

Sanctuary Home Care Limited

Sanctuary Supported Living - Ealing Care Services

Inspection report

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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 Supported Living - Ealing Care Services is a supported living service that provides personal care to people with mental health needs. The service can support up to seven people and at the time of the inspection, five people were living in the service.

The service was one building with seven self-contained flats. There were also communal areas in the building that included a garden, lounge, kitchen and laundry facilities. The service was staffed 24 hours a day, seven days a week and there was a staff office on the premises.

Not everyone who used the service received 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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Medicines were administered safely. Safe recruitment procedures were in place to ensure staff were suitable to work with people using the service. Staff followed appropriate infection control practices to help prevent cross infection.

Staff were supported to provide effective care through induction, training, supervision and spot checks. People's needs were assessed to ensure these could be met. People were supported to maintain health and access healthcare services appropriately. People were also 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.

Staff were respectful of people's wishes and preferences and provided support in a respectful manner. People's independence was promoted.

There was a complaints procedure in place and people knew how to make a complaint.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. Stakeholders reported the registered manager was approachable and promoted an open work environment.

Rating at last inspection

The last rating for this service was good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 Supported Living - Ealing 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 (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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service, one support worker and the registered manager. We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and two support staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and told us they felt safe. Their comments included, "I feel safe here" and "It's very good because there is a lock on the door so even if someone comes to the door to rant and rave the staff don't open the door. It's good to know someone else is in the building."
- The provider had up to date policies and procedures regarding safeguarding that staff had access to. The parent organisation had safeguarding champions to provide support around safeguarding concerns. Staff had appropriate training and knew how to raise any safeguarding alerts.
- The registered manager knew how to investigate, record and raise safeguarding concerns appropriately with the local authority and CQC.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks to people using the service. Care records we viewed contained risk assessments for the environment, medicines, mental health relapses, harm to others and self-neglect. The risk management plans had behaviour indicators to be aware of and details of appropriate control measures to reduce the risk.
- The provider had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date.

Staffing and recruitment

- The service was staffed 24 hours a day and there were enough staff to meet people's needs.
- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to support people using the service.
- After being recruited, staff completed an induction and ongoing training, so they had the required knowledge and skill to care for people.

Using medicines safely

- Medicines were administered safely. Where staff administered medicines, people had signed forms to consent to this. The provider had medicines risk assessments for people including assessments for those who self-administered medicines. This indicated the provider was supporting people to be as independent as possible while ensuring their safety and wellbeing.
- People said they were appropriately supported to manage their medicines. Each person had a medicines leaflets with information about the medicines they were taking. One person said, "Staff make sure any medication is taken and the prescription drug is taken and help me to remember to go to the clinic."
- The provider had a medicines policy that included guidance on the use of PRN, as required, medicines.

Staff were appropriately trained and undertook an annual competency based assessment for medicines administration to ensure they had the skills required to administer medicines safely.

- Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed. When people were encouraged to take their medicines and refused, there was a monitoring form that included the action taken if people did not take their medicines as required.
- The registered manager completed a monthly audit with an analysis and a six monthly antipsychotic medicines review to ensure people were only receiving the medicines they needed safely.

Preventing and controlling infection

- The provider had an infection control policy and risk assessment in place to help protect people from the risk of infection. Staff had attended training on infection control and we saw checks were completed to ensure a clean and safe environment

Learning lessons when things go wrong

- The provider had a policy for responding to accidents and incidents and forms for reporting such events so they could be recorded. However, since the last inspection, there had not been any safeguarding concerns, complaints, incidents or accidents that had required the provider to make changes to service delivery.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 moving to the service to confirm their needs could be met by the provider. In addition to the initial assessment other information such as hospital reports and mental health teams' assessments also informed the care plan.
- Protected characteristics under the Equalities Act 2010 were identified and recorded in people's support plans. This included people's sexuality, cultural and religious needs.
- People were provided with information about the service in the service user guide which included how to make a complaint.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to effectively deliver care and support.
- Staff were supported through induction, training, supervision and team meetings to ensure they had the appropriate skills to support people. Staff confirmed they felt supported by the manager who was approachable. One support worker told us, "At times [working here] is a bit challenging but I have the support of my manager."

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

- People were supported to maintain good nutrition and a balanced diet. Care plans included information about people's dietary needs, and what support if any, they required with cooking and food shopping.
- People cooked independently in their own flats, but staff described how when required they supported people to cook. For those who needed it, they also provided help with completing a shopping list and budgeting for it. One person said, "They encourage you to go food shopping, so you are eating."

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

- We saw evidence in people's records of staff working together with other professionals to achieve positive outcomes for people using the service. This included input from social workers, a psychologist, GP and staff from mental health teams. One healthcare professional told us, "The staff are very proactive and contact us if there are any concerns about the client's mental health or deterioration. Staff assist clients with their appointments and make sure they are adequately supported."
- Good communication contributed to staff working well together. Any interaction with external agencies was recorded on an interagency communication form with the date, agency and a summary discussion.

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

- People said they had appropriate access to health care and this was confirmed by the care records we viewed. One person said, "You get help from staff. If you have any problem the psychologist will come here."
- When concerns around people's health were highlighted we saw appropriate referrals were made. For example, to the mental health team.

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.

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.

- The principles of the MCA were being followed. Staff understood the need for people to consent to their care and told us, "We can't force people. Ask them what they want, and they have the right to refuse."
- People had the opportunity for choice and control in their day to day lives and told us they could come and go as they pleased.
- The registered manager said at the time of the inspection all the people using the service had the capacity to make their own decisions, but staff provided support and information, so people could make informed decisions.
- People had signed a number of different consent forms that covered areas such as the use of photographs, information sharing and medicines.

