

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Rye

Inspection report

St Bartholomew Court
2 Kiln Drive, Rye Foreign
Rye
East Sussex
TN31 7SQ

Tel: 01797330594

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11 February 2020

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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

Sanctuary Home Care Ltd - Rye is a domiciliary care service providing personal care to 13 people older people at the time of the inspection. This service provides care and support to people living in specialist 'extra care' housing. People using the service lived in a block of 55 flats within one building called St Bartholomew's in Rye. Not all people living in the flats received support from Sanctuary Home Care Ltd – Rye. Some people were supported by other domiciliary care services and others did not have care and support needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they loved the staff and support from the service. One person told us, "They are good, I would recommend them." Another said, "It's nice living here, the staff and the atmosphere."

People received care that was tailored to their needs. Activities were based around people's backgrounds, interests and passions and people were encouraged to take part. Staff had considered loneliness and encouraged the making and maintenance of relationships.

People felt safe and were supported by staff who understood safeguarding, and how to report any concerns. Risks to people's safety and wellbeing were considered and planned for. There were enough staff available to meet people's needs and planned care visits. Medicines were managed safely. Infection control was well managed. When things went wrong, lessons were learnt and staff worked with other professionals to ensure the risk of reoccurrence was reduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs and choices were assessed before they received support from the service. Current guidance and recognised tools were used to assess people's needs. Staff were supported with induction, training and supervision to ensure they had the right skills to support people. People were supported to eat and drink, as needed. People were encouraged to live healthy lives and access health care support.

People were treated with kindness and compassion. People's views about their support were important and they were encouraged to express these. People's privacy and dignity were respected. People were supported in a way that encouraged their independence.

There was a positive, person centred culture within the service. People's views of the service were sought and acted upon. Staff felt well supported by the manager and their efforts were recognised, such as through employee of the month. Staff worked in partnership with other professionals. The quality assurance framework supported the development of the service, with the identification of areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 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 ●

Sanctuary Home Care Ltd -

Rye

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

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 3 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 February 2020 and ended on 11 February 2020. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader, wellbeing and inclusion staff and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

After the inspection

We spoke with three professionals who regularly visit the service.

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 felt safe. Comments included, "I feel happy and secure and thankful, quite frankly." "They look after you properly." "It is very secure here. [Registered manager] makes sure we've got everything we need." And "If you press your buzzer, the night staff come and check on you. Even through the night you are safe, you've got them."
- Staff had training in safeguarding adults and understood types of abuse and how to raise concerns. One member of staff told us, "If you have safeguarding concerns about people living here, you've got to protect them. Raise any issues if you feel they are not right; if people are in danger of harm or at risk. Report to the team leader, protecting the welfare of people so they are not at risk of any harm." Safeguarding concerns had been reported to the local authority as required.
- Staff understood whistleblowing and there was a policy in place. Whistleblowing laws are designed to protect staff who speak up when they witness wrongdoing.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and mitigated. For example, some people could refuse support or medicines, and ways to manage this had been considered. For one person this included ensuring they were supported by female staff and leaving and trying again later if needed.
- Some people receiving a service could exhibit behaviour that challenged, such as verbal aggression. This was considered and planned for, to ensure staff knew how to best support the person in such instances, such as reminding them not to speak in a negative manner to staff.
- Risks about people's mobility was considered. The type of assistance and equipment people needed to move was considered and planned for, to ensure the safety of people and staff.
- Risks about the environment were thought about and mitigated, considering the safety of people and staff.

Staffing and recruitment

- People received their care visits when they expected. One person said, "They come at the right time."
- Staff responded to people's needs in an emergency. Each flat was equipped with emergency cords and people had pendants and bracelets they could push to alert staff. One person told us, "If you are in a bother, or don't feel very well, they come and see you." Another said, "They come quickly if the bell rings, come to see if you are alright."
- Staff were recruited using safe processes. These included proof of identity checks, references and checks

with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff had training in supporting people with their medicines and their competency to do so was assessed. Risks about staff support for giving medicines were assessed. For example, if people had history of misusing medicines this was considered and planned for.
- People were encouraged to manage their own medicines where possible. For example, one person managed their tablets and had staff support with eye drops. They told us, "They come in every night to do my eyes, so far no problems."

