

Sanctuary Home Care Limited

Sanctuary Supported Living (Drawbridge House)

Inspection report

Drawbridge House
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Tel: 01278457461

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14 December 2015

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on 14 December 2015. 24 hours' notice of the inspection was given because the service is small and people are often out so we wanted to be sure, people who wished to, had opportunities to talk with us. Also the service is currently being supported by a manager from another scheme and we wanted to be able to talk with them during the inspection visit.

Sanctuary Supported Living (Drawbridge House) provides personal care to people who are tenants in a communal house. The service aims to promote independence for people and is designed to be a short term home for people before they move to more independent living environments.

This is the first inspection of the service since its registration in December 2014. At the time of the inspection there were five young adults using the service.

There is no 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 and staff were not clear about the amount of hours of support allocated to each person. This meant people's care and support was not planned and delivered in a way that met their assessed needs and helped them to meet the aims of their care and support plans.

Staff were not deployed in a way that took account of people's allocated personal support hours which meant people were unable to plan their days in a structured way.

Although the provider's quality assurance systems had identified some shortfalls in the service, they had not highlighted concerns about how people's needs were being met in practice.

In the absence of a registered manager the provider had provided temporary management which had begun to address some shortfalls in the service. This would help to ensure people saw improvements in the care and support provided to them.

People told us they had been fully consulted about their care plans and risk assessments. One person told us "I got asked all about my needs when I came here and they always do the care plan with you." Care and support plans showed that all care had been discussed with people and they had signed to state they consented to the care provided. People said everything they did was their choice. One person told us "Everything is up to you."

People said they were supported by kind and caring staff. One person told us "Staff are always kind to you." Another person said "They have our best interests at heart." The staff supported people to arrange to see

health care professionals according to their individual needs. One person told us "They always remind you about appointments and help you get there."

Risks of abuse to people were minimised because the provider had a robust recruitment process that ensured new staff were thoroughly checked before they began work. Staff knew how to report concerns and were confident action would be taken to address any issues raised. There were risk assessments to help minimise risks to people when they were away from the service.

People knew how to make a complaint and told us they would be comfortable to do so. Where complaints had been made action had been taken to investigate to the satisfaction of all parties.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not totally safe.

Staff were not effectively deployed to make sure people were kept safe and had their assessed needs and preferences met.

Risks of abuse to people were minimised because all staff were thoroughly checked before they began work and staff knew how to report concerns.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Staff did not know how many hours of support each person required to meet their needs.

People were always asked for their consent before care was given.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Improvements were needed to make sure people were able to plan their care and support with a worker.

People told us staff were kind and caring.

Requires Improvement ●

Is the service responsive?

The service was not fully responsive.

People's care was not always planned and delivered in a way which met their assessed needs.

People knew how to make a complaint and said they would be comfortable to do so.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Requires Improvement ●

The provider's quality assurance systems were not effective in identifying shortfalls and making improvements to the support people received.

There was no registered manager in post but temporary arrangements had been put in place to oversee the running of the service.

Sanctuary Supported Living (Drawbridge 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 14 December 2015 and was announced. 24 hours' notice of the inspection was given because the service is small and people are often out so we wanted to be sure, people who wished to, had opportunities to talk with us. Also the service is currently being supported by a manager from another scheme and we wanted to be able to talk with them during the inspection visit. It was carried out by an adult social care inspector.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with three of the five people who used the service and four members of staff. The area manager and acting manager were available throughout the day.

We looked at a selection of records which related to individual care and the running of the home. These included two care and support plans, two staff personal files and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

Improvements were needed to make sure people and staff were clear about the amount of staff hours allocated to each person. This would help people plan their days and make full use of the one to one time allocated to them. The area manager told us each person was allocated 14 hours of core support. This was to ensure staff were always available to people to keep them safe and to make sure there was staff in the building if they needed assistance or advice. In addition to the core hours, people were allocated and paid for, additional hours according to their assessed needs. One person told us "I don't know how many hours I have." Another person said "No idea."

