

Sanctuary Home Care Limited

Sanctuary Home Care Limited (Sheffield)

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Sanctuary Homecare Limited (Sheffield) is a domiciliary care agency registered to provide personal care. Support is provided to people in their own homes throughout the city of Sheffield. The agency office is based in the S5 area of Sheffield, close to bus routes.

At the time of our inspection the service was supporting 284 people and 95 care workers were employed.

This inspection took place on 27 and 28 April 2015. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available.

As part of the inspection we spoke in person or over the telephone to people supported by Sanctuary Home Care

Summary of findings

Limited (Sheffield) to obtain their views of the support provided. We visited three people in their own homes and spoke with them and one of their relatives. We also spoke over the telephone with 21 people and/or their relatives. In addition, we spoke with two people who were visiting a community resource near the office.

We visited the office and spoke with nine members of staff, including the area support manager, the manager, care co-ordinators, care workers, a recruitment officer and a trainer.

Our last inspection took place on 13 May 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

This location requires 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 had left the service a few months prior to this inspection. The new manager had commenced in post in March 2015 and had applied to register with us.

People told us their care workers were kind, caring and polite. They told us they felt safe with their care workers. People spoken with said they had a regular care worker that they knew well. People said they usually knew which care worker would be visiting to support them and care workers generally arrived when they should.

The provider did not have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe.

The provider had undertaken all the checks required to make sure people who were employed at Sanctuary Home Care Limited (Sheffield) were suitable to be employed.

We found some care plans required reviewing to ensure they contained accurate information that reflected the needs of the person being supported. Care plans held in people's homes were disorganised which made it difficult to locate important information.

Systems were in place to make sure staff were provided with relevant training so that they had the skills to do their job. When we saw care workers with people who used the service we saw that they communicated in a caring and respectful manner.

Staff told us they were provided with supervision for development and support. However, staff had not been provided with an appraisal to formally review their work.

Some systems were in place to quality assure the service being provided.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Safe procedures for the administration of medicines were not always followed and medicines records were not always maintained.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Requires improvement



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was not always responsive.

People's care plans did not always contain accurate information and those kept in people's homes were disorganised. Some care plans required reviewing.

People were confident in reporting concerns to the manager and felt they would be listened to.

Requires improvement



Is the service well-led?

The service was well led.

The manager had prioritised areas for development and was acting in these. People were asked their opinion.

Some audits and checks were made to assess the quality of the service provided.

Good



Sanctuary Home Care Limited (Sheffield)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 27 and 28 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager and some care workers would be present to talk with.

Two adult social care inspectors and two experts by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people and people living with dementia.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted commissioners of the service and Healthwatch Sheffield. This information was reviewed and used to assist with our inspection. Healthwatch England is the national consumer champion in health and care and networks to share information, expertise and learning in order to improve health and social care services

During the inspection we met with five people who used the service and one relative. We also spoke over the telephone with 21 people who used the service and/or their relatives. We visited the office and spoke with nine members of staff, including the area support manager, the manager, care co-ordinators, care workers, a recruitment officer and a trainer. We spent time looking at records, which included five people's care records, four staff records and other records relating to the management of the service.

Is the service safe?

Our findings

We asked people about the support they got with their medicines. People told us they were happy with the support they received and comments included, “They keep me right with my medicines, sign the sheets and the book,” “When they give me my tablets they always sign the sheets. I always get my tablets” and “They [care workers] come each morning just to give me my tablets, they never miss. I’ve no worries at all.”

Every person spoken with told us they felt safe with care workers from Sanctuary Home Care Limited (Sheffield). Comments included, “They are nice lasses and they are fine, we have no worries about safety,” “I feel safe with them,” “They [care workers] are marvellous, I would trust [name of care worker] with my life” and “I feel safe when they are here.”

People said that staff wore protective clothing for infection control, and commented “I have them [care workers] three times a day and at night, they always use their aprons and gloves” and “The carers wear ID badges and they have my key safe number and they always let me know who it is coming in. They wear gloves to keep clean.”

In contrast, one person told us that staff sometimes kept their coats on and didn’t wear gloves. They told us that they had reported this to the manager. We discussed this with the manager who showed us a memo they had sent to staff reminding them to take their coats off and always follow infection control procedures. The manager gave assurances that they would make further checks with the person to make sure improvements had been made.

One person told us that care workers were sometimes later than expected and on one occasion had taken their tablets themselves because of this. We checked this person’s ‘planned versus actual’ visit record for March 2015. This is an accurate record of visit times as care workers log all arrival and departure times. The record showed that care workers visited at appropriate times to help with morning medication.

All of the staff spoken with said that they had been provided with induction training which included medicines management. Staff told us that they were unable to administer medicines until a senior staff member had visited them in a person’s home to observe administration and check their competency.

