Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Romford

Inspection report

Dreywood Court
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Romford
Essex
RM2 6EY

Tel: 01708442882

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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 was announced and took place on 16 March 2017. This was the first inspection since the service was registered.

Sanctuary Care delivers care and support to people living at Dreywood Court. Dreywood Court is an extra care housing scheme comprising of 98 apartments for people over 55 living in the London borough of Havering. On the day of our visit 58 people were receiving personal care support equating to approximately 800 hours per week.

On the day of our visit a registered manager was in place and on site three days a week as they supported another nearby extra care site. 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.

People told us they felt safe within the service. They were treated with dignity and respect by staff who understood their needs.

Staff had attended safeguarding training and were able to explain the steps they would take to protect people from avoidable harm.

There were risk assessments in place which were used by staff to minimise the risks identified.

Medicines were managed safely by staff that had undergone the necessary training.

Staff were aware of the procedures to take in an emergency. We reviewed incidents and accidents and found appropriate action had been taken. Where patterns had been identified meetings were being held in order to ensure people received appropriate staff.

There were robust recruitment systems in place. Recruitment was an on-going process so as to ensure there were enough staff to meet people's needs. Staffing rotas we saw reflected the staffing ratios staff told us. There were no missed visits recorded. However, visits were sometimes late when staffing was short due to last minute absences.

Before people started to use the service an assessment took place and care plans developed. Care plans included people's social, emotional and physical needs. They were reviewed every six months or as and when people's conditions changed.

People were supported to participate in activities that suited their preferences. They were encouraged to come out to eat in the cafeteria at lunch if they wished.

People were able to complain about issues and felt that they were listened to. The complaints procedure was followed in order to ensure all complaints were investigated and responded to in a timely manner.

People and staff thought the management were supportive and available when needed. Staff had access to relevant training and were supported by regular supervision, annual appraisals and monthly staff meetings.

People were supported to maintain a balanced diet where it was part of their support plan to do so.

There were effective systems in place to monitor the quality of care delivered. This included satisfaction surveys, documentation audits and meetings.

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

People told us they were safe living at the service. Staff were aware of the safeguarding processes in place to protect people from avoidable harm.

Medicines were administered safely by staff who had been assessed as competent.

There were robust recruitment systems in place to ensure only staff that were suitable were employed.

Risks to people and the environment were monitored and managed safely.

Is the service effective?

Good

The service was effective. People told us staff were able to support them effectively.

Staff were supported by means of regular supervision, annual appraisals and monthly team meetings. They underwent an induction program when they started and attended mandatory training annually.

People were supported to maintain a healthy lifestyle.

Staff had an awareness of the Mental Capacity Act (2005) and how they applied it in practice.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect by caring staff.

Peoples wishes were respected. Staff were aware of peoples cultural and religious preferences.

People were encouraged to maintain their independence where possible.

Is the service responsive?

Good

The service was responsive. People told us they were involved in planning their care.

People had access to activities that met their needs. Staff encouraged people to come out to communal areas in order to avoid isolation.

Complaints were responded to in a timely manner in accordance to the service's policy.

Is the service well-led?

Good

The service was well led. People and staff told us the service was well led with the exception of a few people who thought the night staffing could be improved.

There were effective quality assurance systems in place to ensure the quality of care delivered was monitored and improved.

Staff thought there was an open and honest culture and felt supported. However some staff thought a pay rise would motivate them to do better.

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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 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in to assist us with the inspection.

The visit was completed by an inspector while an expert-by-experience made telephone calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 improvements they plan to make. We also contacted and obtained feedback from the local authority and the local Healthwatch.

During the inspection we spoke with a team leader, a care coordinator, two care staff and the registered manager. We spoke with six people using the service and spoke to another eight people over the telephone. We reviewed eight staff files and eight care records. We looked at incidents and accidents, complaints logs and audits.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted staff that supported them. One person said, "Yes, I think I am quite safe. No cause for concern at all." Another person said, "It's quite secure, I come and go with my fob and have no concerns for my safety. A third person told us, "Yes, they [staff] are like part of my family." We saw that staff ensured people's doors were shut when they left. The door to the main building was entered by key code access and all visitors had to sign in by the manned reception area.