Care and support plans did not state how many hours per week people were assessed for and staff were unsure. For example; we asked two members of staff what hours one person received for personal support. One member of staff said they thought it was 28 per week and another said it was 40 hours. Although there was no contract in the person's care and support plan the invoices for this person stated they received seven hours per week above the core hours. Another person's invoice showed they received 10.5 hours per week which did not even cover the core hours provided to them.

Time spent with people on a one to one basis was recorded in daily records but there were no checks in place to make sure people received their allocated hours. We looked at one person's records for a week and it showed they had received 2 hours 25 minutes personal support in the week prior to the inspection. Their invoice showed they were allocated seven hours support each week. This meant that people may be paying for support they were not receiving and may not be supported in a way that met their needs.

There were no plans in place to show how personal support hours should be used and therefore no way to plan staffing levels or make sure they were sufficient to meet people's assessed needs. One person said "You have to book one to one time with the staff. They help you with appointments and things." Another person told us "I used to have a timetable but I don't anymore."

This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All three people we spoke with told us they felt safe at the service and with the staff who supported them. One said "Staff are good to you." Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed all checks had been carried out before new staff began work.

Staff told us they had received training in how to recognise and report abuse. The minutes of a recent staff meeting showed how to report safeguarding concerns had been discussed with staff. This was to make sure they were clear about the process to follow. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully

investigated and action would be taken to make sure people were safe. There was a poster in the communal lounge giving people contact details of who to contact if they had concerns. The provider has notified the local safeguarding team and police when issues have come to their attention. They have carried out full investigations in accordance with local procedures.

Care and support plans contained risks assessments which showed the measures in place to minimise risks to people. One care and support plan showed that the risks associated with personal relationships had been discussed with them and they had signed to say they understood the possible risks. Another person had a risk assessment that outlined the measures the service would take to minimise risks to other people. People who used the service had mobile phones which enabled them to contact staff at Drawbridge if they required support when they were out of the house. Staff spoken with were aware of the risk assessments and control measures in place for individuals.

On the day of the inspection staff were receiving training on the safe administration of medicines. Staff told us the training was "Interesting and informative." At the time of the inspection staff did not administer medicines to anyone. However they did prompt and supervise some people with this. Where they had prompted someone with their medicines they signed a medication administration record to show they had done so. Care and support plans contained risk assessments where people kept and administered their own medicines. One person said "They used to do my tablets but I do them now. We talked about it and it's all written down."

Is the service effective?

Our findings

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. However the lack of knowledge about people's individual personal support hours meant people did not always receive support in line with their assessed needs. People we spoke with were confused about what they could expect support with and some people did not fully understand what was expected of them. One person told us "Living here can be difficult. One minute staff do the cleaning, next minute they don't. Who knows?"

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who used the service. Training included food safety, fire safety, person centred care and understanding professional boundaries. People said they were generally happy with the support they received from staff but were not always able to plan their time. One person said "You get the support you need. I'm pretty independent but the staff are about if you want them." Staff told us they were happy with the training provided and felt it gave them the skills and knowledge they needed to support people.

Staff received regular one to one supervision with a senior member of staff. This was an opportunity for staff to discuss their work and training requirements in a confidential manner. It was also an opportunity for any poor practice to be addressed to make sure staff were working to the standard required by the provider.

People who used the service were able to make decisions about what care or treatment they received. Care and support plans showed that all care had been discussed with them and they had signed to state they consented to the care provided. People said everything they did was their choice. One person told us "Everything is up to you."

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 using the service had the mental capacity to consent to their care. Staff had received training on what to do if people lacked the capacity to make a decision and the provider had policies and procedures in place to support staff if someone lacked capacity to make a decision.

The staff supported people to arrange to see health care professionals according to their individual needs. One person told us "They always remind you about appointments and help you get there." Care and support plans contained information about appointments with healthcare professionals such as GP's and mental health workers.

