

Sanctuary Home Care Limited

26a Sussex Avenue

Inspection report

26a Sussex Avenue
Canterbury
Kent
CT1 1RT

Tel: 01227785270

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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:

26a Sussex Avenue is a residential care home that was providing care and accommodation to 5 people with complex needs including physical disabilities, learning disabilities and/or autism at the time of the inspection. The service is registered to support 10 people. However, the building had recently been remodelled in to two bungalows with three bedrooms each and the provider had applied to reduce the maximum occupancy to six people.

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

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, independence was promoted; people were supported to make choices and people were encouraged and supported to access the local community.

Feedback relatives was very positive about the care people received and people were happy living at the service. One relative said, "There is nothing that I would change about the service, I am overjoyed about the support they receive." People's privacy and dignity was respected, and staff were kind and caring. People were supported and encouraged to develop their daily living such as cooking, cleaning and greeting visitors to their home.

People were safe living at the service. Risks to people from health conditions and the environment were well managed. Medicines were administered well, and people received their medicines on time and as prescribed.

The support people received was effective and met their needs. People's needs were assessed, and support plans were updated when appropriate. People were supported to go shopping, make meals and eat and drink safely. People were encouraged to maintain their health and exercise. When people were unwell their health was monitored, and they had access healthcare services when this was needed.

The building was designed and adapted to meet people's needs and promote independence. The kitchen had been adapted to enable people to access the counters and the sink independently. There were push buttons so that people in wheel chairs could open the doors to their bedrooms and the fire system had both an audible and visual alarm.

There were enough staff to support people and staff were recruited safely. Staff were appropriately managed and supported and had the skills and training the needed.

There was an open and transparent culture at the service. People and their relatives were engaged and involved in planned developments at the service. Staff told us that they enjoyed working there and that they were well supported. Regular checks on the quality of the service was undertaken and lessons were learnt and shared when things went wrong.

Rating at last inspection:

This is the first inspection of this service.

Why we inspected:

This inspection was a scheduled inspection based on when the service registered.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

26a Sussex Avenue

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 team consisted of one inspector.

Service and service type:

26a Sussex Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave 24 hours' notice of this inspection as the service is small and people and staff are often out, we wanted to be sure that they were in.

What we did:

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

Most people did not verbally communicate their experiences of living at the service during the inspection.

We observed the interaction between people and staff in the communal areas and some people gave us non-verbal feedback using facial expressions and gestures. We spoke with two people's relatives. We looked at two people's support plans and the recruitment records of two staff employed at the service. We viewed, medicines management, complaints logs, meetings minutes, health and safety assessments, accidents and incidents logs. We spoke with the registered manager, the deputy manager and three support workers. We received feedback from relevant health and social care professionals on their experience of the service.

At the inspection we asked the registered manager to send us some further information about the support plan for one person and the training matrix. This information was received in a timely manner.

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 were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns. Staff had also undertaken training in safeguarding young adults and children so that they knew how to identify and report concerns relating to younger people who may be visiting the service.
- When concerns had been raised these had been dealt with appropriately and reported to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were assessed and appropriately managed. People's support plans contained the information staff needed to support people safely. For example, where people were at risk of seizures there was detailed information for staff on what triggered seizures, what the seizure would look like and when to seek medical attention.
- Where people needed their health monitored to help staff identify concerns this was in place. For example, one person's temperature was regularly monitored and recorded as there was a risk that they could become too hot. There was a clear action plan on what to do if there were concerns.
- Equipment was maintained to ensure that it was safe to use.
- People were protected from risks from the environment. The registered manager regularly completed health and safety audits. Checks such as gas safety checks had been carried out. There were personal evacuation plans in place so that staff knew how to support people to evacuate in the event of an emergency such as a fire.

Staffing and recruitment

- There were enough staff to support people safely. Staffing was arranged flexibly so that people were provided with one to one or two to one support when this was needed. For example, when people wanted to go out.
- There were two vacancies at the service and the manager was in the process of actively recruiting. The service used a small number of regular agency staff.
- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. Checks on agency staff had also been completed.

Using medicines safely

- Medicines management was robust, and people received their medicine on time and as prescribed.
- Medicine was ordered, stored and disposed of safely. People had locked medicine cabinets in their own

rooms which promoted privacy. Medicines administration records were complete.

- There was detailed information for staff about people's medicine such as how people liked to take their medicine and what foods they needed to avoid. This was because some foods are unsafe to eat when taking certain medicines.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed. There was a pain management plan in place which included information on how to recognise if people were in pain when they could not express this verbally.

Preventing and controlling infection

- Staff supported people to keep their own home clean and people were protected from the risk of infection. The service was clean and free from odour.
- Staff had access to appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. We observed that staff were using these and following best practice guidelines.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.

