensure it was responsive to their individual needs. For example, one person enjoyed watching cars and we saw they had been provided with a room which enabled them to do this. In another example we saw a mirror had been placed at an appropriate level to enable a person to see themselves, and the table height had been adjusted to enable them to eat their meals at the dining room table.

People's requests for care and support were responded to and considered. One relative told us, "I think staff are proactive, they listen to people and they get to do what they want to do as much as possible". For example, one person who was receiving a high level of support had requested this was reduced to enable them to have time alone. We saw the registered manager was taking action to have this request explored further. In another example a person had requested to attend college. We saw the provider had taken the person to an open day and they had chosen the courses they wanted to participate in.

People had the opportunity to engage in residents meetings to enable them to be involved in the design and delivery of the service and ensure it was responsive to their needs. One person said, "I go to the residents meetings, we discuss what we want to do, If you ask them they will do it". We looked at minutes of these meetings and found they had been presented visually to enable people to understand their content. A staff member told us how people were involved in the provider's service user involvement scheme. This ensured people could have an input into the providers business plans to ensure services were responsive to people's specific needs.

People's religious or cultural needs had been assessed and people's end of life plans had been documented and developed in conjunction with them or an appropriate individual, such as a relative. People were supported to explore their sexuality and develop relationships with other people. For example one person had expressed a desire to develop a relationship and they had been appropriately supported to access dating websites and meet with people with appropriate safeguards in place.

People were supported to engage in activities which they enjoyed and follow personal interests and hobbies. One person told us about all the activities they enjoyed doing and told us they regularly engaged in them. Such as swimming, sailing, socialising and day trips. Another person said, "I like to go out and about and staff will take me". People had access to a range of activities both within the service and in the community and were given the opportunity to provide feedback about what activities they would like to participate in.

People and their relatives knew how to raise a concern and the provider had a complaints process to ensure complaints were appropriately managed. One relative said, "I have not needed to complain but I would know what to do if I had to". Another relative said, "If I have any concerns I just tell the staff and they sort it". A third relative told us they had made complaints and felt the issues had been appropriately resolved. We saw people's complaints had been appropriately investigated and responded to. For example concerns over people's care had been investigated and appropriate action taken to prevent the concerns from arising again in the future. This showed that people's complaints were listened to and addressed by the provider.

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was and told us they were a visible presence and would support practically if needed. One person said, "I know [registered manager] you can talk to her. If I have any problems I will go to her and she will sort them out". One staff member told us, "[Registered manager] will support hands on if you need them to". We observed the registered manager speaking with people throughout the day and visiting them in their own flats.

Staff told us they felt well supported by the management team and communication within the team and with the provider was good. One staff member said, "[Registered manager] is really nice, she is on top of everything, supportive, approachable and she listens to you. They are a stickler for getting things done properly". Staff we spoke with felt they were able to give their feedback on the service and felt able to make suggestions for improvement. One staff member told us how they had made a suggestion for raised planters in the garden to enable people to get involved in gardening more. We saw these were in use. Another staff member told us they had suggested the achievements tree which we saw being used at the service. This demonstrated that staff were involved in improving the quality of the service and care for people and their concerns were responded to.

The registered manager was aware of their responsibilities and we saw they had appropriately notified us of events they are required to do so by law, such as allegations of abuse.

The registered manager had systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. Information from these checks was analysed and used to drive improvement. For example reviews of care plans had identified records required updating and we saw appropriate action had been taken to ensure these were updated. Medicines audits had identified concerns with the recording of the administration of medicines and we saw appropriate action was taken such as further staff training or staff having to administer in two's. Staff told us they received feedback on audit findings and were advised on any actions that needed to be taken to make improvements through team meetings. The registered manager had sufficient systems in place to monitor the quality of the service and information from audits was used to drive improvements.

Staff were aware of the services vision and values and were demonstrating these were implemented through their practice. For example one staff member said, "The service supports people individually to maintain as much independence as possible. We take a different approach to enabling people to make their own choices and to have their voice, it is about person centred care". Another staff member said, "The service manages people's behaviours well. The environment helps and people can have more control over their own lives and more choice about how they live". We saw these values were demonstrated in the way staff interacted and supported people during the inspection and from the feedback we received from people and their relatives.

People were given the opportunity to provide feedback on the service. One relative said, "We get feedback questionnaires every few months". People we spoke with told us they attended regular residents meetings

where they were able to provide feedback on the service and put forward ideas and suggestions, such as what activities they would like to engage in. People's feedback was listened to and responded to. For example requests for day trips have been fulfilled. People and their relatives were also encouraged to complete satisfaction surveys to provide feedback on the service. We saw evidence of people receiving appropriate support to complete these where required. We looked at some completed questionnaires and saw there were positive comments about the service. The registered manager used complaints in order to make improvements to the service. For example complaints about the service or people's care were appropriately acted on. People were invited to be involved in the recruitment of staff. The registered manager told us how people were invited to ask questions and interact with candidates that had attended interview and provide their feedback as to the suitability of staff. They told us people's feedback was considered when appointing new staff. People were invited to chair residents meetings and we saw a relative had been involved in helping with the decoration of the service. This showed us that people could influence and shape the service and feedback was actively responded to.