Preventing and controlling infection

- Infection prevention and control was well managed. Staff had training in infection control and access to personal protective equipment (PPE), such as aprons and gloves. When staff were spot checked, this included checking they had used the appropriate PPE.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Action was taken to reduce the risk of reoccurrence. For example, following a fall staff considered the placement of the person's furniture, ensured they had a way to contact staff through emergency pendants and cords. When appropriate, staff worked with other professionals such as occupational therapists to further reduce risks.
- Accidents and incidents were reviewed monthly by the registered manager to look at any themes or trends. These were recorded and logged on an electronic system. The registered manager explained that they investigated these incidents and their investigation was overseen by the area manager.

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 remained the same.

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 needs and choices were assessed before they started receiving support from the service. This included discussing their support needs with other professionals as necessary.
- People's needs were assessed using recognised tools, such as the malnutrition universal screening tool (MUST), which looks at the risk of malnutrition. This meant information about needs and risks could be easily shared with other agencies and professionals.

Staff support: induction, training, skills and experience

- People were part of the recruitment process for new staff and sometimes included on the interview panel. Staff new to the service were supported with an induction. This included shadowing an experienced member of staff. Staff could discuss what they were learning, and any areas they wished to further develop and observe. One member of staff told us, "I did four shadow shifts, morning and evening ones, to get a feel of what you do. They were good. I could ask questions, one lady said feel free to bring a notebook, they were telling me things about certain calls. Talking away and making sure I understood. I think it was enough, then you go into it and get used to it. Now I go in and know what I am doing."
- Staff were supported with training to ensure they had the right skills to support people. One person said, "They know what they are doing." Training included dementia awareness, fire and health and safety. A health and social care professional told us, "I feel staff have a good level of training, I understand that staff have received more training recently around mental health which is very positive."
- Staff were supported with regular supervision. One member of staff said, "At a one to one we talk about where I see myself in six months, where I want to go and what I want to do, looking forward. Then we will look back and forward. Any problems or issues. I can go and find [senior staff], they are always checking up on me."

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

- People were supported with the preparation of meals and drinks, as required. For example, one person needed support with meal preparation and had guidance from a professional about fortification of meals.
- When people had specific needs about their diet, such as having thickened fluids or soft food, this was known and understood by staff. Staff understood and adhered to guidance from the dietician to support people to manage their weight.
- Staff had training in food hygiene. Care plans reflected any risks about people's nutrition, their likes and dislikes and any allergies.

- People were able to purchase a lunch time meal in the dining room. Staff also facilitated a breakfast club, so people could eat this meal together.

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

- People were supported and encouraged to live healthier lives. One person told us, "When I felt not well at all, the girls were very good. They kept on at me about drinking." Another said, "They get the doctor in if you are feeling poorly. They got the district nurse when I needed her."
- Staff shared important information with health care professionals when necessary. One person told us, "I got picked up by an ambulance and he got all the information he wanted."
- We saw that when people required health support, staff acted quickly to ensure they received this in a timely way. Staff had also arranged for some health care services, such as opticians, to visit the scheme to allow people to be treated close to home.
- The registered manager had created a 'health hub' drop in for people to be able to proactively monitor their health. The local surgery had trained the registered manager to take people's temperature, blood pressure and blood glucose levels. If there were any concerns, people were encouraged to seek medical advice. For example, high blood pressure had been noted for one person. They contacted their GP and were prescribed medicine for this condition straight away. One person said, "Having the health hub has allowed me to be more aware of my health and seek help sooner when changes are noticed."
- Staff worked with health care professionals to support people. One health and social care professional told us, "The whole team at St Bartholomew's are always responsive and ready to listen to any issue and do their best to provide a remedy as soon as practicable. They have followed guidance in providing care and support to my clients and they always respond to me within a day. I know I can call them any time to discuss a client and it won't be a problem to them if I need a quick response. They always keep me updated with any new information and are always very helpful."
- The registered manager had considered how to support people in their homes as much as possible. For example, people sometimes fell and were unable to get up independently, despite not being otherwise injured. Waiting a long period for paramedic support to get up off the floor could have a negative impact on them. The registered manager had purchased a battery-operated mobile lifting chair which allowed staff to assist people from the floor. Staff had been trained in how to safely support people using the chair. She explained this had reduced the number of times paramedics needed to be called for people. She told us, "If a person is able to say they are happy for us to lift, we can use it and get them up in a matter of minutes."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had training in MCA and understood the importance of people making decisions. One member of staff told us, "People that I see can make their day to day decisions. I offer them choice, when getting dressed offer two outfits, or they might go and choose it, what they want to eat and drink and what they want to do."
- People's capacity to consent to their care and support had been considered. However, there service was

not supporting anyone who lacked capacity to make this particular decision at the time of the inspection.