People were responsible for food shopping and cooking their own meals. Staff supported and supervised

people with meal preparation where this formed part of their care plan. Some people used the main kitchen at the home but one person told us they usually cooked meals in a microwave in their room. One member of staff said "Some people need more help than others with cooking. If people use the kitchen we are always available to prompt and supervise them."

Another member of staff said "We try to advise people about healthy eating and tell them about the health benefits but they have to make up their own minds." One person told us they would like more support to learn to cook. They said "I like cooking. I think I'd like to do more."

Where there were concerns about a person's food or fluid intake staff monitored this. For example one person's care and support plan showed they needed to be weighed on a monthly basis and this was being carried out. This enabled staff to support the person to monitor their weight.

Is the service caring?

Our findings

There was a consistent staff team which enabled people to build relationships with the staff who supported them. The majority of staff had worked for the service since it began and had got to know people well. Each person who used the service had a keyworker but people told us this was not always the person who supported them with individual personal support. The care and support plans contained limited information about people's likes, hobbies or interests which meant staff did not always have information to enable them to support people with their hobbies or maintain their interests.

People's care and support plans were regularly reviewed. Some people invited friends or family to attend reviews with them. Although care and support plans were regularly reviewed and up dated there was no opportunity for people to plan how they would like to use their personal support hours. This meant it was difficult to evaluate whether the assessed level of support was meeting the person's needs and helping them to achieve the aims of their care plan. People said if they wanted personal support time they were able to choose how they wanted to spend their time and booked it with a member of staff on an ad hoc basis.

People told us they had been fully consulted about their care plans and risk assessments. One person told us "I got asked all about my needs when I came here and they always do the care plan with you." Another person said "I know all about the risk assessments. It's all been agreed with me."

People said they were supported by kind and caring staff. One person told us "Staff are always kind to you." Another person said "They have our best interests at heart." However one person told us they sometimes felt staff treated them as a child and some restrictions were placed on them because of the behaviour of other people who shared the house. We discussed this further with the person who made it clear these restrictions were connected to their tenancy and not the regulated activity of personal care.

People had formed relationships with other people sharing the house. People spent time together and some people socialised together outside the house. Interactions between the people we spoke with showed they were very comfortable with each other and had formed friendships.

People's privacy was respected and people were able to spend time alone in their personal rooms if they wished to. Each person had a key to their room and staff only entered rooms in an emergency situation. If staff entered a room using the master key they recorded this and the reason in the person's care and support plan. Staff were aware of issues of confidentiality and did not speak about people in front of other people.

Is the service responsive?

Our findings

People's care was not planned and delivered in a way that met their needs. Although people were allocated a number of individual support hours these were not planned and delivered in a way that took account of people's personal needs and preferences. Care and support plans did not clearly show how staff would support people to meet their needs through one to one staff support. Staff duty rotas did not indicate how hours were allocated to specific people. Staff did not know how many hours each person was allocated for personal support and therefore people did not always receive their assessed hours in a planned or constructive way. People said when they had one to one time with staff it was usually to talk about their care plan or to attend appointments.

People told us they were able to make choices concerning what time they got up, when they went to bed and how they spent their time. Due to the lack of forward planning and allocation of staff hours to meet people's personal support needs, people's days were largely unstructured and some found it difficult to occupy their time. One person told us "It's very boring. I wish there were more activities." Another person said "We keep talking about activities but nothing ever happens." One person's care and support plan showed they were carrying out work experience but they told us they didn't always attend. Another person's care and support plan showed that voluntary work had been discussed with them but this had not yet been put into practice.

People's care and support plans had been personalised to them and contained information about their needs. There was information about the level of support or prompting people required to meet their personal care needs. However care and support plans were disorganised and difficult to follow. Each person had information about them held in four different files which made it difficult to track people's care. For example one person had a care plan which stated they needed to be weighed each month but weight records were not kept in the same file. Staff wrote daily records which recorded the amount of time spent with each person but invoices for hours of support were kept in a different file. This could potentially place people at risk of not receiving the care and support they required.

