Sanctuary Oasis Limited

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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

This inspection took place on the 1 November 2016, with an announced visit to the service. In addition, phone calls were made to people using the service and their relatives on the 3, 7 and 10 November 2016.

Sanctuary Oasis provides personal care for people living in their own homes in Milton Keynes and Northamptonshire. When we inspected they were providing care for approximately 21 people.

The service had a registered manager in post. 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.

Systems were in place to identify potential risks to people, and to put steps in place to help staff to effectively manage the risks. People felt safe when they received care from the service and staff worked to protect them from harm or abuse.

Staffing levels were consistent and sufficient to meet people's needs. Pre-employment checks were carried out on all staff before they started working at the service to ensure they were of good character and suitable for their roles.

Staff received the training and support they needed to make sure they had the knowledge and skills to carry out their roles. Staff supervision systems were in place to provide a forum for staff to discuss their learning and development needs and any concerns they had.

Consent to care and support was sought from people using the service. Where it was assessed that people lacked the mental capacity to give their consent or make specific decisions, best interests' decisions had been made by their family members or their close relative. Staff supported people to maintain a healthy and balanced diet and to seek the support of healthcare professionals when needed.

People were treated with kindness and compassion. Positive caring relationships were developed between people using the service, their relatives and staff. The staff ensured that people's dignity was maintained at all times. People's specific needs and preferences were respected by staff when providing their care. People and their relatives were involved in care assessments and on-going reviews of their care needs.

Systems were in place to routinely listen and learn from people's experiences. People and their relatives were encouraged to make a complaint if they were dissatisfied with any aspect of the care they received from the service.

There was a positive and open culture at the service. Quality assurance checks were regularly carried out by the provider. The feedback received from people using the service and their relatives, was used to identify

areas where the service was doing well and areas to drive further improvement.

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

Staff understood their roles and responsibilities to safeguard people and to report any concerns. The provider had informed the local safeguarding authority in relation to safeguarding concerns.

Risk assessments for moving and handling, pressure area care and nutrition were regularly reviewed to identify changes in people's needs and they were amended accordingly.

Staff recruitment procedures ensured that only suitable staff were employed to work at the service. Staffing levels were consistent and sufficient to meet people's needs.

Where the provider had taken on the responsibility suitable systems were in place to safely manage people's medicines.

Is the service effective?

Good

Staff received appropriate training and systems were in place to ensure they received regular supervision and support.

People were involved in making decisions about their care; where they lacked the capacity to make their own decisions, decisions made in their best interests were made in line with the Mental Capacity Act (MCA) 2005.

People were encouraged to eat and drink sufficient amounts to maintain good nutrition and hydration.

Staff contacted the relevant healthcare professionals in response to any sudden illness or emergencies.

Is the service caring?

Good

Relationships between staff and people using the service consistently demonstrated that staff preserved people's dignity and respect at all times.

Staff took the time to explain things to people and provide them with sufficient information before carrying out any care tasks.

Is the service responsive?

Good

People's care, treatment and support was set out in a written care plan that described what staff needed to do to make sure personalised care was provided.

The care plans contained sufficient detail to inform staff on the type of support people needed to maintain their health and well-being.

A complaints policy was in place and people were given information on how to make a complaint.

Is the service well-led?

Good

The registered manager had an open door policy and was available to people using the service, their relatives and staff.

Communication between the provider and the staff was effective and staff felt supported in their development.

Management systems were in place to regularly review the quality of service provision.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 1 November 2016, with an announced visit to the service. In addition, phone calls were made to people using the service and relatives on the 3, 7 and 10 November 2016. The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information in the PIR and other information we held about the service, this included information from statutory notifications that the provider is required by law to submit to the Care Quality Commission (CQC) telling us about reportable events, such as safeguarding concerns.

During the inspection we spoke with four people using the service and three relatives of people using the service. We also spoke with the registered manager, the care coordinator and five care staff.

We reviewed four people's care records, including risk assessments and medicines records. We also reviewed three staff recruitment records, and other records in relation to staff training, supervision and the management oversight of the service.

Good

Is the service safe?

Our findings

People felt safe when receiving care and support from the service. They told us that they never felt their safety was a risk when staff provided their care. One person said, "We are reassured by the staff that look after us, we have the same staff that come to us, we know and fully trust them." Another person said, "I need to use a hoist, the staff know how to use it to keep me safe."