We visited three people in their homes. Two of those people were supported by Sanctuary Home Care Limited (Sheffield) staff to take their medicines. We checked the Medication Administration Records (MAR) for both people and found these incomplete or inaccurate.

One person had a ‘nomad’ box, which is a box of sealed compartments containing medicines for each administration. No MAR could be found to correspond with the medicines described on the nomad box. We found staff recorded in the ‘visit records’, “meds from nomad given”.

Two loose MAR’s were found in the care file which corresponded to other medicines not stored in the person’s nomad box. The MAR showed the person was prescribed medicine for pain relief, four times each day. The MAR for the week of this inspection held two gaps, which meant it was not possible to know if the person had been given their pain relief.

One person’s care plan held conflicting information about medicines administration. Part of the plan stated that some tablets needed administering at different times, another part of the plan indicated that all medicines could be taken together. We shared our findings with the manager who took action immediately to ensure this person’s care plan was updated to contain accurate information to uphold the person’s safety.

We visited another person who told us their medicine was also stored in a ‘nomad’ box, which was renewed on the same day each week. The person told us where their medicine was kept, but this could not be found. We discovered that the person had inadvertently been given their morning medicines twice by different care staff, as one staff had visited the property to update the care plan, so two visits had been made. The ‘nomad’ box had been emptied and discarded. We spoke with the manager regarding this and found checks had been made with the person’s pharmacist and GP to ensure their health would not be impacted on, and appropriate action had commenced to ensure staff followed correct procedures.

These examples demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We looked at four staff files. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff

Is the service safe?

recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work for the service. This showed that recruitment procedures at the service helped to keep people safe.

Staff confirmed that they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can safely report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We found that a policy on safeguarding people was in place so that staff had access to important information about

their roles and responsibilities. A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected. We saw that staff completed financial transaction records and these were returned to the office for safekeeping. The financial transaction records seen showed that each debit had been recorded and signed for by the care worker and person being supported.

We looked at five people's care records. We found that assessments had been undertaken to identify risks to people who used the service. These included environmental risks and any risks due to the health and support needs of the person. However, three risk assessments seen were due to be reviewed the month prior to this inspection to make sure they continued to contain accurate and up to date information and promote people's safety. These reviews had not taken place. This was brought to the attention of the manager who showed us a schedule for updating all care plans. The manager explained that all care plans were being updated as part of the new management plans for improving the service. We saw that some plans had already been updated in line with this schedule.

Is the service effective?

Our findings

People we met with and spoke with told us the service was delivering care in a way that met their individual needs and ensured their health and safety. They told us that the service was reliable and they mostly knew the care workers that would be visiting them. People spoke highly of their regular care workers and said they had never had a missed visit.

People commented, “I’ve got a rota of staff and know who will be coming,” “It’s usually the same carers but not always, sometimes things go wrong on the visit before, you can’t help that,” “I am very happy with the service, it’s been very hard because this is the third company I have had, but these seem better,” “I have regular carers, they are usually on time, but some are a little late if [my regular care worker] is off” and “The carers are mostly on time and stay the correct amount of time and sign the book before and after the call. I would recommend them.”

One person told us that they should have visits of 30 minutes duration, but staff usually only stayed ten minutes. We checked this person’s ‘planned versus actual’ report for the week prior to this inspection, and sampled some visit records undertaken by care workers. These showed that the majority of visits were of 20 minutes duration and above. We passed this person’s comments to the manager, with their permission so that the manager could monitor this.

People told us the care workers knew what support they needed and commented, “[Name of care worker] is smashing, a lovely woman. They couldn’t be better” and “All of them [care workers] are lovely.”

People told us they thought staff had the skills to do their job. They commented, “They [care workers] seem well trained,” “They are well trained and they give me the help I need,” “My carer trains them all, him and [name of other care worker] make sure the new ones do it all right,” “[Name of care worker] came this morning with a trainee, I can tell she is going to be alright,” “I used to be in charge of a Home Help service, I am very impressed with their standard of training, it is excellent” and “They know what they are doing, better standards than the previous ones [care agency.]”

A relative told us, “They [care workers] are well trained and knowledgeable about the care they give my relative. The carers work together with the nurses who come in twice a week and they ask consent before they do anything.”

During one visit to a person’s home the care worker was present. We also spoke with two people who were with their care worker at a community resource near the office. We saw that the care workers interacted in a kind and friendly manner with the people being supported and they appeared to know each other well.

People told us that staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care plans identified when support with meals was required.

People told us they had access to health care professionals and visits from care workers did not hinder or restrict these.

We asked people and their relatives if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could speak to someone at the office if they needed to. One person commented, “I just pick up the phone and they are there. The numbers are in my book.”

Another person told us that they knew there had been changes in the management, but didn’t know the details. We discussed this with the manager who told us they had plans to write to people using the service to inform them of the changes to the management and office staff so that they were aware of this.