The fact that care and support was not always planned and delivered in a way that met people's individual needs is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager told us they were looking into funding to support people to be more active and engage more positively with the local community. A member of staff said they had been made aware of some grant monies that may be available to assist people to take part in more educational and social activities. This would help to ensure people had more choices about how they spent their time.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations. Care and support plans showed that each person spent time with a member of staff when they began to use the service to make sure they had all the information they required. This included what to do in the event of a fire or other emergency and how to make a complaint.

Staff told us they encouraged people to be independent and tried to assist them to learn and develop daily living skills. One member of staff said "We help people with daily care and also try to assist them with budgeting, how to make healthy lifestyle choices and looking after their home. Obviously it's the person's decision if they choose to engage with us." Some people who used the service had pets and care and support plans showed that staff assisted people to care for these.

People were kept up to date about any changes to the service by meetings and one to one discussions with staff. Minutes of a recent meeting showed people had been made aware of changes to the management of the service and proposed changes to staffing. People had been asked if they wished to be involved in the interviewing and recruitment of a new manager and some had expressed a wish to do so.

Everyone was informed about how to make a complaint when they began to use the service. People told us they would be comfortable to make a complaint and thought they would be listened to. Where complaints had been made action had been taken to address the issues raised. One person had complained about behaviour of other people who used the service and this had been raised at a tenants meeting.

Is the service well-led?

Our findings

The registered manager had recently left employment at the service and the provider was in the process of recruiting into the post. In the interim period the service was being managed by the area manager and a registered manager from another supported living scheme owned by the same provider. This was a temporary arrangement until a new registered manager was appointed.

The temporary management had already identified some shortfalls in the service but the issue of people's allocated hours not being planned to meet their specific needs had not been identified.

Quality assurance visits by the provider had not been effective in identifying shortfalls in the service and ensuring on-going improvements for people. The provider had a quality and improvement team who visited the service to monitor quality and make recommendations for improvement. These audits looked at different areas of the service and rated them as outstanding, good, requires improvement and inadequate. From these ratings an overall rating of red, amber or green was given. The audit carried out in February 2015 gave an overall rating of red. The last audit took place in June 2015 and the rating had improved to amber.

The report from the last quality improvement visit showed the section entitled 'Personalised treatment and support' was rated as good. This section looked at the documentation contained in care and support plans but did not look at how the care plan was being put into practice on an individual level. Neither did it look at how people's allocated hours were staffed or planned to meet their individual needs. At the visit in June 2015 the provider identified some concerns regarding staffing. One area that needed to be addressed was the recruitment of a deputy manager. This post had not been filled at the time of our inspection.

There were no recorded checks of time spent with people providing personal support against hours allocated to meet their assessed needs. This could mean people did not receive their required support which could place their health and welfare at risk.

The lack of effective quality monitoring systems is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some issues had been identified by the temporary management team and staff were working to rectify these. For example issues with the disorganised care and support plans, which could lead to information about people being missed, was being addressed. People's individual risk assessments had been completed with them and these had been placed in the main care and support plan. A member of staff was working through care and support documentation to make sure out of date information was archived to avoid confusion about the support people required.

Overnight the only support available to people was a member of staff sleeping at the premises. It had been identified that this was insufficient to ensure people's security and well-being. A proposal was being put forward to have a security person at the service to ensure the safety of people and their visitors. One person said "When we get a security person it will be better."

The temporary management team shared with us their vision to improve standards of care for people and support them to lead more independent lives. Staff told us they valued the support now being provided to them. They told us until recently they had sometimes been unclear about their roles but now felt there was more direction. People using the service were also unclear about what they could expect from staff. One member of staff said "We're going through a big change but I think it feels good." Another staff member said "We are clearer about why we are here now and I hope we can start to provide some personalised care. There has always been confusion about what's expected of us but I think we are getting there."

All accidents and incidents which occurred in the home were recorded and analysed by the provider. Records seen did not show a high level of incidents relating to people who used the service.

The service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care Care and support was not planned and delivered in a way that met people's assessed needs Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance The provider did not have effective systems in place to assess, monitor and improve the quality of the services provided. Regulation 17 (2) (a)