

Sanctuary Home Care Limited

Sanctuary Supported Living (Bromley Care Services)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Supported Living (Bromley Care Services) provides personal care to people living in their own homes. It provides services for adults with learning and physical disabilities. At the time of our visit, the service was providing support for 21 people at three supported living locations.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Medicines were not always safely managed. Staff did not always record when topical cream was administered. People said they felt safe and that their needs were met. People were protected against the risk of infection. Assessments were carried out to ensure people's needs could be met. Risks were identified, and management plans were in place to manage these safely. Accidents and incidents were appropriately managed and learning from this was disseminated to staff.

Appropriate numbers of suitably skilled staff were available to meet people's needs. Staff understood people individual needs and were supported through induction, training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported and encouraged to eat a healthy and well-balanced diet. People had access to different healthcare professionals when required to maintain good health.

People's privacy, dignity was respected and their independence was promoted. Information was available to people in a range of formats to meet their communication needs if required. There was a system in place to respond to complaints in timely manner.

The service was not currently supporting people who were considered end of life, if they did this would be recorded in their care plans. There were effective systems in place to assess and monitor the quality of the service provided. The provider worked in partnership with key organisations to ensure people's needs were planned and met.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating of the service was good (published on 13 December 2016)

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our Well-Led findings below.

Good ●

Sanctuary Supported Living (Bromley Care Services)

Detailed findings

Background to this inspection

The 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: This service provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who had applied to be 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.

Notice of inspection: This inspection site visit took place on 01 May 2019 and was announced. We gave the service 5 days' notice of the inspection site visit because we needed to be sure people using the service would be available to speak with us in person.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. Usually the provider is asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make. We use all this information to plan our inspection. However, on this occasion they had not been asked to complete the form.

During the inspection,

We spoke with three people to ask their views about the service. We spoke with four members of care staff and registered manager. We reviewed records, including the care records of six people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and were not always protected from avoidable harm. Legal requirements were not met.

Using medicines safely

- People's prescribed creams were not always managed safely. Staff did not always record when they assisted one person to apply their creams, as necessary. The person Medicine Administration Records (MAR) was not completed between 22 March 2019 to 01 May 2019. There were body maps in place and staff told us they had administered the cream as prescribed, however, there was a risk that the person was not receiving the appropriate support.
- The manager also told us that they would be arranging a refresher training in medicines administration.
- Room temperatures were regularly recorded to ensure that medicines were stored at the correct temperature and to ensure they remained effective.
- Staff had completed medicines training and their competencies had been assessed to ensure they had the knowledge and skills to support people safely.
- Health professionals reviewed people's medicines regularly, to ensure they people still needed them.

Systems and processes to safeguard people from the risk of abuse

- People said that they felt safe from harm. One person said, "Yes I am safe."
- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to the manager and were confident appropriate action would be taken.
- Where there were concerns of abuse the manager had notified the local authority, CQC and the police (where necessary).

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas including mental and physical health, diabetes, nutrition, fire and safety, moving and handling, finances and accessing the community. Risk management plans were in place to provide guidance for staff to manage these risks safely.
- People were allocated a keyworker who they met monthly or whenever needed. A keyworker is staff member that assists people with individual and focused support. Meetings were documented and recorded people's progress, concerns and any actions to be taken.

Staffing levels and recruitment

- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

- There were sufficient numbers of staff on deployed to meet people's needs. We observed a good staff presence and staff were attentive to people's needs in a timely manner.
- The numbers of staff on shift matched the numbers planned for on the rota. Staff we spoke with told us the staffing numbers in place were appropriate and met people's needs.

Preventing and controlling infection

- There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance.
- Staff had completed infection control and food hygiene training and followed safe infection control practices. Staff washed their hands and wore personal protective equipment such as aprons and gloves when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated. There was guidance for staff in place to minimise future incidents and learning was disseminated to staff during handovers and staff meetings. For example, one person had a fall outside of the service, the manager had reviewed the person's falls risk assessment and had communicated how to minimise the risk of falls with this person and staff.
- When things went wrong, the manager responded appropriately and used this as a learning opportunity. Accidents and incidents were discussed at staff meetings and learning was disseminated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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

- Assessments of people's needs were conducted prior to them starting to receive support from the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs appropriately.
- During these assessments, people's family, keyworkers, care coordinators or social workers were involved to ensure appropriate information was acquired to develop care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.
- Staff knew of best practice guidelines and supported people to improve their mental health and be as independent as possible.

Staff skills, knowledge and experience

- People told us staff had the skills and knowledge to support them with their individual needs. One person said, "Staff know what their jobs are and know the help I need."
- Staff training records confirmed staff had completed an induction and carried out job shadowing when they started work.
- Staff told us they were up to date with their mandatory training which included medicines, safeguarding, first aid, manual handling, managing challenging behaviour and health and safety. Records we looked at this confirmed this. One member of staff told us "My training is all up to date. The training here is very good".
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. Records seen confirmed this. At these supervision sessions staff discussed a range of topics including safeguarding, policies and procedures, progress in their role and any issues relating to the people they supported. Staff told us "I do have supervisions, I can discuss any issues I have and the manager can tell me how I am doing."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own

homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked and saw the service was working within the principles of the MCA

- The manager and staff had a good understanding of the mental capacity act and when it should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as managing finances or accessing the community.
- People's consent to their care was regularly reviewed or when people's needs changed to check the arrangements in place were appropriate.
- People's rights were protected because staff sought their consent before supporting them. One staff member said, "I always ask for consent, it's a must."