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 has 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

- People were treated with kindness and care. People's comments included, "Staff are very good. Their attitude, their humanity, they care and you feel that they care." "They are very nice and helpful too." "[Relative] adores [member of staff] and says that if they wake up and see [member of staff]'s face, they feel really secure. She is so kind, they have a scream together. She is like a breath of fresh air."
- People told us they got on well with staff. One person said, "They are friendly, you can have a laugh with them and they have a serious side." Another told us, "They always have time to give you a cuddle if you want one and talk to you and that. We basically do what we want to do. Nothing seems to be too much trouble for them. Everything they do, even the new ones always have a laugh and a joke with us." And, "They do everything they can to make us happy. I don't want to live anywhere else, I'm happy where I am. Staff, even down to the youngest ones, they are still checking if there is anything else they can do for you."
- A health and social care professional told us, "I have been impressed with the high levels of care and dedication from the staff and management team at St Bartholomew's. They maintain high standards and work hard to ensure the residents needs are met safely in a respectful and dignified manner. One resident I visited to assess was very distressed upon my arrival. The carers supporting them were observed to be very compassionate, kind and calm under stressful circumstances."
- People's equality and diversity needs and choices were considered. One member of staff said, "Some ladies do not want a male to support them. We respect their decision, so we make sure they get what they want and are comfortable with. We find ways to respect their dignity." Another said, "Everybody should be treated the same, doesn't matter who you are."
- People's religious and cultural needs were recognised and supported. For example, a priest and vicar regularly came to visit people who wished, if they were unable to attend church.

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

- People were involved in making day to day decisions about their care and support. One member of staff described how people were involved in their care planning. They said, "There is a form we take into the flats first of all, go through the form, talk to them, social workers and families. They are totally involved in all of it. We have reviews every six months."
- People's views on their care were regularly sought, such as through care plan reviews. One person told us, "They come in every so often with a new care plan and I sign it. I'm very pleased, I wouldn't change it." Another said, "They come and talk about it and have a review every two months to see what's what."

[Registered manager] comes and does that."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person told us, "They knock on the door and I shout come on in."
- People were treated with dignity and respect. One person's relative told us about how they had heard staff supporting their relative whilst showering. They said, "It is so heart-warming the respect they are shown."
- People's independence was promoted. One person said, "Sometimes I think to myself I could do with a bit of a hand but I need to do it myself, but they help you when you ask them to." One member of staff told us about how one person's needs had changed since they were in hospital. They explained the importance of reminding the person so they could complete tasks themselves. Care plans informed staff about what the person could manage independently, and where they needed support.
- Staff understood confidentiality and general data protection regulation (GDPR). One member of staff told us, "I don't mention anyone else residents to another. When out in public don't talk about people. Shut door if talking about people and their needs. Don't discuss their personal and private stuff. Check who is in the room first." The registered manager had created information to explain GDPR to staff and had made this available to people using the service. Staff had training in GDPR.

