

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Devon

Inspection report

Moreton Court Extra Care Scheme
Birdwood Crescent
Bideford
Devon
EX39 3FP

Tel: 07767165449

Date of inspection visit:

02 May 2018

09 May 2018

Date of publication:

21 June 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 2 and 9 May 2018. The inspection was announced which meant that the staff and provider were aware that we would be visiting.

Sanctuary Home Care Limited – Devon is a domiciliary care agency. It provides care and support to people living in specialist 'extra care' housing at Moreton Court Extra Care Scheme, Bideford. Both services belong to the Sanctuary group. Extra care housing is purpose-built or adapted 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. The Care Quality Commission does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Sanctuary received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There were 59 flats at the scheme and 29 people were receiving personal care. The care visit times ranged from a minimum of 15 minutes to a maximum of one hour. The frequency of care visits ranged from once a week to 28 times a week.

At our last inspection in November 2015 we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good but the caring domain had improved to Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The home had a registered manager. 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.

The registered manager and care workers delivered care and support which took into account people's individual choices and preferences. People were extremely happy and complimentary over the service and the staff that supported them. Care workers treated people with respect, dignity and compassion at all times. Meaningful relationships had been developed with the care workers who supported them. Families, friends and pets were supported as part of people's ongoing care, support and wellbeing. Two relatives said, "Absolutely marvellous here, the people, the service, the place" and "They (family members) are so happy here ..."

People were encouraged to be as independent as possible by care workers they trusted and felt safe with. Care workers supported people to lead an enhanced quality of life. People commented, "Everything is hunky dory ... staff are marvellous" and "They are very friendly and very caring". People said care workers went 'the extra mile' and that they went above and beyond what was expected of them. They gave examples of when this happened. Relatives said, "I can't say anything bad ... I love Moreton Court", "Outstanding care, I can't fault it" and "It is the perfect place sent from heaven ... we are more than satisfied ... it's the best place we could have found."

People had a regular team of care workers and liked to see familiar faces. People were kept safe and cared for by care workers who were aware of their safeguarding responsibilities. Care workers were safely recruited, trained and supervised in their work. They enjoyed their jobs, felt included and listened to in the running of the agency. People had confidence in the management of the service and the registered manager acted as a role model for the staff team. People were confident any issues would be dealt with appropriately.

People were supported by adequate staff to meet their needs. Staff had received safeguarding training and were aware how to raise concerns if they felt people were at risk of abuse or poor practice. People were treated with compassion and empathy by staff. They were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

People's views and suggestions were taken into account to improve the service. Regular feedback was sought. Health and social care professionals were involved when necessary. People knew how to make a complaint. There had been no complaints received at the service since our last inspection.

People were supported to follow their interests and take part in social activities both inside and outside of the service. People were encouraged to establish community links. People were encouraged to take part in the running of the service if they wished.

People were supported to eat and drink enough and maintain a balanced diet. Medicines were safely managed and procedures were in place, although these could be improved upon.

The provider had a range of robust quality monitoring systems in place which were used to continually review and improve the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

Respect, privacy and dignity were paramount at the service.

People, relatives and friends were encouraged to take part in the running of the service.

People regularly spoke of relatives going 'the extra mile' in their care and support.

People were treated with kindness, compassion and empathy.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sanctuary Home Care Ltd - Devon

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 was a comprehensive inspection carried out by one adult social care 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. We gave the service 24 hours' notice of the inspection visit to make sure the manager would be in.

Inspection site activity started on 1 May and ended on 11 May. The inspection was informed by feedback from questionnaires completed by a number of people using the service prior to the inspection taking place. The Care Quality Commission sent surveys to 15 people and their relatives and we received 11 replies.

We visited the office location on 2 and 9 May 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We met and spoke with the area services manager, registered manager, scheme service manager, two team leaders, the administrator and six care staff. We also received further written feedback from three care staff. We visited and spoke with four people in their own homes and two visiting relatives. We spoke by telephone to a further three people and four relatives.

