

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Lawley

Inspection report

Martingale Way
Lawley Bank
Lawley
TF4 2PP

Tel: 01952502420

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16 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Sanctuary, at Lawley Bank Court, provide personal care to people living in their own homes on a communal, assisted living site. When we inspected they were providing the regulated activity, personal care, to 26 people.

People's experience of using this service:

People felt safe and well supported, with access to planned care and emergency support if needed. Staff knew how to recognise and report abuse so they could safeguard people effectively.

Risks to people were identified and assessed. Plans were in help keep people safe.

There were sufficient staff to meet people's needs flexibly and usually in a timely manner.

People received their medicines as and when they needed them and staff received training to support people appropriately and safely. People were protected from the risks associated with the control and spread of infection.

People's rights were understood and protected by staff who knew people well. People's health care needs were monitored and understood by staff. Support was personalised to meet individual needs and people told us staff understood their needs and were kind and caring. Staff were aware of people's dietary needs and they promoted health eating.

Staff were trained and well supported. The registered manager was receptive to ideas for training and development to enhance the skills and knowledge of their staff team.

People were satisfied with the quality of the service provided and were confident that complaints would be addressed. The provider and registered manager were proactive in learning from mistakes and incidents.

Quality checks and audits enabled the provider to ensure improvements were made and good quality was maintained.

Rating at last inspection: The service was rated Good at the last inspection in August 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sanctuary Home Care Ltd - Lawley

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one inspector.

Service and service type: The service is a domiciliary care agency. People receive a personal care service in their own home. CQC only regulates the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. People shared communal facilities that were on site. These included a restaurant, a café, seating and activity areas.

Notice of inspection: Inspection site visit activity was announced and started on 16 May 2019 for one day. We gave 24 hours of the site visit because we wanted to be sure the management was in the office.

What we did: We reviewed information we had received about the service since the time of their last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan and inform our inspection.

During the inspection, we spoke with twelve people who used the service, and two relatives, to ask about their experience of the care provided.

We spoke with five members of staff including the registered manager, a senior support worker, two support workers and a senior manager.

We reviewed a range of records. These included three people's care records. We looked at records relating to the general management of the agency.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe support. One person said, "I am comfortable, safe and secure and my belongings are safe." Another told us, "I am quite safe and trust all of them (carers)."
- Staff had received training to understand abuse and were confident to recognise and report it.
- Managers were aware of their responsibility to report abuse and worked with outside agencies to investigate appropriately.
- The service had a safeguarding champion to lead and promote safeguarding within the staff team and people who use the service.

Assessing risk, safety monitoring and management

- People had risks to their health, safety and wellbeing assessed and documented. Plans were in place to mitigate these risks where possible.
- Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care given continued to be safe. Risk assessments reflected people's physical, emotional and cultural needs.

Staffing and recruitment

- There were enough staff to support people although some people told us that staff were 'busy'. People said they usually arrived on time but apologised if they were running late. One person commented they had had to wait a while for their call bells to be answered but this was not a regular occurrence.
- Staff confirmed they had been through a thorough recruitment process prior to starting work and records demonstrated that all required checks had been made.

Using medicines safely

- Most people we spoke with managed their own medicines or had the help of family members. When people received support from staff, people were satisfied it was administered safely. One person told us, "They help me with my tablets. There haven't been any mistakes."
- People told us that staff gave them their medicines at the correct times. Records we saw to demonstrate the administration of prescribed medicines, including creams, showed that medicines were given as and when required.
- Staff were knowledgeable of their roles and responsibilities when administering and recording medicines and training had been delivered as well as ongoing competency checks.
- Senior staff audited records to ensure processes were being safely adhered to.

Preventing and controlling infection

- Staff told us they had received training in relation to infection control. One staff member told us, "We all wear our gloves and aprons. The clients (people who use the service) understand why and we have had not outbreaks."
- People told us that staff wore gloves when supporting them.

