

Sanctuary Life Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sanctuary Life Care Limited is a domiciliary care service providing personal care to people in their own homes. These can be older people or younger adults living with a learning disability or autistic spectrum disorder, dementia, a physical disability, mental health or sensory impairment. At the time of the inspection three people received personal care.

Not everyone who uses the service may receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's individual risks were not always identified, assessed and well-managed. The provider could not demonstrate all planned care had been provided safely because records were not always completed accurately or clearly, to demonstrate safe practice and enable effective monitoring to take place.

Medicines were not always managed safely because some were administered without any medicine administration plans to guide staff on how to do this. Staff recruitment and training records were not sufficient in demonstrating staff were safe, and suitable to work with people.

At the time of our inspection there were enough staff to meet people's needs. Whilst staff knew the people they provided personal care to well, care records were not always in place to help ensure they provided personalised and responsive care.

The provider had failed to operate systems or processes to assess, monitor and improve the quality and safety of the service provided. Audits and checks could not be demonstrated, and the system used to gather feedback about the service from people and their families was ineffective. The lack of robust governance had resulted in the failure to identify the issues that we found.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported during care calls with food and drinks where needed.

People using the service felt safe. Relatives felt the registered manager and staff were kind and respectful and confirmed care calls were made at times they expected. They knew who to speak with if they had any concerns. Staff felt supported by the provider who was also the registered manager of the service

Following our feedback, the provider told us they had taken action to manage risks and had planned action to improve standards and practice at the service.

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

Rating at the last inspection

This service was registered with us on 3 September 2018 and this is the first inspection. The service began providing a personal care service from April 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Safe care and treatment, Fit and proper persons employed, Safeguarding service users from abuse and improper treatment, and Good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring section below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

Sanctuary Life Care Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 July 2022 and ended on 19 July 2022. We visited the location's office on 13 July 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and

improvements they plan to make. We used information gathered as part of monitoring activity that took place on 16 June 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people's relatives via the telephone to gather their experiences of the care and support provided to their family member. We spoke with the registered manager who is also the nominated individual for the service, and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records, staff training information, three staff recruitment records, policies and procedures and records of the checks the registered manager completed to assure themselves people received a safe and good quality service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- Staff were not recruited safely. The provider used a paper and an electronic system, but recruitment information was not readily accessible. The registered manager could not evidence their staff had suitable references, Disclosure and Barring Service (DBS) checks, or clear employment histories to assure themselves staff were suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- DBS checks in place had not been requested by the registered manager in line with the provider's recruitment policy. We could not be confident staff had these checks in place before they had been employed as one DBS check was dated after the staff member started working for the service.
- Reference information was not always from the last employer or was not from the referees stipulated on the application forms, with no explanation why this was. The registered manager told us staff had worked for other healthcare organisations and were part of the DBS update service, however this was not evidenced within their recruitment records.

The provider failed to ensure there were systems in place to assess the suitability of staff employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us following our inspection visit they had taken the necessary action to ensure recruitment information had been sought to confirm staff were safe and suitable to work at the service.
- There were sufficient numbers of staff employed to complete the care calls required.
- Relatives told us they felt their family member was safe with the care staff that supported them. One said, "They arrive and give [Name of person] breakfast; [Name of person] then chooses what they want. After they give them a wash. It's not rushed, and they are patient with [Name of person]. It doesn't feel a burden to [Name of person], and I think that makes them feel safe and secure. I think it's all safe."
- Relatives told us staff arrived when they were expected and stayed for the correct duration of the scheduled call to meet people's needs.

Assessing risk, safety monitoring and management

- Risks relating to the safety, health and welfare of people had not been fully assessed and risk assessments were not in place. Care plans lacked instructions for staff to follow to mitigate people's individual risks.
- The registered manager described how a person had developed sore skin which was being attended to by a district nurse. However, there were no details in the person's care plan about any actions staff may need to take to minimise the risk of the skin further deteriorating, or potential concerns to look for that may need

attention.

- People had limitations in what they could do independently. One person's care record stated they needed 'help to have a wash and personal care' but there was no further information to inform staff what was required and how to complete this task safely.
- Where people had health conditions such as diabetes, there were no risk assessments to identify what any concerning symptoms were, and how to respond to them to keep people safe.
- Risk assessments submitted following our inspection visit did not identify environmental risks to ensure staff worked safely in people's homes.

Using medicines safely

- Policies and procedures in relation to medicine management were not followed to ensure medicines were managed safely. The registered manager told us they were not supporting people with medicines, but we found staff were providing this support.
- Staff and relatives confirmed creams were applied to people's skin. There were no body maps completed (as stated in the provider's medicine policy) to show where cream should be applied, or medicine charts completed for those people we reviewed, to show when staff had applied creams. It was not clear if creams had been prescribed by a healthcare professional to ensure they could be applied safely.
- A person with a complex health condition which required specific medication was supported by their family. However, there was no risk assessment in place to identify to staff what the risks were associated with the conditions and medicines and what was expected of staff them to keep the person safe when completing their care call.