We reviewed information about people's care and how the service was managed. These included: four people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

People felt safe with the service they received and the care workers who went into their homes. When one person was asked why they felt safe, they said, "If I have any issues with anything, I ring my buzzer and they give me what I need ... they are always at the end of the buzzer to help me." A relative said, "I know my (family member) is safe here ... because they are safe, it makes me feel happy."

People benefitted from being supported by staff who understood their safeguarding responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff, These contained all the information required. Care workers had been trained how to recognise abuse. They demonstrated they knew the signs to look for and how to report any concerns they might have. Two said, "All the numbers I need are on the notice board" and "I would report any concerns to my line manager ... outside agencies if I needed to." Statutory notifications showed there had been two safeguarding concerns in the last 12 months. These had been dealt with appropriately and the correct procedures followed.

People were supported to take risks to maintain their independence; measures were in place to minimise the risk whilst ensuring people had as much freedom as possible. These risks had been assessed, planned and reviewed and were recorded in the care records. Records were clear, easy to read and contained all the information required. For example, risks relating to moving and handling, nutrition, environment and medicines.

Safe recruitment practices were not always followed before new staff were employed to work with people. Within the recruitment files we looked at, it was not clear whether gaps in prospective staff's employment history had been discussed. The registered manager said these had been discussed but not recorded. It was also difficult to see from where and whom certain references had come from; these did not always correlate with the names and addresses on the employment application form. This had no impact on people as it was a record keeping issue; the registered manager took immediate action and resolved these issues by the next inspection visit. The interview process had been changed and the auditing system improved to ensure this information was appropriately recorded and checked. Three people told us they had not begun employment until all the necessary checks had been carried out. This included obtaining a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given out safely. Care staff were only allowed to handle people's medicines after they had undertaken appropriate training and competency checks. People were encouraged to look after their own medicines where possible. Two people said, "I manage my own medicines and have a routine for that. They (staff) have offered to do it but I manage to do it myself" and "I self-medicate some things but the carers give me my blister pack." We checked the medicine administration records (MAR) which had been signed for. However, improvements were needed where people had 'when needed' medicines (PRN). It was not clear what these were required for. For example, one person had three pain relieving medicines and no information to guide staff as to which pain they were to be used for. Also, where medicines had been stopped, it was not recorded on the MAR chart why this had happened and who

had crossed the medicines off the MAR. This had no impact on people as it was a record keeping issue; the registered manager took immediate action and resolved these issues by the next inspection visit

People were supported by sufficient numbers of staff to meet their needs. The core support hours of the service took place during the day. At night there was one staff member on duty to cover emergencies and 'one off' calls for all of the people living in Moreton Court. The service did not offer routine personal care at night although this could be undertaken by other agencies. One person said, "We have used the overnight care too and we have had to use the night time alert system." The registered manager was in the process of securing a further staff member to work in the evenings. They had identified they needed an extra member of staff between during the evening. When a request for accommodation and a care package was received, the registered manager assessed their staffing levels and whether the person's needs could be met at the service.

People had a regular team of care workers. People received a weekly rota of care visit times and the names of the staff member coming into their home. People appreciated having a regular team of care workers who they knew well. One person said, "I like having regular people ... they are only different when they are on holiday." Another said, "I like the same people ... same faces ... I like it." Staff stayed for the right length of time and there were never any missed visits. Occasionally people said staff may be slightly late to a visit due to an emergency elsewhere. People said, "They are usually on time and stay the proper time", "They are always on time" "If they are ever going to be late, they come and tell me" and "At first we had to adjust the times, but once done it's been fine. They always let us know if they're running late."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access any equipment needed. The service had two 'grab bags', one kept in the reception area and one in the main office. These contained all the equipment and information necessary in the event of an evacuation of the building. They were checked weekly to ensure the records were up to date. These contained: people's emergency details, first aid kit, torches, hi-vis tabards, thermal blankets; 'Business Continuity Plan' and each person's emergency evacuation plan (PEEP). People were prioritised by their needs, dependent on their individual health and mobility abilities.

