

# Sanctuary Home Care Limited

## High Worple

### Inspection report

3-5 High Worple  
Rayners Lane  
Harrow  
HA2 9SJ

Tel: 02088662867

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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 6 November 2015 and was unannounced.

During our last inspection on 13 June 2014 we found no breaches of the regulations assessed.

High Worple provides care to people with learning disabilities from an Asian background. It is registered to provide care for a maximum of 5 people. At the time of our inspection the home had one vacancy. The registered manager was available during this inspection. 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.

Written risk assessments were clear about the actual risk to the person and did provide guidance for staff regarding how risks were to be managed.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting.

Medicines at the home were well managed.

The physical environment at the home was suitable for the people who lived there. The registered manager informed us that actions had been taken to address minor maintenance issues.

Staff recruitment processes were in place to ensure that care workers employed at the home were suitable. Staffing rotas met the current support needs of people, and we saw that additional staff were provided to support activities where required.

People who used the service had capacity in making independent decisions and were able to leave the home independently as they wished.

Staff training was good and met national standards for staff working in social care organisations. A number of staff had achieved relevant qualifications in health and social care. Care workers received regular supervision and appraisals, and team meetings took place each month.

People's dietary needs were met by the home, and there was evidence that people were enabled to make choices about the food and drink that they received.

Other health and social care professionals were involved with people's treatment and support.

Staff members treated people with respect and dignity. The home was able to meet people's cultural and language needs.

The care plans maintained by the home provided clear person centred guidance and information in respect of how support should be provided by care workers. They had been updated to reflect current information about people who used the service that might have had a significant impact on their care.

People living at the home, relatives and care workers informed us that they were happy with the support and guidance they received from the registered manager.

Quality assurance monitoring took place regularly and records of this were in place.

## 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. Risk assessments clearly identified risks, and risk management plans did provide guidance in how risks were to be managed.

Staff understood the principles of safeguarding vulnerable adults, how to recognise the signs of abuse, and what to do if they had any concerns.

Medicines were well managed and recorded.

### Is the service effective?

Good ●

The service was effective. Staff members received regular training and supervision, and team meetings were held regularly.

People who used the service did not lack capacity and were able to make independent decisions in relation to the care provided. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

People who used the service told us that they were happy with the support that they received.

Meals provided reflected the cultural and religious needs of people who used the service.

### Is the service caring?

Good ●

The service was caring. Staff members interacted with people in a respectful and positive way.

When people required support this was responded to quickly and in a way that respected people's privacy and dignity.

The communication needs of people who did not communicate easily in English were supported by staff members with knowledge of their language and culture.

### Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and provided detail of how people should be supported, and did include significant information about people's needs.

People met regularly with their key worker, and the records showed that people had been asked for their views and that outcomes were set.

Records showed that issues arising for people on a day to day basis were recorded along with actions taken.

People who used the service knew how to make a complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders. The registered manager took people's views into account in order to improve the service and care provided.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

# High Worple

## **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 6 November 2015 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

We used a range of methods to help us to understand the experiences of people living at the home. We spoke with two people who used the service, two relatives, two care workers, and the registered manager. We observed activities within the home and interactions between staff and people who used the service. We looked at three care plans and associated care documentation including risk assessments, medicines administration records and procedures, and a range of other documents maintained by the service. These included policies and procedures, staffing records, training records, complaints records, accident and incident reports, staff rotas, menus, activity records and quality assurance documentation. We spoke with a visiting professional during this inspection.

# Is the service safe?

## Our findings

Relatives told us that their loved ones were safe. One relative told us, "They look after my relative very well and make sure that she is safe." Another relative told us "I know my relative is happy there – I see my relative every week, and my relative talks to me a lot. My relative would tell me. Everything is fine. I know that she considers it home from home." People who used the service told us "I like it here - I like being busy and doing lots of activities – the staff are kind. They help me to not spend too much money and not clutter my room up." "I like this house – I sleep well. I'm happy here and where I work, I'm happy there also. The staff are good."