Learning lessons when things go wrong

- Lessons had not always been learned because the provider had failed to identify areas needing improvement. They had not identified their own policies and procedures were not being followed.
- Records had not been sufficiently maintained to enable the provider to review records and identify when things had gone wrong.
- A monitoring activity completed by CQC in June 2021 had identified improvements were needed including records management. When we inspected the service, we saw these improvements had not been acted upon.

The provider failed to ensure risks were managed to keep people safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider acknowledged the need to improve records management to ensure risks to people's health identified and mitigated and medicines were managed safely. New medicines charts and risk management plans were implemented following our inspection visit.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of abuse. Staff had access to a safeguarding policy and procedure, but these were not followed to ensure safeguarding risks were safely managed.
- The registered manager described safeguarding incidents where people's safety has been compromised, a staff member had identified unsafe care delivered from another provider resulting in an injury. Whilst immediate action had been taken to address the injuries that had occurred, the safeguarding incident had not been escalated to all agencies as required. This meant the risks associated with care from the other provider were not identified and managed.
- There was no safeguarding log showing any safeguarding incidents that had occurred. The registered manager could not demonstrate action had been taken to ensure risks had been identified and sufficiently

managed.

The provider failed to ensure effective systems and processes were in place to protect people from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment).

- The registered manager acknowledged the need to monitor and record concerns linked to safeguarding incidents to ensure any risks to people's health and safety were identified and mitigated. New recording processes were introduced following our inspection.

Preventing and controlling infection

- Infection prevention and control guidance was being followed to keep people safe from the risk of infection.
- Staff had completed infection control training and relatives confirmed staff wore appropriate personal protective equipment (PPE) such as masks and aprons when supporting people with personal care.
- Staff told us they were kept up to date with changes relating to COVID-19. One said, "We have had meetings to talk about things like Covid. We got updates from the manager. We have always had enough PPE it's never been an issue."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Relatives told us people's needs had been assessed but records were not always available to confirm the assessment process had been followed to identify people needs and choices.
- Relatives told us they had discussed their family members needs prior to them starting the service. However, the registered manager was not able to provide copies of the completed assessments to confirm all of people's needs had been appropriately assessed and reflected in care plans.
- Care plans contained some information about people's choices and preferences to support staff when providing care and support.

Staff support: induction, training, skills and experience

- Staff had access to some training to enable them to deliver effective care. At the time of our inspection there was no training matrix in place showing completed training for staff. A staff training list was provided following our visit, but this did not provide a clear overview of training such as when it was completed and when it expired, to make it clear staff skills were up to date.
- Staff told us they had completed training and had completed an induction when they started work at the service. One staff member said, "As part of my induction I did some training like safeguarding, hoist training. It was a mix of reading and practical learning. I learnt a lot, the manager has a good way of explaining things to us."
- The registered manager told us they were making arrangements to book Care Certificate training for more staff to ensure their knowledge was updated. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported with food and fluids where this was required although staff training records did not show any specific training related to nutrition.
- Relatives said staff supported their family members safely and sufficiently with food and drink when needed.
- Staff told us they supported people with meals and drinks on care calls where this was required. Records indicated if people required a specific diet such as vegetarian, to help ensure staff met people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other agencies where needed to support people's needs. The registered manager gave examples of how they worked with GPs district nurses and commissioners to ensure people's care needs were met.
- Care records showed staff had recorded medicine information following a relative's contact with a GP to ensure additional monitoring of the person was completed until the medicine was available.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA and how to apply them in practice.
- The registered manager told us all people using the service had capacity to make day to day decisions.
- Staff understood the importance of gaining people's consent. One staff member told us, "Capacity has to be assessed. It's about the way you ask the question sometimes. I would show people things to help them make choices. For choices like what to wear, I would hold up things to show them. Some people point to things to tell us what they want. I always ask people what they want and how they want it including how to wash them."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Relatives told us people were treated well and their needs were met, but the lack of clear information and risk assessments in care files meant we could not be assured people received individualised care consistently. There was a risk staff may not support people's diverse needs.
- Relatives spoke positively of the support provided by staff to their family members and people confirmed staff were caring when asked by their relatives.
- One relative said, "[Name of person] gets the same carers, it's usually one of two or the manager. It's consistent and that's good for [Name of person]." Another said, "The carers are very pleasant and polite." This person referred to the care staff as being kind and caring stating, "I see that in them just by the way they talk to [Name of person] and how attentive they are, nothing is too much trouble and they get [Name of person] to do what they still can for themselves."
- Staff described how they supported people which demonstrated their caring approach. One staff member said, "Sometimes they (people) just want someone to come in and talk to them and ask how they are. You can chat with them and see the smile on their face, and you know you have done something good."