Accidents and incidents were monitored and checked to identify any trends or patterns. Any action which needed to be taken was followed up on a service improvement plan and monitored until resolved.

Is the service effective?

Our findings

Staff had the experience, skills and attitudes to support the differing needs of people using the service. New staff worked alongside (shadowed) an experienced member of staff until they felt confident to work on their own. One newly employed care worker said, "I am well trained ... I had a three day induction in the training room." Care workers who had no previous care qualifications were supported by the registered manager to complete the 'Care Certificate' (introduced in April 2015 as national training in best practice).

Staff had completed the provider's required training by various methods including the internal 'learning academy', face to face by outside professionals, in-house and electronic. Staff said they were well trained; one care worker said, "I am well trained and I am going to do more training." The registered manager included learning exercises into the regular team meetings. For example, refresher medicine questionnaires and a walkthrough contingency plan for emergency evacuations.

Records confirmed staff received regular supervision and an appraisal (one to one meetings) to support their job roles. Staff also had their hands-on practice observed in spot checks and competency checks. When staff had been highlighted as requiring further supervision, supervisions were more frequent until further learning, training and competency checks had taken place successfully.

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. We checked whether the service was working within the principles of the MCA and found they were. Care workers had received training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. People had signed consent forms to record and confirm their agreement to this. People told us staff always asked their permission first before giving personal care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Care workers supported and encouraged people to maintain a balanced diet by encouraging or supporting them to have a meal of their choice and type. For those people who required staff to assist them, a nutritional risk assessment was routinely carried out and reviewed. When people were running low on food provisions, people or relatives were contacted to let them know. For example, one person had no washing up liquid which was noted. Several people completed their shopping on line and we saw food being delivered to their homes by local supermarkets.

People were supported to have access to healthcare services and ongoing healthcare support. Effective links had been made with local health and social care professionals who worked alongside the service to

ensure best practice was implemented where necessary. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the management and relevant professionals. We saw a discussion take place with an occupational therapist who the service had requested advice from. They were working together to resolve one person's mobility concerns and ensure the right equipment was in place to support the person appropriately.

Is the service caring?

Our findings

People enjoyed living at Moreton Court and being part of a 'community'. They gave many compliments about the staff. Comments included, "I get on well with them ... they are excellent ... I can't fault them", "They are very friendly and caring" and "Everything is hunky dory ... staff are marvellous." Relatives were also extremely happy with the service and also gave very positive feedback. This included, "I can't say anything bad ... I love Moreton Court", "Outstanding care, I can't fault it". One recent thank you card read, "...we would like to say a big 'thank you' to the team ... they certainly put 'CARE' at the top of their list."

People were supported by staff who were extremely kind and caring in their job roles. Staff were passionate and proud of their jobs and treated people with respect. They cared for people as individuals and showed genuine personalised care. Staff were sensitive to people's feelings and knew when they needed extra care, compassion and support. For example, one couple told us staff looked after them both and that they were "marvellous". They told us staff went 'over and above' what they needed to. One example they gave, was when the main carer of the couple needed to go to hospital for a health care appointment. Staff knew they were anxious and had concerns about leaving their family member alone for the day. Staff showed empathy and understanding and made extra, unplanned checks on the person left behind outside of the planned care visit times. They said, "Staff called in every hour to see they were safe and get them something to eat and drink ... I couldn't wish for anything better." They went on to say they have peace of mind and a good sense of wellbeing; "I know if any hiccups happen, 100 per cent they will look after (family member) if I'm away ... they will sort it out and it will be perfect ... they are wonderful and gentle in their approach." Their relative said, "It is the perfect place sent from heaven".