Learning lessons when things go wrong

- When things went wrong lessons were learnt. Incidents and accidents were analysed, and any trends were monitored. People's support plans had been updated following incidents and learning was shared with staff. For example, one person's behaviour could be harmful to themselves. Staff were aware of this and action had been taken to minimise the risk in the least restrictive way.

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 had been appropriately assessed.
- People had lived at the service for some time, when the service was managed by a different provider. When the new provider took over people's needs were re-assessed.
- Assessments were used to develop each person's support plans and so the registered manager could make decisions about the staffing hours and skills needed to support people.
- Assessments identified that people at the service would benefit from living more independently in a supported living setting. Supported living is where people have their own tenancy and have support from a provider to help them live as independently as possible. In response, the building was remodelled from a 10-bedroom building to two smaller three bedroom bungalows. The provider is planning to re-register with CQC as a supported living service, having completed consultation with people and their relatives.
- Assessments included making sure that support was planned for people's diversity needs such as their religion, culture and expressing their sexuality.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to support people. Training included equality and diversity, basic life support, fluid and hydration, Mental Capacity Act and infection control. Training was a mixture of face to face and on-line training. Staff were also in the process of completing positive behaviour support training and told us that they were able to ask for more training if they wanted it.
- There were regular supervision and appraisals for staff and staff were positive about how they were supported. The registered manager and deputy manager regularly worked alongside staff, observing their practice and undertaking competency checks to ensure that staff were following processes and providing safe care.
- Staff, including agency staff, completed an induction and a period of shadowing prior to working with people on their own.

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

- People were supported to be involved in cooking, shopping and planning their meals.
- The kitchen had recently been fitted with height adjustable worktops and sink. This meant that people who used wheelchairs were able to be more independent preparing meals.
- People were encouraged to drink enough, and staff monitored people's fluid intake to ensure that they remained hydrated.
- Where people were at risk of choking they had been assessed by the speech and language team (SaLT) who provided detailed information for staff so they could support people to remain safe. Staff recognised

that people's ability to swallow could change over time and had referred people for re-assessments when they felt they needed this. This meant that one person was now able to eat a wider variety of foods.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies and shared information appropriately to ensure that support provided was consistent.
- The service was participating in the NHS red bag scheme, when people leave their home to go to hospital and when they come back. The bag is packed with information about people's health and support needs as well as their essential personal possessions to make sure they are protected and do not get lost when they are in hospital. The registered manager said that this scheme was working well.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it such as doctors, physiotherapy, and occupational therapy.
- When we visited the service one person was unwell. Staff had put in place the appropriate monitoring of the person's condition and sought medical assistance when this was needed.
- People were encouraged to participate in appropriate exercise to improve health and their posture. For example, people were accessing swimming and hydrotherapy. People were encouraged to spend time out of their wheelchairs during the day. This was to promote health through reducing risks such as poor circulation, poor posture and the risk of developing pressure sores.

Adapting service, design, decoration to meet people's needs

- The building had recently been remodelled. During this, thought had been given to ensure that it was adapted to meet people's needs, for example, every door in the building was fitted with wheel chair accessible opening buttons. This meant that people were able to move around the building and access rooms with less support from staff. Ceiling track hoists were fitted in bedrooms, bathrooms and communal areas.
- People had chosen the decoration for their own rooms with support from staff and their families. The communal areas had not yet been personalised. Staff were working with people and their families to decide what decorations people wanted.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found that they were. Where people were deprived of their liberty DoLS were in place or had been applied for. Where there were restrictions in place these were reviewed to ensure that they were the least restricted option and restrictions had been reduced or removed when they were no longer needed.

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; respecting equality and diversity

- Staff were caring and supported people in a respectful manner. They sat or bent down to talk to people at face level and spoke to people in a kind tone and manner.
- Staff were patient with people and allowed people time to do things for themselves rather than hurrying to assist them when this was not needed. For example, one person wanted to move to another room. Staff encouraged the person to move their own wheel chair and waited for them to do so.
- Staff had a good understanding of how people communicated and there was clear information about how people expressed themselves non-verbally. One person used nonverbal communication including facial expressions and gestures to tell us that they were happy at the service and that the staff did a good job in providing care for them.
- The service had considered where people would benefit from technology to help them communicate. For example, one person had a button which played audio sentences when pressed. This had improved the person's ability to express themselves.
- Staff had recorded and analysed what signs people displayed to indicate that they were upset such as changes in their body language. This enabled staff to identify that a person was in need of support before they became frustrated at not being understood.