Learning lessons when things go wrong

- The registered manager told us how they liaised with other managers to discuss incidents and learn from them as a team. They told us how they often role-played scenarios to identify what could be done differently. This meant they could learn from experiences to try and improve the service.
- Accidents and incidents were reported and monitored by the registered manager and senior managers to identify trends and reduce likelihood of reoccurrence where possible.
- Incidents were shared with staff and support plans were reviewed to reduce likelihood of reoccurrence where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving a service although most of the people we spoke with could not recall the process. Relatives told us they had been involved in sharing information about their family members to ensure staff had appropriate information about people to meet their needs and wishes, likes and dislikes.

- Assessments informed care plans which were person centred and contained details of people's diverse needs and aspects of their life that were important to them. Staff told us care plans were useful documents to ensure they provided consistent and appropriate care.

One relative told us, "I think the hospital did an assessment and the staff from Sanctuary took over (the care plan) to give consistency."

- People had access to information in different formats and this included large print and access to a translator as and when required.

Staff support: induction, training, skills and experience

- People felt staff had the appropriate skills and knowledge to provide effective support. One person said, "Yes the staff are skilled and trained well enough." Staff told us they received good training opportunities and training was relevant to their role. One staff member told us, "Training is good and geared to this type of service." The registered manager was receptive to ideas for training and development to enhance the skills and knowledge of their staff team. Some staff had requested some bespoke training to help them better understand the needs of people with identified medical conditions. By the end of the inspection the registered manager had arranged this for one such request. This meant that staff could have a better understanding of the person they supported and deliver more effective care.

- New staff were supported in their roles with opportunities to work with existing staff and undertake a detailed induction programme.

- Staff received support from the registered manager and colleagues to ensure they were performing as required. One staff member said, "We have brilliant support off [manager's name]". Other staff spoke positively about effective team work helping them to deliver good quality care.

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

- Most people did not require support with eating and drinking. There was a restaurant and café on site that provided people with 'good choices' according to one person we spoke with. One person said, "If I don't like what's on the menu they will make me something different."

- People who received staff support told us that staff prepared the meals they requested. One person said, "I tell them (staff) what I want to eat and they fetch me a meal from the restaurant, every day."

- Staff were aware of people's dietary needs. Staff promoted health eating although the responsibility to eat

a balanced and nutritional diet was ultimately peoples' own choice.

- We saw that nutritional risk assessments and dietary summaries were in place to guide staff with food preparation and identify special or cultural dietary needs.
- The provider had organised a course on food and nutrition for the people who used the service to raise awareness of healthy eating.

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

- Staff told us they worked closely with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. This included the housing association who was responsible for the building. Staff shared examples of how they liaised with visiting health care professionals to ensure continuity of care.
- Some people had a diagnosis of Alzheimer's/dementia. Staff and managers work closely with the memory clinic, to support the person to get the best outcome and ensure they could live independently at home. This promoted their wellbeing and ensured they received the best possible service.

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

- Staff were aware of people's health conditions and the care plans documented how staff could ensure effective care and support. Care plan reviews identified changing needs and also asked if the person was satisfied with the service they received.
- People received only minimal support to manage their health care needs. If people were not independent, they had relatives or friends that helped them. One person told us, "I arrange to see the doctor if I need to." Staff offered support as required. For example, one person told us staff had chased up a health referral that had been made for them.
- The registered manager liaised with local health services to ensure people's medicines were received on time.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.
- Information was provided in formats that suited people's needs. For example, in pictorial or large print.
- People told us they felt consulted in making decisions and staff always asked for their permission before supporting them. One person told us that if they refused support, staff would respect that wish and record that they had offered. When people chose support that could be considered restrictive, for example, the use of a lap belt, staff documented that the person had capacity to make that decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us, "They (staff) have always been there for me. They are very kind."
- All staff undertake equalities training and people's support was personalised to meet people's individual needs. Staff were knowledgeable about the people they supported meaning they could offer support how, and when, people liked it.