Another example of staff going over and above was when a relative told us how their family member had suffered a fall overnight. Their relative rang the emergency bell. Staff attended immediately and monitored their family member every hour until the morning. This was over and above what was expected of staff as the person did not have a contract for night care and the staff member did not have to do this in their job role. The relative commented, "(Family member) was okay and felt reassured by their attention." Another relative said "We have used the overnight care too and we have had to use night time alert, even though they were also not contracted for night care provision".

A relative wanted to share with us an example of the extremely understanding and 'can do' attitude of the staff. They told us how their family member had needed medication urgently prescribed by their GP for an infection. They were unable to pick it up themselves as they lived some distance away and their family members had no means of transport. They told us the care worker on duty that day did not have their car at work but was committed to helping the family. When their care shift had finished, they went home, picked up their car and collected the prescription from the pharmacy in their own time. They then took it to the person later that day. This relative said, "They (staff) are just kindness to me ... it's the best place we could have found ... it's made a difference to all our lives" and "Absolutely marvellous here, the people, the service, the place".

Staff looked after people's wellbeing and looked beyond their planned work schedule for the day. They

looked out for people during the day and not just at the care visits. If they noticed they had not seen a person for some time, they reported it to the office. For example, during staff conversation, one person had not been seen all day and they were usually seen around the building. At first, staff tried to call them on the intercom system and when there was no reply, they made an unscheduled visit to their flat to make sure they were safe from harm. A relative told us how they felt safe because staff always kept an eye out for their family member in between their visits. They said, "Staff keep an eye on my (family member) ... they tell me when they see them in the café and what he's been doing ... they watch over him."

Staff were committed, motivated and proud of their jobs. One senior staff member came in on their day off to attend a staff meeting. They lived locally and choose to attend the meeting as "it was not a big deal" to come in to work to keep up to date with people's changes. Staff were encouraged to include the organisation's five key values into their work which aimed to deliver positive outcomes for people, have high standards and respect and value the diversity of people. Two care workers commented, "It's lovely ... I love it ... it's a lovely place to work and we are like a little community here" and "Most of the people in here come from the local area ... we know them and their families and have been brought up personally knowing a lot of them." Some people had known some of the staff for many years and had seen them grow up with their families. One relative said, "(Family member) is in hospital just now and the carers have been extremely supportive ... I haven't met one member of staff that hasn't been supportive ... everything is outstanding ... I can't fault it."

People and their relatives were respected, valued and treated as individuals. Staff had developed and maintained open and honest relationships. Respect for privacy and dignity was paramount at the service. For example, one relative said staff gave "holistic care – person centred approach ... they respect (family member's) privacy and dignity, encouraging (family member) to remain independent." Another relative 'dropped in' to the office to have a chat with staff about their relative who was in hospital. They were welcomed by staff who had a friendly and cheerful approach. The relative said, "Staff really care here, it's not just a job ... (family member) loves it living here ... staff are so kind and caring." A further relative explained one situation when their family member was ill. They said, "They (staff) listen to me ... they support not just my relative but me too as I was so upset ... they have never let me down."

People felt safe, secure and cared for because help was available quickly. People said, "If I ring my buzzer they give me what I need ... they are always at the end of the buzzer" and "They get here so quickly." One relative told us how their family member had injured themselves and the call bell was pressed. They said, "I don't know how they (staff) got here so fast ... they got here instantly I think they must have got here by Concorde and it was at night too."

People mattered and staff understood who and what was important for each person. Care workers knew people's histories, life stories and backgrounds. They treated people as individuals and respected people's individual choices. People were supported to be as independent as possible. People and relatives were involved in making decisions about their care and support.

A caring attitude was key to ensuring people were put at the heart of the service. The registered manager only recruited care workers who they felt had the same values as the service. Most of the staff came from recommendations or other health or social care backgrounds. One care worker said they used to visit Moreton Court when they were working for an alternative agency. They said, "I always wanted to work here and now I do." The service had a list of applications for prospective staff waiting for a vacancy to occur.

