

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Gravesend

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Sanctuary Home Care Ltd – Gravesend is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were 20 using the service.

People's experience of using this service:

- People's outcomes were consistently good and their feedback about the service confirmed this.
- People continued to receive personalised care by staff who knew them well. Everyone was treated with kindness and dignity and involved in decisions about their care.
- Support for people enabled them to be as independent as possible so they could remain in their own home. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager were motivated and passionate about supporting people based on their likes, wishes and preferences.
- Trusting relationships had developed between staff and people so that people felt safe. Risks to people's well-being and in the environment continued to be effectively managed.
- People's health and well-being was monitored and liaison took place with a range of health and social care professionals to support this. People continued to receive the support they needed with their medicines.
- The service was well-led. People's feedback about the quality of care was actively sought. Quality assurance processes meant that improvements to the service were continuously implemented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (last report published 21 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Sanctuary Home Care Ltd - Gravesend

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Sanctuary Home Care Ltd – Gravesend provides care 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 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:

The inspection was announced. We gave the service 2 days' notice of the inspection visit. This was because the registered manager managed another of the provider's service and we needed to be sure that they would be available.

What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the 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. Positive feedback was received from a health care professional. We used all this information to plan our inspection.

During the inspection we looked at the following:

- Three people's care records
- We spoke to four people and two relatives
- We spoke to the registered manager, team leader, two care staff and an administrator.
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports.
- Two staff recruitment files

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and trusted the staff team. One person told us, "I feel safe as there is always staff popping in to check on me".
- Staff responsibilities in keeping people safe was discussed at team meetings and training to ensure that staff knew how to protect people from harm. Staff knew to report any concerns such as a change in a person's usual well-being, to the team leader or registered manager and were confident they would be acted on.
- The registered manager had reported potential abuse to the local authority safeguarding team when it had been identified.

Assessing risk, safety monitoring and management

- Risks to people's well-being had been assessed and staff knew how to follow guidelines and take actions to help keep people safe.
- Staff explained how they provided care for people in a way that minimised any potential risks. For example, staff were knowledgeable about the signs and symptoms that a person using a catheter may present if it was not working properly and became blocked. A catheter is a tube which is passed into the bladder to drain urine.
- Information about risks continued to be monitored, recorded and shared within the staff team.
- Staff knew how to use equipment to move people safely. People said that staff supported them to mobilise according to their wishes and choices and in a way in which they felt safe. One person told us, "Staff have the right skills to support me and always take their time".

Staffing and recruitment

- Recruitment for new staff was ongoing so that there were enough staff available to support people safely.
- People said that staff arrived at the times they were expected, stayed for the correct amount of time and did not rush them. One person told us that when they were receiving support, "You do it in your own time".
- The registered manager considered the skills and experience that each staff member had when planning the rota to ensure that people were supported by competent staff.
- There were arrangements to deal with situations when care staff were not able to work. Care staff covered for each other and in situations when this was not possible, agency staff were accessed via the provider.
- Recruitment practices continued to make sure that the right staff were recruited to support people to stay safe. Checks on new staff included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

### Using medicines safely

- People told us they were given the support that they needed to take their medicines.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration and to be clear about their roles and responsibilities.
- Staff understood how to follow the provider's protocols for the receipt, storage, administration and disposal of medicines.
- Staff were given written guidance, so they knew what medicines people took, what they were for and any side effects.

### Preventing and controlling infection

- Staff were trained and understood the importance of maintaining standards of cleanliness and hygiene in people's homes.
- People said that staff helped them to keep their homes clean. One person told us, "They tidy up and take the bins out for me".
- Personal protective equipment was available to staff to help prevent the spread of infection.

### Learning lessons when things go wrong

- Staff knew how to respond to and report incidents and accidents.
- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again.
- Discussions about any lessons that could be learned were communicated to the staff team. This included making sure that staff, with people's consent, sought medical advice and assistance for them if they assessed they needed it, even if the person could do this for themselves. This was to make sure that people received the medical care and attention they needed in a timely manner.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with best practice and guidance so the provider could be confident they could meet people's needs.
- Assessments were comprehensive and included people's physical, social and emotional needs as well as any cultural or religious needs so these could be considered when planning for their support.

Staff support: induction, training, skills and experience

- Staff induction gave staff the information and experience they needed so they could work alone. This included being assessed against the standards of the Care Certificate which sets out the learning outcomes, competences and standards of care workers.
- People told us that staff had the knowledge and skills to support them. One person told us, "New staff are shadowed so they know what to do". Another person said, "All staff have the right training and skills to support me".
- People received ongoing essential and specialist training which was relevant to their roles including moving and handling, dementia care and catheter care. A staff member said, "This is the most supportive place and they make sure we get the right training. They do not cut corners".
- Staff were given opportunities to review their work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said there was good communication in the staff team which assisted them to provide consistent care.

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

- Staff helped people with their shopping and meal preparation according to their assessed needs. People had been asked about their likes and dislikes and these had been recorded so they were available to staff.
- People were protected from the risk of poor nutrition as staff knew which people they needed to keep a discrete eye on to ensure they had enough to eat. Staff found that one person had no food when they visited them. Other professionals were alerted and arrangements made to support the person to obtain the essential foods they needed.
- Staff understood the importance of making sure people had enough to drink. People told us that staff offered them drinks and left them within their reach before leaving.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health needs were identified and action taken to address them. One person told us, "I had to call the button and staff came straight away. They called for an ambulance and I went to hospital and had to



stay in for a couple of days".