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

- People were involved in decisions about their care. Relatives described how they worked with staff and their family member to ensure staff provided care to the person in ways they preferred. One relative told us, "[Person's name] does not like to be rushed in the morning so they respect that."
- Staff told us people were involved in developing their care plans. One staff member said, "We get time to read them (care plans) and as far as I know people have been involved in them. I know the manager goes out to talk to people if they are new."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us how staff respected people's privacy and dignity, and this was confirmed during discussions with staff.
- Staff understood the importance of ensuring people were supported with their independence and encouraged people to do things for themselves where possible. One staff member said, "We put soap on a flannel and hand it to them (the person) to clean their face. We ask, 'Are you able to dry yourself'."
- A second staff member told us, "I know to draw the curtains for privacy and shut the door too. I cover people with a towel to protect their modesty or wait outside the door if someone is on the toilet."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with some choice and control in regard to how their needs were met. However, care plan records were not available to view during our visit to show how personalised care was planned. Shortfalls we found around record keeping are further explained in the well-led section of this report.
- One person received three care calls a day, but the time of their calls was not indicated in their records, and information on what staff were required to do during each of the calls was not sufficiently detailed. This meant there was a risk the person may receive inconsistent care and support.
- Staff knew people well and were able to explain choices they offered to people. One staff member said, "Some people have different religions and any needs would be in their care plans or I would ask them or their family. Things like dietary requirements for culture or certain ways to wash and pray."
- Relatives felt the staff responded to their family members' needs appropriately.

End of life care and support

- At the time of our visit end of life care plans were not in place but a policy and procedure was in place setting out expectations of staff when people approached the end of their life.
- One person's care plan stated they had a 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT) in place but this was not available within the care records shared. This was important to help ensure the person's wishes were followed. ReSPECT forms detail recommendations about emergency treatments the person may or may not wish to have that may be helpful to health professionals if the person's health deteriorates.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Consideration had been made to people's communication needs although the registered manager was not familiar with the AIS standard. Alternative communication methods had been used when needed.
- The registered manager told us they had previously used a white board to communicate with people or had provided information in a written format. They also stated they could make large text documents available if required.
- Relatives told us staff effectively communicated with their family members. One relative whose family

member had a hearing impairment said, "I am really happy with the care, they are good with [Name of person], they speak loudly so they can hear what staff are doing."

Improving care quality in response to complaints or concerns

- People had access to a complaints policy should they wish to raise any concerns. The complaints policy detailed who to contact if people or their relatives were not happy with the service.
- The registered manager told us they had not received any complaints. Relatives told us they would speak to staff or the registered manager if they had a concern.
- Staff told us they would escalate any concerns to the registered manager if they were not able to resolve them themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place did not ensure risks were managed, and regulatory requirements were not met consistently. The provider failed to ensure their policies and procedures were fully implemented and followed to ensure the safety and quality of the service.
- Risk management was inadequate. Care records were either insufficiently detailed or were not in place which meant staff did not have the information they needed to provide safe, person-centred care.
- Audits and checks to monitor the quality and safety of the service had not been recorded to demonstrate any areas of improvement had been identified and acted upon. For example, the registered manager was not able to provide evidence of staff competency checks to assure themselves staff provided safe, quality care in line with their expectations. Also, a system was not in place to monitor, manage and reflect on incidents to prevent reoccurrence.
- The registered manager is also the nominated individual for the service. The lack of managerial oversight meant information was lacking in relation to staff recruitment and training to ensure staff were safe and suitable to provide care to people. There was no clear training record and staff had not completed regular training to update their skills and knowledge to enable them carry out their roles effectively.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not have an effective system in place to ensure CQC were notified of all significant events that happened was not robust. The registered manager had failed to recognise incidents that had occurred were reportable to CQC. The registered manager acknowledged this oversight and stated this would be addressed going forward.

Continuous learning and improving care

- Opportunities for continuous learning and improving care had been missed because the provider did not have sufficient systems and processes in place to identify where improvements may be needed. This meant people's needs may not be met in the most effective way.

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

- People had limited opportunities to share their views of the service. There were no records in place to

show quality monitoring took place and to demonstrate people or their relatives were satisfied with the service they received. This meant opportunities to drive forward improvement could have been missed.

The provider had failed to operate systems or processes to assess, monitor and improve the quality and safety of the services provided. Accurate, complete and contemporaneous records in respect of each service user were not maintained. Feedback was not actively encouraged. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager recognised improvements were needed to ensure their legal responsibilities were fulfilled and planned actions to address this.
- The registered manager requested feedback forms from people in relation to their experiences of the service following our inspection.

Working in partnership with others

- The registered manager maintained contact with commissioners and staff as well as health care professionals such as GPs and district nurses to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to ensure people were protected from the risks associated with abuse and improper treatment.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide safe care and treatment by identifying and reducing risks to people's health and safety.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement effective systems to improve the quality and safety of the service, and failed to ensure records were accurate, complete and contemporaneous to ensure people's care and support was safe consistently.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment process were not sufficient to demonstrate staff were of good character and had the qualifications, competence and skills necessary for their role.

The enforcement action we took:

Warning Notice