People were encouraged to be part of the running of the service. The registered manager had recently won an internal business case to provide and install raised flower beds in the garden. This was so people who

used wheelchairs could take part in planting, growing flowers and vegetables and feel a sense of belonging to the community. They had planned for four raised beds for each of the people who used a wheelchair at the service. One person said they were looking forward to this gardening to grow vegetables for the kitchen to use.

Equality, diversity and human rights were embedded in staff practice at the service. The registered manager ensured staff understood people's individual views, preferences and choices. They had taken specialist NHS training to commit to become a 'dignity champion'. This meant they acted as a good role model by treating people with respect, particularly those people who were less able to speak up for themselves.

The service provided excellent support to people with communication needs and used innovative ways to communicate with people at the service. For example, one recent younger resident was unable to verbally communicate due to their medical condition. They were able to communicate with staff by eye contact and using picture cards. However, staff felt this person could communicate more and gain an enhanced sense of wellbeing if they used assisted technology. Staff referred this person to the speech and language therapist. They then worked with the therapist to have specific eye controlled infra-red technology which was individually designed for this person from a hospital some miles away. Staff learnt how to use and recognise the technology. This gave the person a strong sense of wellbeing and contentment whilst suffering from a life limiting illness. Staff told us it made the last months of their life fulfilled and they had helped the person to experience an excellent positive outcome at this time.

One person was unable to verbally communicate due to previous surgery. They were trialling an 'air talk' system. We saw a care worker communicating with them by this method and sign language. This meant the person and care worker both had a jolly conversation and enjoyed banter with each other. Care workers had also put together a series of information cards for this person to use when going out into the community. For example, when the person visited their GP, one card introduced him to the receptionist and showed them the time of their appointment. This meant the person was able to communicate in their chosen way and retain their independence.

The registered manager promoted a positive culture that was person-centred and open. Staff were sensitive and responsive to people's needs. Staff discussed this with people when needed in relation to personal and family support. One relative said there had been an uncomfortable situation with a family member. Staff had needed to support and protect the person from this family member as they did not wish to see them. The staff carried out their requests and put arrangements in place to prevent this family member visiting them again without consent.

Is the service responsive?

Our findings

People and their relatives were involved in developing their care and support plans from the initial assessment. Care plans were individual and personalised. They reflected people's needs, choices and routines whilst remaining as independent as possible. Care records were comprehensive, organised and easy to follow. They gave a true reflection of the care people received. For those people where money was handed over, for example shopping, accurate receipts and a record of transactions was in place.

The agency took details and requests for care packages from the local authority as well as those people seeking a private arrangement. People were added to a 'waiting list' for future rooms to become vacant. People's needs were assessed and prioritised. The registered manager said there had been three occasions in the past where they had refused to take people. This was because their needs were too complex and would not be able to be met by the model of care delivered at Moreton Court. People had a choice of care provider and the visitor's book showed a variety of care workers from other care agencies supported people on a daily basis.

The service complied with the Accessible Information Standard (AIS). They met people's individual information and communication needs in ways to achieve independence. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. People had a communication passport in their care records detailing how they communicated and any aids required.

Relatives said they were kept up to date with any changes with their family member and of any forthcoming appointments. One relative said, "They always let us know what's happening." Another relative said, "They (staff) keep me informed." One relative described the service as "very responsive". They explained how the service had been flexible when their family member had to have two operations close together. For three weeks after each operation, their family member required an increase in care visits which the service had responded to. They commented, "Anytime I want anything doing, they (staff) always do it and are reliable."

Whilst people lived in their own flats, staff encouraged them to take part in activities and entertainment in the communal areas of Moreton Court. One person told us they liked this as it prevents them being isolated in their own flats. A variety of activities took place which included: quizzes, bingo, crafts, coffee mornings and stalls where people could buy items, such as ladies and gents clothing. People joined the 'Moreton Cuckoos' which was a gardening club at the service. There was also a fair due to take part next month with a variety of stalls to raise money for the service. On our visit, the restaurant had prepared for an Indian themed supper; people were looking forward to this social event. This encouraged people to become involved in the scheme community and prevent isolation.