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

- People told us that staff listened to them when they expressed their views and supported decisions made.
- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. One person had an advocate who supported them to express their cultural needs.
- One person said, "They (staff) all seem to be caring and chat with me. I've never felt they don't care. I feel respected and if I ask them not to do something they don't. They listen to me and I don't feel threatened or bullied".
- One person told us they were fully involved and consulted in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in personal care tasks and in the way staff spoke with people.
- One person told us, "They make me feel special in the way they talk to me. When they help with my shower they cover me with a towel and close the curtains. They listen to me. It's very good."
- People valued their independence and considered having staff on site in case they needed help was a positive way to achieve this.
- We saw a dignity tree in a communal area that people had contributed to. This was a visual reminder that people's dignity was of paramount importance and what they expected from staff in order to achieve this.
- The provider had developed a scheme to raise awareness of social isolation and encourage people to reach out when they wanted some company. The scheme was referred to as the 'Please disturb campaign'. Staff and other people who used the service were aware of this and would go and visit people when they put a sign on the door to say they would 'love to chat'.
- The services last quality assurance review saw the service score 100% when people were asked if they were treated with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

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

- People were aware of their support plans and told us that important information was written down. Staff were aware of people's individual needs and preferences meaning they could deliver personalised care. One person told us, "I would rate here as 4 out of 5 because I am getting the support that I need. I don't know what would make it better. They would meet any changes in my needs, increase hours if I needed them."
- People shared mixed views about activities. There were a variety of events available. Some organised by identified staff and some organised by a people's committee. Given the nature of the service the staff providing the regulated activity only took people to events when requested or brought them home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that was easy to follow and readily available to people. People were confident they would be listened to if they had a concern or a complaint.
- One person told us, "I haven't made a complaint, but I do know how to." One person told us that after they had made a complaint, "Things got a lot better after that." This showed action was taken to improve the service as a result of people raising their concerns.
- We saw how a complaint received had been responded to sensitively and followed up to ensure changes had happened as a result.
- We also saw compliments from social care professionals saying how supportive the staff team had been and what a positive impact they, had on people who used the service.

End of life care and support

- There was no one using the service who required end of life support. If required the registered manager would liaise with the person, their relatives or advocates and any appropriate health or social care professional. One person had identified an end of life plan known as a 'dignity in dying plan' and staff were aware of it. The individual, their family and friends had all been involved in producing the plan. This meant that the person's wishes could continue to be respected and met at a time when they may not be able to express them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager worked flexibly with their team to ensure the service delivered was based around the needs of individuals.
- People were satisfied that they received a good service. One person told us, "I don't know what would make things better, we are happy as we are." Another person said, "Everything is fine".
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. A senior manager who worked for the provider visited the service to do the 'family and friends test'. This meant they assessed if people would be happy for their family and friends to use the service.

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

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered although did not always feel that action was taken in response to their comments. One person told us, "I get lots of questionnaires and things do get better and then it goes off again". Another person told us, "I do get questionnaires to fill in but things just stay the same." The new registered manager told us how they were looking to ensure actions were taken and changes were made as a result of consultation and feedback. For example, they had implemented a 'You said, we did' board to show what people wanted and what staff and managers were doing to achieve this. One person said, "To make things better there should be more involvement with the residents. Time to have a chat and a coffee. They don't do that because it's not in the care plan."

- Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes.
- People found the management team and the staff to be approachable. One person told us, "It's well led. If I have a problem I go to (registered manager) who will sort it out quickly".
- Not everyone could recall having a quality assurance questionnaire but people were aware of the residents' meetings and the committee. Both forums were for people to share their views and express their opinions. One person felt consulted and involved as they received minutes from meetings and information sheets about what was going on (activities).
- The registered manager shared a number of events that they were involved in to promote involvement with the local community. For example, they did a 'celebrating care' day and shared stories on social media.

Continuous learning and improving care

- Although staff recorded details leading up to, during and after incidents when required we saw that they were not being completed appropriately to ensure monitoring could be effective. The registered manager agreed to review these to ensure they were used effectively for any future incidents.
 - The registered manager demonstrated how they are going to evidence they have improved care after consultation.
- Staff were able to share views and suggestions for improvements in one to one sessions and in team meetings.
- The registered manager told us how incidents were reviewed and discussed in staff teams to ensure continued reflection and learning. We only saw one incident that had not been followed up appropriately and the registered manager followed that up at the time of the inspection.
 - Action plans were developed following consultations to drive improvement.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's and community nurses.
- The registered manager was involved in a number of community based projects to integrate the service into the community. For example, local people had developed the Lawley Life forum. The group, consisted of several community led groups, businesses and the local council. They offer a voice for the community, share information and work collaboratively making a better community for all.