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 has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Two wellbeing and inclusion staff led on activities at the service. These include group activities and spending one to one time with people. One member of wellbeing and inclusion staff told us, "There were some established groups and space for other things. First thing was to meet with people, get their feedback and their suggestions about what they wanted to do here. My job is about what they want. From there we have built up and re-established the things they did want. There were lots of gaps we could fill, so we have." . One person told us, "We've got various activities, two girls are excellent. I like bingo, colouring club, knitting club. Like most of them really but knitting and bingo are the main ones." Activities were very varied, and many had come from suggestions of requests from people. For example, a local historian had come to speak to people about the history of the site. A yoga class had been set up following a small survey about which type of exercise activity people would like to take part in.
- Staff had worked with people to identify their passions and interests and used these to plan the activities. For example, one person was passionate about poetry so staff had supported them to run a poetry class. Groups, such as the men's group, had been set up to encourage people to be more sociable. A member of staff told us, "I plan for them to take it over and take control of their group, meet together and do more. Once it properly gets going I'm going to suggest they start doing it every week and leading themselves. At the weekends I'm going to suggest they get together and watch sports, or do what they want together."
- Staff encouraged people to maintain relationships and to widen their social circles. Not all people living at the scheme received regulated support from the service, however activities were open to everyone who lived at the scheme to take part in. The registered manager had run a campaign to tackle loneliness and isolation at the scheme. This included door hangers that people could put on their front doors to show they would like to chat. Initially this was aimed at staff involvement, but the registered manager explained that people had responded to the signs too, creating friendships. One person told us about the positive impact this had on them, "I have some very good neighbours and have made some good friends here."
- A PAT (pets as therapy) dog spent time at the service, visiting people with the wellbeing and inclusion staff. We saw people interacting with him. The registered manager had looked into the positive impact that PAT animals had, improving people's well-being. People spoke positively of their experience. One person said, "Seeing Barty reminds me of when I had dogs of my own and that makes me happy."
- People were involved with various aspects of the service. For example, there was an allotment area in the large garden. Some people had created a gardening club. We saw beans, strawberries and daffodils growing in raised beds. We are told these were offered to people living in the scheme.
- Staff were constantly looking for new activities to introduce to people. For example, they had arranged for

a drum circle music activity on the day of the inspection. This was particularly considering those people living with dementia, who often enjoy musical activities. The activity was well attended and people were smiling and dancing together.

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

- People received personalised care, understanding of their different needs and equality characteristics. One person's relative told us, "It's extraordinary. Everything is tailored individually, they have been amazing. As [relative's] care needs have increased and changed, the care has changed with it." They explained that their relative could become unwell quite often and that staff had got to know the triggers for this and would closely monitor, to ensure they received the support needed. They explained how staff had worked with other professionals to get a hospital bed to allow the person to sleep propped up, reducing the risk of further health complications. A health and social care professional told us, "I have witnessed [registered manager] and her team acting meticulously in care planning and providing the right amount of support for each client. They have always involved family, carers and other professionals in planning care to meet the individual needs of my clients."
- Staff had considered how they could continue to support people, without being physically there. For example, for one person living with dementia could be anxious about their medicines. Staff had created a diary and wrote entries in it for the person to refer to, to reassure them they had taken their medicines. Another person was living with severe depression. The registered manager explained how, by working closely with the mental health team and the person they had put in a second care visit in the morning. This meant that they could leave the person and try again later if they were not willing to be supported in the first call. They said, "I think as much as a domiciliary care agency can be flexible, we are."
- The registered manager told us that if a person needed to go into hospital, they worked with professionals to try and get them admitted to the Rye Memorial Hospital for rehabilitation, which is on the same site as the service. Staff could then visit people during their allocated care visit times for social stimulation and to maintain contact between staff and the person.
- People and staff had positive relationships. One person said, "There is a very good repertoire between staff and people. I respect staff and they respect me." Another told us, "I like when people pop in to check."
- Staff understood and promoted person centred care. One member of staff described, "It's making a difference, little things you can do to help out mean a great deal to them. Just making sure that everything is about them, they need to be the centre of your attention, their safety and needs come first and are met. That call is their call." Care plans reflected how people wanted their support and gave staff guidance about what was required during the care visit.

End of life care and support

- People were encouraged to think about their wishes toward the end of their lives. For example, staff had arranged for a specialist to visit to discuss living wills.
- The needs of people and their relatives at the end of their lives had been considered. The registered manager had created a pack with useful information for people. This included information on charity support available such as Macmillan and Marie Curie, how to arrange a power of attorney and contact information for will writing companies and funeral providers.
- People's needs at the end of their lives had been considered during assessment and care planning. For example, one person had expressed their wishes not to go into hospital and had created an advanced care plan. The registered manager told us, "We will do everything in our power to keep them here until the end of their life. If people want to come back home and that is their choice, we want to do that. We just need to make sure we have the support to make it the most comfortable for that person."
- People were supported with dignity at the end of their lives. Staff told us about one person who had

passed away. Their family had been advised that they were close to the end and were able to come and be with them. Once the person passed away staff were contacted and attended to both the family and the deceased.