Staff had attended safeguarding adults training and were able to explain the procedure they would follow upon receipt of allegations or witnessing abuse. There was an up to date policy available in the office. We reviewed the safeguarding folder and found appropriate steps had been taken to protect people from avoidable harm.

Medicines were managed safely. Staff had attended relevant training and were regularly assessed to ensure they were able to handle medicines safely. Staff were aware of the exact precautions they had to take when giving medicines for people living with diabetes and for people who required regular blood test to ensure they were on the correct dose of medicines. They were aware of the procedure to take in the event of a medicine error or instances where people refused important medicines. We saw the medicines policy was up to date and was followed by staff. We reviewed and found some errors in the past year had been addressed safely.

Staff were aware of the procedures to follow in an emergency. They had attended fire training and basic life support. We saw evidence that they had escalated deteriorating in people's health in a timely manner. Incidents and accidents were managed safely. Staff were aware of how to complete these. The registered manager and deputy manager monitored for patterns and escalated appropriately when the service was no longer able to meet people's needs safely.

There were risk assessments in place in order to protect people from avoidable harm. Staff were aware of these assessments and the steps they would take to minimise risks. For example, they were aware of the steps to take in the event of a seizure. Risk assessments included, moving and handling, falls, nutrition and medicines. These were reviewed whenever any changes took place

Nine out of fourteen people told us there were enough staff to support them. The other five thought there were times where it took longer for calls to be answered or that their visits were late. One person said, "No, just recently they have been late and usually the new girls are late." Another person said, "Last November one carer was 20 minutes late." Staff and records confirmed that there were sometimes late visits due to last minute staff absences. This meant people's visits were sometimes later than their preferred times.

Staffing consisted of two night staff at night and nine care staff during the day. The deputy was available at the service Monday to Friday and the registered manager three days a week. Rotas we saw and staff confirmed that due to sickness and absence they were sometimes short staffed. On the day of our visit they were short by one staff. The staff and team leader were able to explain to us how they would prioritise care

when short staffed and explained that they would be open and honest and explain to people why they were running late. As all people were within the same building there were no missed visits.

We asked the manager about the processes in place to ensure that absences were covered. They had a temporary staff system in place and acknowledged that sometimes cover was not available. They had on-going recruitment procedures in place. However this was yet to be fully addressed. We recommend guidelines are followed to ensure that there are always enough staff on duty so as to minimise delayed care delivery.

There were safer recruitment practices in place in order to ensure that only staff that had undergone the necessary checks were employed. We reviewed staff files and found that two references, disclosure and barring checks were completed before staff resumed work. For people with employment gaps a disclaimer was sought to explain this. We also saw that right to work status was checked before it expired to ensure that only staff with the legal right to work in the United Kingdom were employed.

People were protected from the risk of infection because proper guidance was followed. Staff had access to personal protective clothing and used it appropriately. Staff told us and records confirmed that they had attended infection control training and were aware of the need to wash their hands regularly.

Good

Is the service effective?

Our findings

Seven out of eleven people told us that staff were able to support them. One person said, "Yes I can't moan." Another person said, "They are very good and help me as per my request." However one person felt that the night staff could improve and said, "No, especially the night staff. Some are good and would get an A+. But others are……" Relatives also confirmed with one saying, "Some are excellent ad some are not but as a rule it's generally ok." We spoke to the registered manger about this and they told us the staffing was down to two waking staff at night and that staff according to records attended to people within five minutes of calling.