The relatives of people using the service that we spoke with all confirmed they thought their family members safety was maintained by the staff. One relative said, "I am very confident the staff know exactly what they are doing and that they wouldn't place [Name of person] in any danger." The staff told us they had received health and safety training, which included moving and handling people. One member of staff said, "I would not do anything to place the safety of people at risk. Another said, "I was not allowed to do any moving and handling of people until I had received the training, it's important we move people safely, using the right equipment."

The staff told us they had received safeguarding training to inform them on the different types and signs of abuse and the abuse reporting procedures, so they knew what to do if they suspected any people in their care were being subjected to any abuse. The staff were able to describe how they would report abuse both internally and externally to the local authority safeguarding team or the Care Quality Commission (CQC). One member of staff said, "If I ever thought anybody was being abused, I would not hesitate to report it to [Name of registered manager] I am confident she would do the right thing." We saw records that demonstrated the registered manager had taken action to share information with the local authority safeguarding team to protect people from abuse. We saw that safeguarding incidents had been reported where staff had concerns and that the service had taken appropriate action to investigate those incidents and put measures in place to keep people safe.

Risks to people's health and well-being were identified and appropriately managed by the service. People using the service and their relatives confirmed that risks assessments were carried out. The staff confirmed they reported any changes to people's care directly to the care co-ordinator and the registered manager to ensure the assessments were reviewed and updated accordingly. The registered manager also told us they had recently introduced new risk assessment documentation, to ensure assessments had sufficient detail and were specific to individuals. We reviewed the risk assessment documentation and saw that they identified specific risks to the person such as, mobility, falls, nutrition, pressure area care, continence management and catheter care. They also identified any hazards within the person's home environment. The assessments provided staff with sufficient information and guidance to keep people safe.

Systems were in place for staff to report any accidents and incidents. We saw that accidents or incidents that had occurred during care visits, such as trips or falls had been promptly reported to the office and the accidents had been recorded appropriately.

The staffing levels were sufficient to meet the current needs of people using the service. People told us they thought there was enough staff and it was generally the same staff that provided their care. One person said,

"The staff usually arrive at the same time, and they stay for the full length of time." A relative said, "We generally have the same staff, sometimes we might have a new member of staff, but they always come with an experienced carer." One member of staff said, "I always go to the same people, I would like to think they know and trust me, we get along very well."

The registered manager told us that there was a mix of staff who worked full and part time hours, which provided a level of flexibility in meeting the needs of the service. They had recently introduced a computerised management system that monitored the times of the visits. The system provided information on the staffs working hours and their scheduled call times and flagged up any areas for attention, for example, if staff were running late. This enabled the registered manager to take proactive action, such as contacting the person to inform them the staff were running late or to assign another member of staff to attend the call. It also provided the tools for the registered manager to analyse any trends.

Safe recruitment practices were followed. Staff told us that before they were able to commence working for the service they needed to complete an application form and provide documentation to prove they were legally entitled to work in the United Kingdom. They also told us they had to provide references from their previous employer and have suitability checks carried out through the government body Disclosure and Barring Service (DBS). We saw the staff recruitment files contained evidence these checks had been carried out before staff started working at the service.

Systems were in place to manage people's medicines where the provider had taken on the responsibility. One person said, "I have never had any problems with the staff giving me my medicines I regularly get them on time." Another person said, "They give me my tablets every morning, they know exactly how I like to take them." Relatives also confirmed they worked with staff to ensure their family members received their medicines on time. For example, they communicated with the staff, when they had given their family members their medicines, if they had been out for the day. The relatives told us the staff always checked on their visits, whether their family members had taken their medicines. One relative said, "My husband picks up [Name of person's] medicines from the chemist, we share the responsibility to ensure that [Name of person] has their medicines regularly.

The staff told us they received training to provide them with the skills and knowledge to safely administer people's medicines and that their competency to administer medicines was routinely observed and assessed after they had completed the training. We saw records of the observations were held within the staff files.

We viewed some completed medicines administration records (MAR's) for people using the service and saw they had been signed appropriately by the staff on administering the medicines. We saw the MAR charts were also examined during spot checks carried out, and on their return to the agency office for archiving. These checks ensured that any recording errors were quickly identified and addressed with the staff team to drive continuous improvement.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills needed to carry out their roles and responsibilities. People told us that they felt the staff that provided their care were trained and knowledgeable about their care needs. One relative said, "The staff seem to be well matched, we get on very well with each other, they know how [Name of person] likes to have their care provided." Another relative said, "I am generally always here when the staff call on [Name of person], I see them using the hoist equipment, they seem to know exactly what they are doing, I have every confidence in them."