All of the staff spoken with said that the training provided by the agency was ‘good.’ Training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as choice and control, person centred planning and confidentiality. New staff shadowed a more experienced member of staff before working on their own. Staff said the induction training was also ‘good.’

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding, infection control, moving and handling and medication. We found a system was in place to identify when refresher training was due so that staff skills were maintained. The training matrix identified that seven staff required refresher training in moving and handling. The

Is the service effective?

manager showed us confirmation that this training had been booked. We spoke with the training officer who explained the process of induction and refresher training. They also confirmed the moving and handling training had been booked for the staff identified.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

All of the staff spoken with said that they had received supervision from their manager in recent months. However, two of the four staff files checked showed that staff had not received supervision at the frequency identified within the service's policy of six times each year. None of the files held evidence of an appraisal. We discussed this with the manager who showed us that supervisions had commenced since they had started in their role. The manager described the systems for staff supervision and appraisal and gave assurances that all staff would be provided with these. Staff said that they felt well supported

by the manager and we saw evidence that 'spot checks' had commenced as part of the supervision process so that senior care workers and managers could observe staff providing support.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw that the provider included MCA and DoLS training in its arrangements for safeguarding training and that staff records showed they had received this training. Staff spoken to had some understanding of MCA, but were less clear of DoLS. This was discussed with the manager who gave assurances that this would be addressed in training competency assessments.

All of the five care plans checked had been signed by the person being supported to evidence their agreement and consent. This showed that people agreed their plan of care.

Is the service caring?

Our findings

People told us the service was caring and staff knew them and understood their preferences and needs. Relatives we spoke with all said the staff were kind. Comments included, “They [care workers] are fantastic, all of them are very good, “The carers are very caring and treat my husband with dignity and respect when carrying out person-centred care. The carers listen to me,” “I get on well with my regular carers and they talk to me and treat me with dignity and respect, they always knock before entering my home,” “I would recommend them to anyone, I would trust them with my life, such nice people, nothing is too much trouble,” “They do a lot for me, I am very happy with them,” “So kind and polite” and “They [care workers] treat me well.”

People told us that care workers involved them and always asked their opinion. Comments included, “They [care workers] help me be myself at home and always ask what else they can do,” “We do have a laugh, I get all the stories, they talk to me, it keeps you going” and “They [care workers] do a lot, even my washing, they make me my sandwich, they always ask what I want.”

People told us that they had a regular care worker that knew them well, and when they were not working “familiar faces” (care workers the person knew) would visit them. One person told us that when their regular care worker was not working they did not know who would be visiting.

Staff spoken with said that they had a regular schedule, which meant they could get to know the people they supported, their preferences and needs so that these could be supported.

We visited three people in their homes and spoke with them and one of their relatives. On the day of our visits one person was receiving support from a care worker that they knew well. We also spoke with a care worker and a person they were supporting at a community resource near the office. This meant we were able to observe how care workers related to people who used the service. We saw the care workers treated the person with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. The care workers spoke with people kindly and obviously knew them well. People appeared happy in the company of their care worker.

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

We spoke with five care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Is the service responsive?

Our findings

People spoken with said the support provided by Sanctuary Homecare Limited (Sheffield) was reliable and they had been involved in planning their care so that the support provided matched their needs. People said a manager from the service had visited them to assess their needs and write a care plan. Relatives told us they had been involved in writing their loved ones care plan with them so that their opinions were considered.

People commented, “We [relatives and person being supported] were all involved with the care plan, we were asked our preferences and asked about the gender of the carers. We mainly get a male but sometimes there has to be a double up and we then may get a male and a female carer,” “I have a care plan and I only have female carers, that’s what I asked for,” “My daughter came and helped with my care plan. We talked about what help I needed. It gets reviewed often, people come and check,” “I was asked what I wanted and it’s all written in my book (care plan),” “My daughter is very happy with the care, she does all the plans and review stuff, I am very happy with it too. I was asked about what I wanted and my daughter checks” and “My family sorted out that (the care plan). I didn’t want to, but they [care workers] do what I want.”

One person told us “I am not sure if I have a care plan and I have never been asked my preference on the gender of the carer, but I get the help I need so I have no complaints. I have a regular who chats to me”

People told us that they had no worries or concerns, but knew who to contact if they had. People said that staff at the office would listen to them. Comments included, “I have no worries but I would know how to complain,” “I would complain if I had to. I would just lift the phone and tell them, but I don’t have to, they are very good,” “We have never had to make a complaint, but know what to do if the need arises” and “I have a say in what they do, they are very friendly. My only complaint is that if I cancel an evening call, because my family is here, they sometimes still come. I just send them packing; still it is a good fault.”

We found some specific examples of how the service had responded to people’s individual needs. One person told us that she needed support to visit her husband who was in a

care home, and asked us to discuss this with the manager. We found the manager was aware of this request and gave assurances that arrangements were being made to facilitate this.