There were opportunities for people to raise issues, concerns and compliments. There was a comprehensive complaints policy and procedure in place. This contained all the information and contact details necessary for people to use if necessary. There was also a 'niggles' book which consisted of informal concerns where people did not wish to make a formal complaint.

People were always asked if they wished to make a formal complaint and their reply was recorded.

We looked at the two most recently made 'niggles'. The registered manager had looked at the concerns, investigated and resolved them to the person's satisfaction. The service had received eight recent compliments regarding the satisfaction of their care and staff involved. One compliment said, "Thank you for all the love and care you gave (person) care while she lived with you."

The service provided end of life care with support and guidance from local health care professionals. For as long as possible, people were able to stay in their own homes if they wished.

Is the service well-led?

Our findings

There was a new registered manager in post since the last inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They were registered with CQC in May 2017 and were responsible for the personal care delivery. They worked closely with the extra care scheme services manager who had responsibility for the housing aspect of Moreton Court.

There were comprehensive, effective and robust quality assurance systems in place to monitor the quality of care and support people received. There were clear lines of responsibility as to who undertook which audit. The registered manager completed several audit systems in place each month, such as those relating to people's satisfaction, compliance with CQC regulations, staff practice and knowledge, medicines, care records and the environment. The registered manager was supported by an area services manager who visited monthly and carried out an audit on the fundamental standards of quality and safety. The internal quality assurance team completed a yearly comprehensive audit of the service. Any deficits highlighted in any of the audits were included in a service improvement plan. This was monitored and followed up by the service and head office until all the deficits and shortfalls had been resolved and closed. For example, the service had identified a problem with the completing of medicine administration charts and had taken action to resolve this through staff supervision, meetings, training and competency checking.

People were regularly asked about their satisfaction with the service and had the opportunity to give their views about the quality of care they received. Care staff regularly gained informal feedback through meetings, chats and telephone calls. A relative commented, "(Family member) regularly gets asked for feedback ... includes checking of timeliness and care etc." A yearly survey was sent out to people and their relatives to gain their opinions of the service. The last one was sent in August 2017 and one was about to be released for this year. The responses were collated and analysed. The registered manager identified any shortfalls which they needed to take action on. A relative commented the registered manager was an "excellent communicator, listens, acts and improves."

Sanctuary had an up to date statement of purpose (SOP) which included the service's vision and values. Staff were encouraged to work within Sanctuary's five values of ambition, diversity, integrity, quality and sustainability. Staff were asked what the values meant to them and their team in the role they were employed as. This aimed to trigger conversations between managers, staff and teams to ensure these values were embedded in their day to day work.

People and staff had confidence the registered manager would listen to them and were involved in the running of the service. Regular staff meetings and supervisions took place where staff were encouraged to contribute their ideas. The registered manager valued staff feedback. One care worker gave an example of how they thought a change of practice would benefit one person. They approached the registered manager with their idea and this was put into place, having a positive outcome for the person involved.

The registered manager promoted a positive and open culture. A relative described them as a "strong leader ... measured, professional and does what she says she'll do." All care staff said they could call in the office at any time and were welcomed and valued. During our inspection, there was a constant stream of staff, people, relatives and other professionals who came into the office. Some came in for a specific purpose, whilst others just called in for a chat. There was a welcoming atmosphere and positive and friendly interaction throughout.

Care workers were motivated and enthusiastic in their job roles. They enjoyed working at the service. Four care staff said, "We are a nice, close knit team ... good balance of staff ...professional", "The team are solid ... we all support each other", "We are a really good team ... I love it here ... really supportive team ... staff have been a rock ... I love it here" and "We are a good team ... we have fantastic support from management."

The service worked in partnership with other community organisations in the area. People were encouraged to lead full and active lives in and out of Moreton Court. People spoke of 'living in a little community' and told us how they were able to access the wider community. A relative said, "It has enabled them (family members) to live independently and I have 100 per cent confidence in them, all of them ... everyone involved".