People told us most staff were able to communicate effectively with them. They were able to call the office and get a response. One person said, "Yes there's always someone to talk to here." The two exceptions were one where a person said, "Sometimes I'm speaking to them and they don't respond." And another said, "Most of them, some are hard to understand but they are not rude." Staff meeting minutes evidenced that discussions had been made with staff to ensure they always respond and communicate effectively with people. We also saw comprehensive care plans in place for people with speech impediments and those living with a disability. In addition communication cards were being used where there were language barriers in order to communicate effectively with people.

Staff told us they were satisfied with the support they received. We saw evidence of annual appraisals where personal development plans were discussed. Regular supervisions took place. However, these were not always as frequent as six times a year as outlined in the supervision policy. We recommend supervision frequencies to be in line the service's policies.

Staff told us and we saw evidence that they underwent an induction program when they began to work at a service. Training was a mixture of online training and practical training. Training included but was not limited to first aid, dementia care, health and safety awareness, moving and handling and basic life support.

Staff were happy with the training provided and told us they were always learning. One staff member said, "There is lots of training. I feel I have learnt so much since I started." We reviewed the training matrix and found more than 90% of staff had completed their mandatory training. There were dates scheduled for the rest of the year. For staff that did not complete their online training, we saw letters were sent to remind them to complete it.

The majority of staff had a social care qualification and the remainder were working towards a diploma in social care. Monthly team meeting were held where various issues were discussed, such as disposal of pads promptly to avoid smells, and recording daily logs. They included discussions of how to effectively support people including techniques of dealing with behaviours that challenge.

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. We checked whether the service was working within the principles of the MCA and found that staff had undergone MCA training. They were aware of their role in ensuring that no unnecessary restrictions were placed on people. Staff told us they always asked people what they wanted and we heard choice being offered to people at several instances throughout the inspection. People also confirmed their consent was sought with one person saying, "Yes they always ask."

People were supported to maintain a balanced diet when it was in their care plan to do so. One person said, "They help me with breakfast. I go down for lunch and they make me a snack at the tea time call." Staff told us and we heard them support people to make healthy breakfast and lunch options. Staff were aware of the procedure to follow should they notice any altered eating patterns. They knew people on special diets and how to support them.

Good

Is the service caring?

Our findings

Eleven out of fourteen people told us staff were kind and caring. One person said, "Yes, they are very polite. I get on very well with all the girls. Another person said, "Yes, the staff are wonderful." A third person said, "Yes they are all very good." A relative said when asked about staff, "Well, yes on the whole we are pleased." The other three people told us that they thought some staff were not as friendly with comments such as, "[It] depends on who the carer is, some of them are quite sullen. Mostly, some can be a bit abrupt." We noted that this had been addressed at staff meetings and supervisions and by matching people with staff they preferred as much as possible.

People were treated with dignity and respect. One person told us, "Yes, they are very respectful." Another person said, "On the whole, very respectful. They listen and try to do all I ask." We observed staff knocked or rang the doorbell before they entered people's rooms. Once in people's rooms we heard them ask people how they were and what they wished to do. Staff respected people's choices in all aspects of care. We heard them ask people what they wanted to eat, drink or how they wanted.

People's diversity was respected. One person told us, "They treat me as an individual, I think my voice is heard." Staff were aware of people's cultural, religious and sexual needs. These were reflected in the care plans we reviewed. Staff spoke of a cultural day that happened annually where staff cooked and brought food from around the world. They had attended equality and diversity training

Staff were able to tell us people's preferences and had knowledge about people's allergies and medical conditions. They spoke fondly of people and gave us examples of how people were matched with staff who they preferred where possible. One staff told us, "Sometimes people request for certain staff members. Although the rota rotates, they try and meet everyone's requests."

People were encouraged to be as independent as possible. Staff gave us examples of how they enabled people to remain independent. This included setting out people's clothes in a way that made it easier for them to dress themselves, encouraging people to brush their hair or teeth, do their own buttons and assist in making their breakfast.