- No one receiving support from the service was receiving end of life care at the time of the inspection.

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's communication needs were considered during assessment and support planning. For example, large print was offered when people had sight impairments. Copies of the service's newsletter were also produced in a simpler format with a yellow background to be more accessible for people living with dementia. Information about activities included pictures.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident they could raise any concerns needed. One person told us, "I don't have problems, but could go to [registered manager]." Another said, "If I was unhappy and didn't like the carers, I would go straight to [registered manager]. If there were any problems I'd make a complaint form and give it to her to sort out." One person's relative said, "It's very good here and they are open to suggestions."
- Complaints were listened and responded to in a timely way, in accordance with the organisation's policy.

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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Notifications had not always been made to CQC as required by law. Four allegations of abuse had not been notified to us. On each occasion staff had told the local authority and worked with them to safeguard the person. This did not impact on people. And when this was raised with the registered manager they immediately sent the notifications.
- One person's relative told us, "[Registered manager] is fantastic, a really good communicator, she bends over backwards to help."
- Staff felt well supported by the registered manager. One member of staff told us, "Every morning [registered manager] walks through that door, she comes and sees what she needs to know. If you go upstairs she looks up and puts the pen down, looks at you and talks to you and has a conversation with you. She will always tell you to pull a chair up and tell you to sit down. She does not cut the conversation short because she is too busy."
- Staff were rewarded for their hard work. For example, the registered manager awarded an employee of the month. These had been awarded for staff's dedication to their work and management of their work load.
- The rating from the last inspection was displayed in the building and on the provider's website.

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

- The culture of the service was positive and person centred. Staff were proud to work at the service. One member of staff said, "I look forward to coming here." Another told us the service was about, "Keeping people as independent as possible, giving care to those that need it. Providing a caring and supportive atmosphere. Keeping people feeling comfortable. Respecting their views and their feelings. It's one of the nicest places I have worked, have been made to feel so welcome."
- The service had been awarded the Housing with Care Award for the South East. They had been invited to the finals in March 2020. This success had been reported with Sanctuary and also in the National Care Forum newsletter.
- People were involved in the service and kept up to date. For example, a newsletter was circulated monthly about the service and what was going on. This had also been produced in a 'dementia friendly' format so that all people receiving support could access the information.

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 registered manager understood their responsibilities under duty of candour. One person's relative told us, "They were on the phone to me straight away, they know they can ring me anytime of day."

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

- People and staff were engaged with the service and suggestions are taken forward. A 'you said, we did' board was displayed in the hallway showing action taken as a result of people's feedback and wishes. Examples included, a colouring club being set up and bird tables being put in the garden.
- Staff were supported with regular staff meetings. Minutes showed discussions including health and safety, medicines and safeguarding.
- Surveys had been sent out to people and staff. Results from the people survey showed that people wanted improvement in the activities offered and support, and staff had focussed on improving the range of activities and encouraging people to participate. The registered manager explained that results from the staff survey were still being collated.

Continuous learning and improving care

- Regular quality assurance checks supported the identification of areas for improvement. Checks included care plan and medicine record audits. The area manager also completed a bi-monthly audit which included speaking to people about the service and checking records and processes. Actions required were identified and actioned by the registered manager. For example, one person had recently returned from hospital and their care plan needed to be updated to reflect this.
- Checks of medicine records noted that staff were occasionally signing in the wrong box in the MAR, so this had been discussed with staff during team meetings.

Working in partnership with others

- Staff worked in partnership with other professionals. One health and social care professional told us, "We would say that since Sanctuary Homes have engaged a manger, they have become much more organised in their procedures and requests to us on behalf of their residents. The requests have been appropriate and correctly under taken." Another said, "I have always found the staff and managers to be welcoming, approachable, warm and very responsive. I have experienced very positive communications either in person, phone or by email. I will always receive an update if there is any progress I'm not aware off or concerns from those residents on my caseload or for advice. Advice and feedback is always received positively and professionally."
- Community involvement had been considered when planning activities. For example, a group of children from a local primary school visited people monthly. A scout group had come and done craft activities with people. One person said, "It is always nice to spend time with the children. I feel it makes us all feel young again."