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in planning their meals and choosing what they wanted to eat and drink. People chose what to eat and drink and pictures were used to assist people in choosing their meals.
- People's care files included assessments of their dietary needs, preferences, their likes and dislikes.
- There was no-one at risk of malnutrition or self-neglect, however, staff knew the signs to look out for and actions to take if this occurred. They told us that they would provide additional support such as referring them to healthcare professionals if required.
- People were encouraged and educated to make healthy meal choices and were supported to eat healthy meals if they wanted to. For example, people were informed about eating less fatty and sugary foods and more fruits and vegetables. One person said, "I don't like vegetables, but staff try to get me to include it in my diet."

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, physiotherapists, chiropodists, dentists, mental health team, and community learning disability teams.
- Where required, information was shared with other agencies such as social services, mental health teams, social services, hospitals and the police.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were kind caring and respectful. One person said, "Yes staff are caring and kind."
- People positively interacted with staff, laughing and joking with each other.
- Staff knew and understood people's individual needs, for example what time they liked to wake up and go to bed and what activities they liked to do.
- People's care plans included their life histories, preferences, likes and dislikes.
- People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

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

- People were involved in making decisions about their daily support.
- People had monthly key worker meetings to allow them the opportunity to discuss concerns, their goals and objectives. A key worker is a named staff member who is responsible for coordinating a person's care and providing regular reports on their needs and progress.
- Staff knew how to support people; they understood and were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up and the activities they liked to do.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity by knocking on doors and obtaining permission before entering. One staff member said, "I knock on people's doors before going in. I ensure people are covered during personal care, I also shut doors and curtains."
- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.
- In line with Registering the Right Support guidance, people were encouraged to be independent as possible in relation to cleaning, managing their finances and accessing the local community. This enabled people to develop their daily living skills.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Personalised care

- People had individualised care plans. People's relatives, key workers and healthcare workers were involved in planning and reviewing their care and support needs. The extent people were involved depended on the complexity of their needs.
- People had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
- Personal profiles also included information about the person's diagnosis and support requirements, for example, support required to promote independence and help with personal care.
- Care files included individual support plans addressing a range of needs such as communication, nutrition, personal hygiene, environment, medicines, moving and handling and physical needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When required people were supported to practice their faith if they chose to do so and were supported and encouraged to maintain relationships with their family and friends.
- People were supported to follow their interests and take part in activities that interested them. This included attending college and day centres they went for meals out, swimming, trips to the seaside and holidays abroad. Activities within the service included watching television, listening to music, bingo and playing games on iPads.
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence in the service and out in the community. People told us about how they were supported with their independence and how they valued this. One person said, "I am confident in going out by myself, but if I need support, staff are there."

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- There were some people who were not able to communicate verbally. People's communication needs had been assessed and they were provided with information in a format that met their personal needs. This included care plans, menus and the complaints policy, which were available in a pictorial format as well as in large font. Information displayed around the home for people was also in accessible formats which met

people's needs. People's diverse needs were identified and plans

- Improving care quality in response to complaints or concerns
- The provider had a system in place to handle complaints effectively. Since the last inspection the service had not received any complaints. The manager told us if they did they would investigate and resolve complaints received within timeframes set in the provider's complaints procedure.
- Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response.

End of life care and support

- The service did not currently support people who were considered end of their life. The manager demonstrated that if they needed to, they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were processes in place to monitor the quality of the service however they were not always effective.
- Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included care plans, accidents and incidents and medicines.
- Medicines audits carried out on 8 and 16 April 2019 failed to identify the issues we found in relation to medicines. However, the manager immediately spoke with staff and reminded them to complete MAR charts and had arranged refresher training.
- Information gathered from accidents and incidents and safeguarding adults was used to develop the service and make improvements where required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team and staff consistently monitored and reviewed each person's progress to ensure their needs were being met.
- The management team and staff encouraged, motivated and supported people to be as independent as possible.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- People were positive about the care and support they received and the way in which the service was managed. People told us, "I think the manager is very nice, I get on very well with them." One staff member said, "The manager is easy to talk to and supportive."
- The ethos of the service was to encourage and motivate people to do as much as they could for themselves, by helping them to gain practical and mental skills through personalised support. Staff told us that the service was fulfilling this.
- The home had a manager who had applied to become the registered manager. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture that was open and transparent.

Engaging and involving people using the service, the public and staff

- Regular resident meetings were held to obtain people's feedback. Minutes from the last meeting in March 2019 showed items discussed included activities, holidays, diabetes and healthy eating.

- An annual survey had been carried out in June 2018 to obtain people's feedback. The feedback received was positive. Comments included, "I feel happy and safe," and "I love living here."

- Staff attended regular team meetings. Minutes from the last meeting in January 2019 showed areas discussed included people using the service, keyworkers, training and health and safety. These meetings were also used to disseminate learning and best practice so staff understood what was expected of them at all levels.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.
- The service worked with other organisations such as MENCAP which is a service which supports adults with complex needs in to training, volunteering and paid employment. The service also worked closely with local colleges to give people to take courses of their choice.
- Feedback we received about the service from commissioners was positive.