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

- People and their relatives were involved in reviews of people's care.
- There were regular meetings for relatives. Relatives told us that they were asked for their input in how staff could best meet people's needs when people were not able to express this themselves. They said their advice was listened to.
- Where people needed an advocate to help them express their views they had been supported to access these. An advocate is an independent person who helps people express their views and make their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People were supported with daily living tasks such as cooking, shopping and washing clothes. One relative told us that their relation was now able to make their own breakfast with very little support from staff and engaged with cooking their own meals, which they had never done before.
- Staff at the service were aware of what people could do for themselves and encouraged them to do so. People were encouraged and supported to become more independent. For example, one person tested the fire alarm in the building each week with the support of staff
- Dignity was promoted. For example, a toilet had been installed at the service which had a remote-control

bidet function. This meant that people could wash themselves after using the toilet and needed less personal care from staff.

- People's privacy was respected. People's records were stored securely. Staff knocked on people's doors before entering their room.
- Relatives told us that they felt welcome at the service when they visited. People were supported to maintain their relationships. For example, people had recently been supported to buy Mother's Day gifts and relatives told us that there were plans in place for people to host dinner for their family.

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.

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

- Support plans were person centred and contained information about how people liked to be supported. For example, there was information about how people liked to be supported to wash and what temperature they preferred the water to be. Staff knew people's preferences well, for example staff knew what types of tea people liked to drink and who did not like drinking water.
- People had keyworkers who undertook monthly reviews of people's needs. Support plans were up to date and amended when people's needs changed.
- Staff had identified people's goals and supported them to achieve these. For example, people had been supported to access the community on the bus and staff had identified that one person now wanted to start using the train and were putting plans in place to enable them to do so.
- People were leading busy active lives and accessed a wide range of activities such as swimming, trips to the city for shopping and lunch, accessing day centres. Relatives feedback was very positive about the activities people were engaging in and told us that people were now much more active and socially engaged.
- Where people had indicated that they had an interest in religion they were supported to meet this need. Events at the service also included cultural activities such as celebrating Diwali, Eid and Chinese New Year.
- Staff identified people's information and communication needs by completing an assessment and making sure they were recorded and highlighted in care plans. These needs were shared appropriately with others. Staff understood the Accessible Information Standard. We saw evidence that people's individual communication needs were met. For example, there was easy read health information about women's health needs and staff had used these to support people to understand their health appointments.

Improving care quality in response to complaints or concerns

- There was a written and pictorial complaints policy in place and people and their relatives knew how to complain. There had been no complaints at the service.
- One relative told us, "We have no complaints, everyone is all over the moon. They listen to us at the service and everyone is very happy."

End of life care and support

- No one at the service was currently being supported with end of life care.
- The registered manager was aware that end of life support plans needed to be developed and had had started to undertake discussions with relatives.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture at the service. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity and respect.
- A registered manager was in post and people were comfortable approaching them and knew them well. The registered manager and the deputy manager had the skills and experience they needed to manage a learning disability service. Staff and relatives spoke positively about the registered manager and relatives told us that the leadership at the service was good. Staff told us that they had regular supervision, were well supported and happy working at the service.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and relatives told us that they were kept well informed.

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

- There was a system in place to check to quality of the service and make improvements as appropriate. There were regular audits of care plans, risks assessments, medicines, cleanliness, the management of people's money and health and safety.
- Staff competency was regularly assessed to ensure that they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- There were staff champions in place to take the lead in promoting care. For example, there was a medicines champion who oversaw the ordering of medicines and medicines auditing to ensure that there was sufficient stock and people received their medicines as prescribed.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.

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

- People's keyworkers helped them to identify any issues or concerns that they wanted to feedback about the service.
- Relatives were positive about engagement with the service and told us that they were listened to. Feedback from relatives was positive and included, "Brilliant, I can't fault it" and, "The support [my relative] is getting is superb."
- During the year the service had been re-modelled. People had moved out of the building in to another home managed by the provider and had recently moved back in to 26a Sussex Avenue. Relatives and health

and social care professionals told us that they were involved in planning this move with people. There were regular meetings with relatives who had also been involved in developing the plans for the building work.

- Staff and relatives were also positive about the provider. Staff told us, "The provider asks us for our feedback and what support we need" and, "[The provider] is passionate about us." There were regular staff meetings and staff had opportunities to express their views and share their ideas.

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. For example, they attended CQC events to learn about and share best practice.

- There was a system in place to ensure that staff had access to appropriate information. For example, NICE guidance was shared with the medicines champion who checked if any medicines alerts were relevant to the service and took any action needed. When we spoke to them they were aware of recent changes to the re-categorisation of some medicines.

Working in partnership with others

- The registered manager and staff worked with funding authorities and other health professionals such as the physiotherapists and occupational therapists to ensure that people received joined up care.

- The service referred people to external healthcare services when this was needed.