The staff told us that they felt the training they received was good. They told us that when they had first started working at the service they received induction training and they had spent some shifts as an extra member of staff, observing experienced staff. One member of staff said, "The length of time spent shadowing staff depends on your previous experience, whether you have done care work before or not. We are a good staff team, we welcome new staff that join us, two new staff that have just started, they have lots of potential, it's really good to help them to settle in." Another member of staff said, "I think the training we receive is very good, we go on council run training courses, I find it interesting it's good to meet staff from other care settings that are on the courses, you also learn from one another."

The registered manager told us that all new staff were given full induction training that covered the standards of the Care Certificate. (The Care Certificate is a training programme to enable new staff to develop the skills, knowledge and competency, to provide quality care for people using services). The registered manager also told us that existing staff received regular training updates so they were informed of any changes in current practice and legislation. We saw the training the staff received was recorded on an annual training plan, that identified when staff were due for updates to their training. We also saw that certificates were available within the staff recruitment files on the training each member of staff had attended.

Systems were in place to ensure that staff received one to one and group supervision and annual appraisals of their performance. The staff told us the care co-ordinator and the registered manager were very supportive. One member of staff said, "You only need to call the office and they are always willing to help in any way that they can." The staff told us they had supervision meetings on a regular basis to discuss their performance and training needs. They also told us that staff meetings took place, during which they received information about the service, such as policy updates and that they had the opportunity to discuss their work and suggest ideas for any improvement. The staff also confirmed that regular spot checks and observations were carried out to assess their work performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the

Court of Protection.

We found that people that lacked the capacity to give their consent had close family members acting on their behalf. Some relatives had taken on the role of a lasting power of attorney to their family members. The relatives we spoke with told us they were fully involved and informed about the care of their family members and they were involved in making best interests decisions as and when required. For example, decisions about who would take on the responsibility for managing and administering medicines.

People told us that staff members asked them for their consent before they provided them with any care or support. One person said, "They always ask me before they do anything." A relative said, "I hear the staff asking [Name of person] if they happy with the care they are providing, they always ask before doing anything, if [Name of person] says no, they respect their wishes." Another relative told us their family member had limited verbal communication. They said, "The staff know not to make decisions for [Name of person] too complex, they therefore ask questions that just need a simple, yes or no. For example, whether [Name of person] needs any pain killers."

The staff confirmed they were aware of the importance of seeking people's consent before they provided them with any care. We also saw that people had signed to say they consented to the care to be provided by staff.

People were supported maintain a healthy balanced diet. People told us that the staff prepared snacks and hot meals for them. One person said, "They do my breakfast, dinner and tea, they make up sandwiches and hot meals for me." One relative told us they and their family member had encountered some 'teething problems' around the provision of food when they first started using the service, the relative said, "Things have now improved, [Name of person] only has meals in the freezer that we know he likes, the choices need to be made simple, as [Name of person] can get very confused if given too much choice." We saw this approach to providing the person with meal choices was also recorded within their care plan.

One member of staff said, "Before I leave I always make sure [Name of person] has their lifeline (alarm) and a snack and drink to hand." The staff told us they prepared people's choices of food and drinks and that the care plans offered them guidance on what people liked and disliked, as well as the level of support people required to eat and drink. We also saw that people's care plans provided staff with this information and that the staff recorded in the daily notes held within people's home what food and drinks they had taken during the visits. This information was used to monitor that people were receiving a balanced health diet.

People were supported to maintain good health and have access to healthcare services and ongoing healthcare support. People told us they were supported by staff to see their GP and other healthcare professionals, such as the district nurse and to attend health appointments. One relative said, "[Name of person] is bedbound, the staff are excellent, they help [Name of person] to change position in bed. They work very well with the district nurse; they are doing a brilliant job."

The staff told us they reported any changes in people's health conditions immediately to the registered manager and their relatives. One member of staff said, "I never assume anything, if I find any of the people I provide care for are unwell, I would contact the GP on their behalf. I have done so before and so glad I did, as it turned out that [Name of person] had double pneumonia." Another member of staff said, "We work really closely with the district nurse, because we see people regularly, we can spot when they are not 100%, and quickly get help for them." Another member of staff said, "The district nurse said how pleased she was with the pressure area care we were providing for [Name of person], it's really nice to have recognition for the work that we do. We take great pride in supporting people to maintain their health."

Good

Is the service caring?