- Staff made referrals in a timely way and liaised with health and social care professionals. One person had fallen frequently so a visit by a physiotherapist was arranged. Staff kept in contact with professionals to make sure that the person received the equipment they needed in a timely manner.
- A health care professional told us that any advice they gave was acted on.
- Staff observed and monitored people's health and well-being and communicated effectively within the staff team.

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. We checked whether the service was working within the principles of the MCA.
- Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care.
- Staff knew how to support and respond to people whose ability to make choices and consent to their care and support fluctuated. Where people did not have capacity, they were supported to have maximum choice and control of their lives. Information was available about advocacy services.
- Applications must be made to the Court of Protection to legally deprive people of their liberty. Where applications had been made regarding people's finances, clear and accurate records were kept of the person's finances to make sure the provider was complying with the court order.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with kindness by a friendly staff team. People and their relatives said staff took time to talk and get to know them. One person told us, "You feel like you are meeting friends and family, not staff".
- The service had been complimented on its caring nature. A social care professional described the staff team as, "Caring and committed". A relative had written, "Thank you so much for your support and kindness to my brother. You are all absolute stars. The world is a better place thanks to people like you".
- Trusting relationships had developed between people and staff. Staff were attentive to people's needs so that people felt genuinely cared for. One person told us, "Staff go above and beyond. When it was my birthday, the staff came and gave me a card and sang happy birthday".

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

- People were asked about their choices and preferences as part of the care planning process and when being supported with their care daily.
- People were formally asked for their views about their care and support at regular review meetings. If people expressed dissatisfaction with any aspect of their care, action was taken to address their concerns.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and respect. One person told us, "The registered manager takes time to make sure she gets the right sort of staff who treat people with dignity".
- People's independence was promoted. One person told us, "I like to be independent and say what I want. The staff help me as I ask them to". Staff had received a compliment from a relative about promoting their family member's independence. This relative wrote, "They are encouraging her to do more things for herself. A slow process but getting there".
- People were supported to maintain and develop relationships with family members and people who were important to them. One person said, "Staff are caring. They take time to get to know me and my family members".

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- An individual care plan was designed to meet people's diverse needs. It included people's likes and dislikes and cultural and religious needs for the delivery of their care. Staff had also taken time to ask people about their life history such as their past employment. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.
- The service was flexible to meet people's needs. One person told us, "The staff are amazing. It is all about arranging the care around me. They go beyond and above. If I am not feeling too good and want to get up later then we sort something out and they come back later". A health care professional said, "The care team have always been very understanding, approachable and adapted to individual needs".
- Staff encouraged people to follow their interests and join in with activities which were arranged on-site.
- People's communication needs were identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. Large print, pictures and photographs were used to help people understand information. A language converter was available if people's first language was not English.

Improving care quality in response to complaints or concerns

- The complaints procedure was explained to people when they first started to use the service. It was available at the office in large print and a pictorial format to help people understand its content.
- People felt confident that should they complain, their concern would be explored thoroughly and responded to. A relative said that when they had raised a concern with the registered manager they had sorted it out to their satisfaction.
- Complaints received had been thoroughly investigated and points of learning fed back to the staff team.

End of life care and support

- No-one using the service was receiving end of life care at the time of our inspection.
- Systems were in place to support people who may need palliative care. The registered manager described the care and support they had given to people at the end of their lives; and the liaison with other health and care professionals, so that people could stay in their own home for as long as possible.

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager's, enthusiasm and commitment created a positive culture at the service. They led by example, had undertaken care alongside staff and people said they often popped in to see them.
- One person told us, "You see the registered manager all the time when you walk around here. She smiles and gives you a cuddle".
- A health care professional said, "I have always found the service to be a caring, well managed and safe service".

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

- The registered manager managed this and another of the provider's services. They effectively divided their time between the two sites and delegated responsibility to team leaders in their absence.
- There was a structured programme of audits which continued to be effective in highlighting areas for improvement. As a result, peoples care plans had been updated and staff training booked.
- Spot checks were carried out on staff to directly observe care and gain feedback from people so any changes identified could be implemented.
- People continued to benefit from being supported by a staff team who were motivated, understood their roles and responsibilities and who had confidence in the management team.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their rating at the service and on the provider's website.

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

- People and their family members were consulted about their care through reviews, spot checks, surveys and service meetings. One person told us, "The registered manager and team leader check on me each month to make sure I am happy with the care I get".
- Feedback from the last survey in 2018 was that people felt listened to, were involved in their care, were treated with kindness and respect and had become more confident. Everyone said they would recommend

the service to others.

- The registered manager engaged with staff through staff meetings where different themes relevant to their roles were discussed. Staff said they were listened to and their contributions were formally valued through certificates of recognition.

#### Continuous learning and improving care

- Information gathered from audits, reviews of incidents and accidents, complaints and surveys was used to develop the service and make improvements.
- The registered manager kept up to date guidance, advice and information for health and social care professionals and disseminated this information to the staff team. They also shared best practice at provider meetings.
- Staff were actively encouraged and supported by the registered manager to undertake continuous learning to pursue a fulfilling career.

#### Working in partnership with others

- The service continued to work in partnership with a range of social and health care professionals such as community nurses, GP's and physiotherapists.
- Liaison took place with Sanctuary Housing to promote a joined-up approach to housing with care and to resolve day to day matters in an inclusive and respectful way. Resident meetings took place with registered manager, service manager and area manager.
- A compliment had been received from a person who had been assisted to get a ramp installed so that they could access the community garden.