There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and the action they needed to take to report any concerns. Staff knew about the whistleblowing procedures and were confident that any safeguarding concerns would be responded to appropriately by the registered manager and other management staff.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care and support they needed safely. The registered manager told us staffing levels were adjusted and staff were deployed to meet the changes in needs of people and to make sure people were supported to attend health care appointments and participate in a range of activities. He provided us with an example of when extra staff had been on duty in response to a person having to visit the hospital. A care worker spoke of there being consistency of staff who all knew people well and understood their individual needs. We found that staff were busy, but had sufficient time to talk with people and to provide people with the care and support they needed.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments had been completed for a selection of areas including people's behaviour, medicines, fire safety, environment and risk of abuse, including financial abuse. They had been regularly reviewed. Staff were aware of the details of people's risk assessments.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. One of the people had been involved in recent staff interviews, and spoke about this very positively. "The people I said should work here, they listened and they have started to work. I know what questions to ask, and I like chatting to them."

Staff took appropriate action following accidents and incidents and action was taken to minimise the risk of

them occurring again.

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Improvements in response to these checks were made. Regular fire drills were carried out, so staff and people using the service knew how to respond safely in the event of a fire.

Medicines were stored, managed appropriately and administered to people safely. Records showed the medicines management and administration systems were regularly checked by the registered manager and improvements made when needed. Staff had received medicines training and had received an assessment of their competency to manage and administer medicines to people safely. Within each person's care plan there was detailed information and guidance about their specific medicines needs. Staff were aware of this information. Medicine administration records showed that people had received the medicines they were prescribed. We observed staff administering medicines and saw that the care worker took sufficient time and administered medicines according to people's care plans. Records showed that the medicine procedure had been discussed during staff supervision meetings and staff meetings.

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## Is the service effective?

### Our findings

Relatives told us that their relative received effective support from staff at the service. Comments included "I think it's very good," and "They helped [relative] to improve," and "The food is very good so we were told." "I have said to them – I'd like to move in myself – the food always looks lovely, and is of a good quality. There is also variety to the diet."

Relatives told us "All the care staff are brilliantly trained," and "They have a really good team there." We looked at three staff files. Training records showed that staff had received induction training prior to commencing work and also attended mandatory training and training on other relevant topics including learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the organisation and confirmed that they received annual refresher training. "We get regular emails from the admin staff about training, and we have started online training as well. I had a good Induction, yes. I do my Safeguarding training – Safeguarding is discussed a lot – every aspect." "Also, Person Centred Planning – very important." They displayed a good understanding of how to support people in line with best practice particularly in promoting independence.

Staff team meetings were held each month, covering a range of topics relevant to the service to ensure that staff worked consistently with people. Staff members received individual bi-monthly supervision sessions with management. Regular appraisals were carried out to reflect on annual performance and discuss further training and learning needs to improve better understanding of people's needs.

CQC is required by law to monitor Deprivation of Liberty Safeguards (DoLS). DoLS are there to make sure that people in care homes, hospitals and supported living services are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and legal way. People who lived at High Worple were not deprived of their liberty and had capacity to make their own decisions. We saw people leaving the home independently during the afternoon and risk assessments were put into place to protect people when in the community on their own.

People made the following comments about the food provided. "It's very nice – all of the people coming want to try out my chapattis – I like cooking them."; "I don't eat red meat – I can eat other things, and at work I have cheese and onion quiche" "I like cooking and I like shopping." "We get it at Iceland and Morrison's too." Another person said "I'm a diabetic – staff help me to choose healthy options for eating." People met every month to discuss the menu. Staff told us that pictures were available for people to choose what they wanted to eat. People were provided with Asian meals which were relevant to their cultural and religious background. The registered manager told us that some people chose to eat meat, which was recorded on their care plans as well as their likes and dislikes. We observed lunchtime and found that people were provided with sufficient time to eat their meal, which was home cooked and well balanced. Dietary requirement was discussed with the person's GP and the person and dietician input was sought where required. We saw that people's weight had been monitored and staff were able to tell us of actions to be taken if weight increased or decreased.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with healthcare professionals and outcomes and actions for staff. We saw that staff sought support from healthcare professionals quickly when they were concerned about a person's health. People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. Healthcare professionals spoke positively of the working relationship between people who used the service, care workers and clinicians. One healthcare professional told us that guidance provided was followed by care workers and any monitoring charts implemented were completed to ensure data was available for the clinicians to review the person's progress.