Our findings

Positive caring relationships were developed between people using the service, their relatives, and staff. People told us the staff treated them with kindness and compassion and they had good relationships with the staff. They also confirmed it was generally always the same staff that provided their care. One person said, "The staff are absolutely lovely, they are all very good." A relative said, "The staff are excellent, they always have a smile on their faces and always willing to help in any way that they can." The same feelings were also echoed by other relatives we spoke with.

The staff were knowledgeable of people's specific likes, dislikes and personal wishes. One member of staff said, "I really enjoy my job, I work mainly with the same people, we have got to know one another very well." The staff told us they enjoyed working for the care agency and talked of how they had struck up good relationships with the people they provided care for, they were able to describe specifically how they met each person's needs.

People's privacy and dignity was respected and promoted. People and their relatives told us the staff always protected their dignity and always showed respect towards them. For example, addressing people by their preferred name, and ensuring all personal care was performed in private. One person said, "The staff are very polite and respectful." Another person said, "They always treat me with dignity, when I am having a shower they always make sure I am covered." One relative said, "The staff are very polite they are brilliant." The staff told us they always made sure people were treated with dignity and respect. The staff understood and promoted respectful and compassionate behaviour. We saw that these values were covered during the induction training under the Care Certificate modules.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us that information had been made available to them, telling them about the service and how their needs were to be met by the service. We saw that written information was given to people in a booklet for people to keep so they could refer to it when needed.

People told us they had been involved in assessments of their care needs and in putting together their care plans. One person said, "We discussed how I wanted the staff to provide my care, they asked me what my preferences were and this all went into my care plan." Relatives and people using the service were also involved in the care planning process. We saw the care plans had been signed by people and / or their relatives to show their involvement in decisions and that they were in agreement with the care to be provided by the service. The care plans clearly identified the call times and the length of the visits that had been agreed with people using the service. We saw the daily records written up by staff at the end of each visit recorded the call times that corresponded with what had been agreed.

People using the service and their relatives told us the care plans were regularly reviewed with them. One relative said, "The manager or [Name of co-ordinator] discusses [Name of persons'] care with us to make sure everything is up to date."

The staff told us they thought that care plans held in people's homes accurately reflected the needs of the people they visited. They told us that any changes in people's needs were quickly brought to the attention of the registered manager, so another assessment could be carried out to ensure the person's care plan was up to date and the right care was provided.

The provider had systems in place to routinely listen and learn from people's experiences. People told us they were regularly asked for feedback about the care they received. This took place during home visits carried out by the registered manager and the care co-ordinator and also through carrying out telephone surveys. People said they felt their feedback was taken into consideration as a means to continually assess the care provided and improve the service delivery. For example, a relative told us the staff were having some difficulty accessing their family members' home, as the person sometimes double locked their front door, making it difficult for staff to enter the house. The relative told us they had arranged for a keysafe to be provided so that staff could enter through another door into the property to provide the person's care.

A complaints policy was in place and people were given information on how to make a complaint. People told us that they were encouraged to make a complaint if they were dissatisfied with any aspect of the care they received from the service. All of the people we spoke with commented that the registered manager was open and transparent in response to any concerns brought to their attention. They told us they were confident that any concerns would be dealt with appropriately by the service. One relative said, "We had some teething problems in the start, but things have now improved." Another relative said, "I have not had any cause to complain but if I did I would speak with [Name of registered manager]; I know she would take any complaint seriously." We saw that complaints received by the service were responded to and

investigated appropriately. We also saw that general feedback, comments and compliments were recorded to identify areas where the service was doing well and areas for further improvement.

Good

Is the service well-led?

Our findings

There was a positive and open culture at the service. People using the service and their relatives told us they were pleased with the care they received. They told us they had regular contact with the registered manager and the care coordinator.

The staff told us they enjoyed working for the service and that they felt valued and involved in decisions about any service improvements. They told us they were kept informed of any changes through communications with the registered manager via, face to face meetings, regular phone calls and text messages.

The registered manager was aware of their responsibility to report incidents or concerns to ensure that people were safeguarded against abuse or improper treatment. The service had a whistleblowing policy in place and staff were aware of their duty to report safeguarding concerns to the registered manager and also to the local authority safeguarding team and / or CQC, if they thought safeguarding matters had not been dealt with appropriately by the registered manager.

People using the service and relatives told us that the registered manager and the care co-ordinator visited them regularly to discuss their experience of using the service and their feedback was listened to and taken on board to improve their experience.

We saw that management quality assurance systems were used to review people's care plans, risk assessments, daily care records and medicines administration records. We saw the reviews were completed by the registered manager and the care coordinator on a regular basis and were used to identify areas for improvement to drive continuous improvement.