Information about the service was available within service user guide and at various noticeboards within the service. Staff were aware of the need to signpost people to other services including advocates. They gave examples of how they had helped people access advice about issues such as relationships and finances.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and that their visits were usually close to their required time. One person said, "They discussed with me. I told them I only need help in the morning. So far so good, I can't complain about anything as they usually keep to the agreed time or call if anything changes." Another person said, I remember signing something. They always ask if anything can be improved. I am happy with the calls as they call if they are running late which sometimes happens." Records we reviewed confirmed that discussions took place before people started to use the service. Care plans were reviewed every six months or as and when people's needs changed.

Support needs were assessed and completed together with people and their families before they started to use the service. Care plans were then developed which included people's likes and dislikes, morning and night time routines. A document called "This is me" was developed outlining people's life stories so that staff could understand people's preferences. Health action plans and hospital passports were also developed and known by staff. Staff we spoke with were aware of people's preferences and were able to demonstrate how they offered choice.

There was a social inclusion plan and a personalised reablement plan for people who had been assessed and found to require extra support. We saw that personalised goals were devised in conjunction with people within agreed defined time scales. Some people had improved their mobility as a result of lots of encouragement. Others had begun to come out more and participate in the varied activity program. People were encouraged to come out to eat in the cafeteria at lunch if they wished. We observed people chatting while waiting for lunch.

There were free activities accessible to all and some that were available for a fee. One person said, "I go to every single activity except Bingo. I think it's great that there is so much on. Really looking forward to the painting activity this afternoon." Activities were carried out within the communal areas and the detailed programs displayed within the lift and noticeboards within the service. These included exercises, flower arranging, arts and crafts, film afternoons and celebrations of special events such as Christmas and St Patrick's Day. Activity staff encouraged people to attend the various programs. The facilities available and utilised by people included a hairdressing salon, a spa room cum exercise room and a roof terrace. Some people maintained the plants in the service's communal areas as part of recreation.

Complaints were acknowledged, investigated and responded to in accordance with the service's policy. We reviewed complaints logs and found they were acted upon and resolved amicably where possible with the exception of one where an alternative service was sought. Staff were aware of the complaints process which was also available for people. There were also compliments about the service in the form of several thank you cards commenting about the good care and support received.

Good

Is the service well-led?

Our findings

The service was well-led. People and staff told us the management team was approachable. One person said, "They always answer when we call. Either [deputy] or [manager] come round and check how I am doing." Another person said, "It is generally well run." We saw many examples of how the management team were open and transparent and how they worked well as a team to provide a good quality service. Incidents and accidents were discussed at meetings and strategies put in place to try to reduce them happening.

A registered manager was in post and was on site at least three days a week to manage the service. The deputy manager was available Monday to Friday. Registered persons are required to notify CQC of certain changes, events or incidents that occur at the service. We checked records and found we had been notified appropriately. When necessary other relevant authorities had also been notified of important events, such as the local authorities and police.

Staff were aware of their roles and responsibilities and were happy with the support they received. One staff member told us, "It's great to be recognised and to get more responsibility. I have learnt a lot since I have been here." Another member of staff said, "There are many opportunities here. We always get enough training and support. The only complaint I have is the pay."

The registered manager asked people, their relatives and staff their views and these were reviewed in order to improve the service. Monthly staff meetings and "resident meetings" took place. Issues such as general waste, new people using the service, condolences, activities feedback were discussed. During staff meetings feedback from people was discussed and where improvements to aspects of care were identified appropriate actions were taken to address concerns.

Team leaders and the managers completed unannounced visits and spot checks to make sure staff were delivering a service that met people's needs. The registered manager and deputy manager carried out regular checks and audits in a range of key areas in order to identify, monitor and reduce potential risks to the service and the people who used it. This included in areas such as infection control, medicines, environment and care planning. There was a service improvement plan with deadlines for completion of any identified quality and practice issues.

Records were kept securely and reflected people's current support needs. Policies were reviewed regularly to ensure they were up to date and any changes were discussed at team meetings to ensure all staff were aware of these. For example, the equality and diversity strategy for 2018 had been discussed at a recent meeting with a copy available for staff to read.