Another person told us that whilst she had no preference and was happy for male or female care workers to visit, there had been one occasion where she had phoned the office to ask that a specific male carer did not visit her again and this had been supported and respected by the service. We discussed the reasons for this with the person and found no further action needed to be taken in response to their comments and to keep them safe.

One person told us that care workers visited them each morning to help them take their medicine. Their care plan stated a 15 minute call was needed but staff only stayed for five minutes, on average. The person told us they only wanted care workers to give them their tablets and then go, because they weren’t a ‘morning person’ and didn’t need anything else. We checked this person’s care plan and found that it held no details informing staff that they could leave once medicine had been administered. From checking this person’s plan we also found it contained conflicting addresses. We visited the person in their home the following morning and found staff were present updating the plan to accurately reflect the person’s needs and make sure only the correct address was recorded.

We checked five people’s care plans and found some required improvement. The care plans seen contained some information on the person’s support needs and preferences, so that these could be supported and met. The plans contained evidence that people’s opinion had been sought and we saw that people had signed their care plans. However, four of the five care plans identified that they had required reviewing in March 2015 to ensure they remained up to date. The three care plans checked in people’s homes were disorganised with loose papers not in any order. This made it difficult to locate information. Some historic ‘visit records’ from 2014 were kept in the care plans, again in no particular order. We discussed this with the manager who showed us that they had developed a schedule for updating every care plan. We saw that this had commenced and checked one updated plan that appeared well organised and set out.

We found that the service had a policy on complaints and saw information on how to make a complaint was provided to people in the service user guide. We asked for the

Is the service responsive?

complaints record and found this required some improvement to ensure evidence was available to show people's complaints had been responded to and people could be satisfied their concerns were dealt with effectively. The complaints record detailed three complaints had been received via an 'internal referral form' (IRF) from the local

authority. The manager could clearly describe, in detail, the actions she had taken in response to the concerns and informed us that these had been closed. However, the manager had not recorded these actions, so the complaint's file did not reflect this. The manager gave assurances that the record would be updated.

Is the service well-led?

Our findings

People told us they thought the service was well led. Comments included, “The manager appears to be very nice on the phone,” “They have spot checks from the senior carers all the time, it makes me feel so safe,” “The manager comes and checks sometimes to make sure they [care workers] are doing their job. That’s good” and “So much better than the last one (agency.) I hope they stay.”

The new manager had commenced in post in March 2015 and had applied to register with us. At the time of this inspection they had been working at the service for approximately five weeks.

A few months prior to this inspection the registered manager had resigned from her post and office staff had also left. This meant that all of the office and management at the location had changed. The provider had put systems in place to support this staffing transition and an area support manager had been placed at the location to support the new manager.

In addition and since our last inspection, the service had grown considerably, from supporting 4 people with two care workers, to supporting 284 people with 95 care workers.

One person told us they had not been formally informed of the management changes and commented, “There has been some management changes recently from what I have heard (from my carer) but have not been informed of the changes by the company.” The manager told us that she would send a letter to all people using the service to introduce herself.

All of the staff spoken with said the new manager was approachable and supportive. Without exception, staff said morale and support had improved since the management had changed. Staff told us the manager had an open door policy and they felt they could approach her and be listened to.

Throughout our visit we saw care workers visit the office and observed they had a good relationship with the manager and approached her freely.

We found that the service had a policy on quality assurance. We saw that some checks and audits had been undertaken to make sure systems were safe and people’s opinion was sought and responded to, for example spot checks and audits of call times. The manager was able to show us that she had identified areas for action and had prioritised these.

We saw records of spot checks that showed senior staff undertook unannounced visits to observe care workers providing support, and to ask the opinion of people being supported. All of the staff spoken with said that regular spot checks took place.

We found that a questionnaire had been undertaken by the service in March 2015. The results of the survey were being audited so that a report could be made available to people. We saw a report from the previous surveys to evidence that these were undertaken. In addition, the area support manager was undertaking telephone surveys with people using the service to obtain their views and identify areas for improvement. The area support manager told us she had telephoned approximately 40 people. Some people supported by the service told us that they had been telephoned for their opinion.

We found that MAR’s had been returned to the office and audits on these had been completed to identify any gaps. We found that a schedule was in place to review and check all care plans to make sure they contained accurate and up to date information. This should address the breaches in regulation we had identified with reference to people’s medicines.

The service had recently recruited to a quality assurance officer post and the manager told us that monthly visits would be undertaken by the quality assurance officer to audit the running of the location. Reports of previous quality assurance visits could not be located, but the area support manager had been present at the location for the six weeks prior to our inspection to oversee the running of the agency.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Procedures for the proper and safe management of medicines were not always adhered to. Reg. 12</p>