## Is the service caring?

### Our findings

We asked people who used the service if care staff cared and treated them with respect. One person told us "Staff are very caring, I get on well with them". A second person told us "Staff will always knock on my door before they come on. If I am not happy with staff I will talk to the manager." Relatives we spoke with echoed people's views and told us "I can honestly say with hand on heart that it's the best place so far". "The staff are all caring and very understanding". We spoke with people if they had opportunities to talk about the care provided. One person told us "We have residents meetings every Sunday, where we talk about the food, activities and the menu". Another relative said that staff really worked hard to encourage her sibling to take part in activities. "He knows his own mind, and they respect that. They do their best to get him involved with activities, and are very accommodating."

Staff showed good understanding of people's life histories. For example, one member of staff was able to tell us about the childhood and family lives of two people living at the service. The staff member demonstrated an understanding of the significant events in people's lives.

Staff understood people's diverse needs and supported them in a caring way. For example, people told us that they were supported by care staff to go to their chosen place of worship and important religious festivals such as Diwali were celebrated. People were able to view Asian TV channels, which was documented in people's care plans that they liked Bollywood movies and Asian speaking comedy shows.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes. For example, their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence throughout our visit that people's personal preferences were respected.

People were involved in decisions about their care. One person said, "Staff helps me with what I need," and another person said "They do what I want." We saw evidence in care planning records that people were involved in making decisions about their own care. For example, all care planning records were written from the person's perspective with extensive comments from the person about the type of care they wanted. We saw a one page personal profile included in people's records which provided information of the person's life history, likes and dislikes, people significant in their life's and wishes for the future.

The registered manager told us, and care staff confirmed, they had access to advocacy services they could contact when required. The registered manager told us that members of advocacy services had come to the service to provide information so staff could contact them if they were needed. At the time of our inspection, no one at the service was using an advocate.

People's privacy and dignity were respected and promoted. People told us "I have my own room. I have privacy when I want" and another person told us "they [staff] respect me".

We observed staff knocking on people's doors before they entered and people confirmed that staff did this

routinely. Staff gave us examples of how they protected people's dignity. For example, one staff member gave us examples about how they delivered personal care. They told us "I always check what help they need first and do what they ask me."

People told us that staff encouraged them to maintain relationships with their friends and family and to be as independent as possible. Comments included "I can go out when I want and do what I want" and another person told us "I can do what I like. I don't have visitors, but could if I wanted." One relative told us "We speak to our relative regularly, we receive a phone call every weekend, sometimes our relative does not want to talk to us, staff would tell us then what happened during the week." The registered manager and care staff told us, which people had family members involved in their care and referred to them by name. We saw details of discussions with family members recorded in people's care records.

## Is the service responsive?

### Our findings

People told us that the care provided was centred on their needs, and one of the people told us that they had chosen the home in partnership with her family. "It's got the bus stop and the station nearby I liked that. The others (I looked at) were too far away, and I liked it when I visited it. It felt nice." Relatives told us "They involve me in Care Plan Approach (CPA) meetings too, even if I can't attend I can have a telephone conference."

Care records showed people's views were taken into account in the assessment of their needs and planning of care. We found these documents to be detailed with specific advice to staff in how to provide care for people. We also found the documents had been reviewed at monthly review meetings and during which people's objectives were also looked at. Care plans had been written and reviewed with the involvement of people who used the service and their families.