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.

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

- People told us staff treated them with kindness and were available to them. People's comments included, "I had a keywording session this week. They ask me stuff, how I'm feeling, suicidal thoughts things like that" and "They treat me alright. Most of the staff I've known for a long time. Staff are respectful and listen."
- Initial assessments included information around people's physical, mental health and social needs.
- As people were quite independent, they were able to cook foods they chose and independently attend religious and cultural events in the community. However, the provider did acknowledge celebrations such as Ramadan, Christmas and Diwali by hosting celebrations in the communal lounge which they invited people to join.
- The registered manager also provided information workshops that covered Diwali, Ramadan and Black History month to raise staff's and people's awareness about diversity and different cultures and backgrounds.

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

- People told us they were involved in decision making and their views respected. People were able to come and go freely from the service. They were involved in planning their care through support plans and key working sessions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People had individual tenancies and keys to their own flat. When staff needed to check flats, people were written to in advance of this.
- One of the main goals of the service was to support people to have as independent a lifestyle as possible. One person said, "They do very well because they want you to be independent and they support you to that to do your own thing and move onto your own flat."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 people's needs were met through good organisation and delivery.

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

- People told us they were involved in planning their care and their needs were being met. Comments included, "Staff do a report with me on how I'm doing" and "We discussed the support plan and I have seen it."
- Support plans were based on the 'Recovery Star' model which is an outcome based model used by mental health professionals to enable people to measure their own recovery progress. Areas identified in the support plan included mental health needs, diet, budgeting, medicines and cleaning. People were working toward independent living and support plans and one to one key working sessions were designed to help people achieve this goal by identifying people's strengths and areas where they required more support and developing them in partnership with the person. For example, promoting independence with personal care and medicines.
- Care plans were updated regularly or when people's needs changed. People told us they knew what was in their care plans and had signed them as evidence of their consent to them.

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.

- At the time of the inspection, people using the service were all able to speak and read English. One person required support with reading and manging official letters, for example around benefits or housing, and were supported by staff to ensure they understood what the letters contained.
- We viewed easy read documents including a guide to safeguarding and the information packs for people had easy read symbols.
- The registered manager told us if required there was access to a group of interpreters within the organisation and the service could translate documents in any language or braille if needed.

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

- People using the service were all independent and came and went as they pleased. However, staff were available to support people to access their areas of interest such as college or employment. At the time of the inspection, two people were working. One person said, "They helped me to get to college before. The manager and me looked. If you want to work or anything, they point you in the right direction."

- Where required, people had daily activity charts where staff supported them with life skills such as personal care and cleaning.
- The registered manager invited people to attend workshops on various relevant topics that were designed to empower them and promote their independence. Workshops included diabetes, sexual health, suicide, domestic violence and general health such as going to the dentist. These topics were also discussed in key working sessions, so people had the opportunity for a more private discussion specifically targeted to their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. There was an easy read format available and information about how to complain in people's information packs. The provider also had a suggestions box people could leave comments in.
- There had not been any formal complaints since the last inspection. People said, "The manager knows what's happening. If I had a problem I would speak to the manager. They would listen" and "The notice board has how to make a complaint and who to phone like [the registered manager's] boss, so we know."

End of life care and support

- The service did not provide end of life care. However, staff had completed on line training and training with a pharmacist about end of life care.
- People were all under 40 years old and the registered manager told us having a discussion about end of life wishes caused anxiety for some people who thought the provider knew something they did not. Although there were no records of formal end of life wishes, we saw key working notes for two people that demonstrated discussions around this topic had taken place.

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.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were satisfied with the care provided. The registered manager promoted an open culture and was available to people using the service and staff. People told us, "[The registered manager] is alright. They are here Monday to Friday. Whatever you need, they can help you with" and "[The registered manager] is very nice. They know what they're doing. They have a lot of experience. You can see it in the way they are."
- Support plans and monthly key working sessions contributed to staff having a clear understanding of people's needs so staff had guidelines for delivering personalised care. People confirmed they were involved in support plan reviews and key working sessions.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- People and relatives said the registered manager responded to their concerns. A support worker said, "[The registered manager] is a nice person and is approachable. We feel free to talk to them if there are any concerns. They will address anything that is brought to them."

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

- The registered manager and staff team understood their roles and had a clear management structure. The registered manager had a background in education and counselling and a Health and Social Care diploma in leadership and management. They kept up to date with good practice through the provider's registered managers' group, a Skills for Care registered managers' forum and the local authority's mental health forum.
- People and staff felt supported by the registered manager and there was a clear vision on what the service wanted to achieve for the people who lived there.
- The registered manager notified us of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.
- The provider had processes to monitor the quality of services provided and make improvements as required.

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

- People and staff had the opportunity to be engaged in how the service was run. Team meetings for the staff were held to share information and give staff the opportunity to raise any issues.
- The provider carried out annual surveys across all of their locations to get feedback on how satisfied people were. Satisfaction rates at this location were 90% and above. The provider held regular house meetings to receive and share information with people using the service and people were kept informed with regular newsletters.
- Relevant information was displayed on the notice boards. This included complaints information, data protection and useful contact numbers.

Continuous learning and improving care

- The registered manager undertook a number of checks and audits that included medicines, finances, support plans and monthly manager's audit that covered all areas of the service. These had action plans to make improvements as required and were shared with the provider.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.