

# Sanctuary Home Care Limited

## Ellerbeck Court

### Inspection report

Ellerbeck Way  
Ormesby  
Middlesbrough  
Cleveland  
TS7 9QX

Tel: 07976942479

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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

This inspection took place on 25 April 2017 and our inspection was announced. We told the registered provider two days before our visit that we would be inspecting, this was to ensure the registered manager would be available during our visit.

Ellerbeck Court is a supported living project with 12 flats for people with learning disabilities, and has an office where staff provide a contact point throughout the day and night. It was registered in May 2016 to provide personal care service. At the time of the inspection 10 flats were occupied and only one person required support with personal care. The other nine people were living independently and required minimal support to assist them deal with the social and emotional aspects of day to day living.

This was the first inspection since the service was registered.

A registered manager has been in post since the service opened in May 2016. 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.

Individual risk assessments were in place to support people with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments. People's support plans were specific and centred around their individualised support needs. Support plans were up to date and were regularly evaluated. Staff knew people and were knowledgeable about people's care and support needs. However we noted that the registered provider needed to ensure the care record template reflected the service was a domiciliary care agency providing care packages and not a care home.

Each person had a care package, which set out how many hours support they needed per day. For most people the hours were for staff to support them to learn budgeting, cooking and cleaning skills. Also support to deal with any anxieties they may experience when socialising and to join in community activities. One person lived independently but needed support to attend to their personal care needs.

We spent the majority of time reviewing how the needs of the person who required personal care were met but also spoke with people who did not require personal care but wanted to discuss their experience of the service. People told us staff were caring and kind. Staff encouraged people to be involved with communal activities but respected their decision if they did not want to participate.

The service had detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns.

The service had safe systems in place to ensure people were supported with managing their medicines

appropriately. People were supported with promoting their health and nutrition.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

Staff received mandatory training in a number of areas, including food hygiene, which assisted them to support people effectively. Staff were supported with regular supervisions and appraisals. None of the people lacked capacity to make decisions about their care but staff understood how to ensure people's rights under the Mental Capacity Act 2005 were protected.

People were supported to carry out health and safety checks within their own flats.

People using in the service and their representatives were provided with information to support them to raise any concerns or complaints they may have. People told us the registered manager and staff were approachable.

The service had a quality assurance system which included a range of internal checks and audits to support continuous improvement. Action plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed. Again we noted that the registered provider needed to review the system, as it was more aligned to one seen in care homes and not domiciliary care.

## 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 was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good ●

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were supported to lead very active lives.

The complaints procedure was accessible. We found that relatives were regularly contacted to check if they were happy with the service.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was very conscientious and took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

# Ellerbeck Court

## **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.

One adult social care inspector completed this announced inspection on 25 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities to gain their views of the care being provided. We did not receive any feedback. We also reviewed information we held about the service including statutory notifications that had been submitted.

During the inspection we spoke with three people who used the service. We also spoke with the registered manager, deputy manager and four of the support staff who worked with the person who required personal care.

We reviewed care records relating to two people using the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us that they were happy with the staff and they thought the service met their needs.

One person said "The staff are good and I always get my hours. Since I have lived in my flat I have got more and more confidence and will be leaving soon to work voluntarily on a ship." Another person said, "They come every few hours to help me deal with my personal care issues. Alongside that they also support me with my catering and cleaning."

We found that all of the risk assessments were up to date and clearly detailed the responsibilities of the staff and others. Clear information was available for staff to detail how and when they would assist people with any medication, moving and handling requirements and supporting people to manage their epilepsy. People who had behaviours that may challenge were monitored. The actions suggested to assist reduce these challenges were assessed to determine if they were effective. We saw that the strategies put in place were effectively reducing the number of times people became distressed.

People told us they liked the arrangements at Ellerbeck Court. One person told us, "I have no worries here; if I did I would tell the staff. It is good that there is someone in the office that I can ring down to if I have a problem and that alongside this I have designated support hours."

Staff said they felt confident that the management team would follow up any safeguarding concerns properly. Staff told us, "There is always someone to contact with any concerns". There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse and how to respond to any concerns people may have.

We looked at staff rotas and found there were sufficient staff with appropriate skills and knowledge to meet people's needs. Each person's care file identified the amount of staff support needed and when this was needed. We saw that there were always enough staff on duty to cover the care packages and alongside this there was always someone available in the office to respond to any queries. All staff we contacted said there were enough staff. One staff member said, "We have no problems and there is always enough staff around to meet people's care hours."

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before they started their employment and staff files demonstrated recruitment checks were carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

We looked at a sample of medicines records, including records of medicines received, administered, and disposed of, medicines care plans, medicines audits. We found medicines were being managed safely.

The service had a system in place to monitor accidents and incidents. All accidents and incidents were

inputted electronically, investigated and discussed with the relevant social worker. The service leader also said they would discuss any incidents with the psychiatrist and safeguarding if need be.



# Is the service effective?

## Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of how to support people with mental health needs and because of the staff support they had remained well.

People said, "The staff are excellent and have really helped me. When I first moved to my flat I was shy and didn't like to go out much but now have lots of friends and am always out. I like that we have someone in the office to check in with if we need to but it's not like they are there stopping us getting on with things." And, "The staff do push me to become more independent and recently they have been encouraging me to do a little more around my flat."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA via an application to the Court of Protection. It would not normally be the responsibility of the Ellerbeck Court to take this action as they provide specific care hours and are not providing 24 hour supervision for individuals.