Care plans outlined how people's needs should be met. This included, for example, factors that might affect their emotional wellbeing and mental health. Details were recorded about people's preferred routines and their likes and dislikes. Care staff demonstrated a sound understanding of people's individual needs and the importance of meeting these. The person's key worker reviewed care plans monthly with the person using the service.

People who used the service were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests and this included the music they liked listening to as well as whether they liked any particular activities. People's involvement in activities was monitored and recorded in their care records with specific objectives for people to help ensure their social and leisure needs were met. There was information about activities on display in the dining area. The variety of person centred daily programmes that each person was following, showed us that their individual needs and choices were uppermost in the staff team's minds. People had a wide choice of activities, and one person spent three days a week doing voluntary work. People had busy schedules, sometimes doing things with key workers on a one to one basis, sometimes independently if this was possible, and then coming together as house-mates for events they all enjoyed. "We go Mondays to the Club – play table tennis or Darts or Bingo. We do lots of things there. I like swimming and Bowling too."

People knew how to make a complaint and told us they felt confident their concerns would be dealt with. People we spoke with told us they had never had any complaints, but all gave us the name of a person they would speak to if they did. Copies of the complaints policy were available in the service in an easy read format. The registered manager told us this was available on request and we saw a copy of this. Records showed that action had been taken to address complaints that had been made. We were told by the registered manager that complaints were reviewed by staff at the provider's head office to look for trends or identify any further learning points. One relative said that they had not felt the need to complain, but would be comfortable doing so. "I am sure they would listen – I have no reason to think otherwise."

## Is the service well-led?

### Our findings

People said the staff and registered manager were always there, that they liked living there, and felt they were kept informed of any changes. They told us that they had monthly meetings when they could give their views, as well as their key working time. Comments made by people who used the service included "The manager is nearly always here – I can talk to her, I can tell her things" and "She has good ideas – about my furniture." One relative told us "Yes, I would say that the care and leadership is of a high quality – I have seen other homes and this is by far the best."

Staff gave us feedback indicating that they were proud to work at the service and that they valued the empowerment of people using the service. They told us they felt supported in their roles and that the registered manager was approachable and worked with them to resolve any concerns they had. . "I feel able to say anything to (manager), and I know she would listen and take it on." "I have worked here over 3 years – I feel the communication within the house is very good. We are a small team but work together well." "[Managers name] is a very well organised Manager – she's a perfectionist, and so we are motivated by this too."

We saw records of communication from the management team to staff that valued staff contributions, for example, for helping someone to attend a health appointment that involved changes to people's routines. Staff meeting minutes demonstrated that whilst there was a culture of support for staff, clear performance expectations were set when the provider identified shortfalls in how the service was ensuring the safety and welfare of people using the service. The meetings also recorded staff views, which demonstrated their high expectations for the care and support of people. The registered manager told us of monitoring staff members' abilities to work effectively with each person who used the service.

The provider had systems in place to monitor the quality of the service provided to people. We saw weekly updates from the registered manager that were sent to the senior management team. These included areas such as service incidents, staff development, and the views of people using the service and their representatives, and updates on how individual people were being supported by the service. There was evidence of action being taken where service shortfalls were identified, for example, on improving how staff communicated with someone in line with professional guidance provided. This also helped to demonstrate that the action plan arising from the service's recent annual questionnaires to people and their representatives was being followed.

We saw that weekly health and safety checks took place. The registered manager monitored the home weekly. Records of this showed audits of aspects of the service provided to people, including safety checks, attention to individual health and care needs and staff support. Staff told us that members of the senior management team checked on the service from time to time, and that they did not know of these visits in advance. This helped assure us of good management of the service in support of delivering high quality care.

The registered manager told us that different staff were responsible for undertaking regular audits of the

home. Records showed that these included health and safety audits for the home which covered fire safety, electrical checks and temperature checks.

The provider sought feedback from people who used the service, relatives and staff through questionnaires which we saw were in people's care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision. One staff member told us "They gave us a questionnaire last year and the residents too I think."