Although none of the people lacked capacity we found that the registered manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. The staff were very clear that even when people had a learning disability this did not automatically mean they lacked capacity and all the records showed they used all mechanisms to enable individuals to make decisions.

We saw evidence that people had provided consent in care plans, For example consent to medicines or holding information about the person. We saw evidence in care files to show that staff regularly checked with the people who used the service that they were still happy with the support being provided.

People we spoke with were in general happy with the care the service provided. One person said, "There is nothing they could do better." Another person said, "The majority of the staff are great and if I don't like someone the manager makes sure they don't visit."

People were supported by staff who had the right skills and knowledge to care for them. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. Staff had been trained to meet people's care and support needs in topics such as epilepsy and how to administer rescue medicines in an emergency. Also training in supporting people who may become anxious and display behaviours that may challenge the service. Records showed all staff had received training in subjects that the service deemed to be mandatory, such as moving and handling, health and safety, safeguarding and

first aid.

The manager monitored this and we saw all of training was up-to-date. Staff spoke positively about the training they received. One member of staff told us, "We are always getting training and I find that it is all very useful."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

The registered provider required new starters to complete the Care Certificate as a part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The induction process lasted 12 weeks with two weekly performance reviews. New staff also shadowed existing staff providing the care packages they would deliver.

When appropriate people were supported to make meals and encouraged to eat healthy meals. People were also supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as community nurses, GPs and consultant psychiatrists in people's care.

# Is the service caring?

## Our findings

People we spoke with were very complimentary about the staff members attitude and dedication to delivering a good service. One person said, "I think the staff are fantastic and really do a good job." A staff member said, "I have worked with the company for a good few years and moved to this service when it opened. I find this is brilliant, as you see people grow and learn new skills. The changes in people have been wonderful and now they are going out to clubs and events like we all do." Another staff member said, "I love my job. We all pull together to provide a good service."

Staff we spoke with knew the people they cared for really well. Staff explained how they supported people who used the service to live as independently as possible.

Staff we spoke with said, "We always encourage people to do as much as they can." Another staff member said, "The people are employing us deal with day to day matters and that does not give us licence to take over."

The service supported people to express their views and be actively involved in making decisions about their daily care and support. We found staff made sure the care and support was tailored to each individual's preferences. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found staff worked in a variety of ways to ensure people received care and support that suited their needs. Support plans clearly recognised potential challenges and provided clear guidance for staff about how best to support people.

Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening and took time to help people feel valued and important. We saw that staff understood the needs of the people and knew when they needed assistance or were getting frustrated.

People were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

The service continually reflected on their practice and sought to make improvements for the people they supported.

## Is the service responsive?

### Our findings

People told us staff at the service provided personalised care and knew what they liked. People we spoke with told us they were very happy and that apart from helping them manage their personal care staff assisted them to take part in a range of activities in the community.

We looked at two people's care records. We saw assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that care plans were reviewed six monthly or sooner if needed. Records demonstrated that people and/or their relatives routinely discussed their support plans. However the template design was one more commonly seen in care homes so it was difficult for staff to show when they provided more support to people than agreed for the care package. Also some elements staff did not provide or people did not need support in those areas. For instance nine out of the ten people were fully independent when managing their personal care and day to day lives but needed emotional and social support. The care record template did not provide staff with the option of not completing the sections related to personal care and so forth even though they were not needed. We discussed with the registered manager who undertook to raise this with the registered provider.

We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the service met their individual needs and to reach their goals.

Some people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw staff were very effective at supporting people to manage their impulse control and emotions. We saw staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

We saw staff had given consideration to the impact people's learning disabilities had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to assist people to organise activities, outings and visits. We found that one person had recently enjoyed a Caribbean cruise whilst another person had completed a film course. We saw that all of people were engaged in activities, which they appeared to enjoy. A number of the people who used the service and staff were making a film. Each person had contributed their own ideas and this had been put into a script and screenplay. All were very excited to see the end product.

A staff member we spoke with said, "I support [the person] on their activity day, they choose what they want to do such as shopping, going for a coffee and going to clubs." We found that all of the people went out and about as they pleased and only used the support hours for specific activities such as support when going to college.

The service had a policy and procedure in place for dealing with complaints. People we spoke with knew

how to make a complaint. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. The manager was able to clearly explain how they investigated complaints and ensured that, where appropriate, improvements were made and lessons learnt.

## Is the service well-led?

### Our findings

We found people were routinely consulted and found they spoke very highly of the service, the staff and the registered manager. They thought the home was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently.

Staff told us, "I love working here." And, "The manager really helped us to make sure we are giving people the best service possible". And, "We as a team really take pride in the way the service runs."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership the service had developed and been able to support people with complex needs lead ordinary lives.

The registered manager had been in post since the service registered in May 2016. People and staff spoke positively about the management style of the registered manager. They reported that the registered manager supported them and included them in the running of the service.

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We are involved in making sure the support we provide is working for each person and I think that works well."

Feedback was sought from people through meetings and surveys. Feedback from staff was sought in the same way. The results of the 2017 survey showed that people were happy with the service.

The registered provider had systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management, building management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The registered provider also completed monthly reviews of the service and had a quality assurance team who bi-annually reviewed the operation of the service. This combined to ensure good governance arrangements were in place.

Although the staff at the service had a clear vision and put values, such as respect, enable, aspire, deliver and include into practice. And staff understood these values and were committed to them. We found that the registered provider had designed care records and monitoring systems for their 'registered services' based on a care home model. This meant that staff at this domiciliary service were being asked to complete records that were not appropriate for the service. We discussed this with the registered manager who

confirmed they would raise this with the registered provider.