

The Sanctuary Project Limited

The Sanctuary Project

Inspection report

344-352 Bradford Road
Wrenthorpe
Wakefield
West Yorkshire
WF2 0QL

Tel: 01924200437

Date of inspection visit:
15 February 2017
22 February 2017

Date of publication:
10 July 2017

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

We undertook an announced inspection of The Sanctuary Project on 15 and 22 February 2017. We told the registered provider two days before our visit that we would be coming.

The Sanctuary Project provides domiciliary care services to people in their own homes. At the time of our inspection two people were receiving support with personal care.

Support workers rotas confirmed and people told us there were enough support workers to meet people's needs.

The service had a registered manager. 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 were safe. Support workers understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. All support workers had completed safeguarding training with the local authority.

The service sought people's views and opinions and acted upon them. People told us they were confident they would be listened to and action would be taken if they raised a concern. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Support workers were aware of people's needs and followed guidance to keep them safe.

People received their medicines as prescribed. Records confirmed where people needed prompting with their medicines; they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the registered manager. Support workers had access to effective supervision and an annual appraisal.

People were supported by support workers who had the skills and training to carry out their roles and responsibilities. The service had robust recruitment procedures and conducted background checks to ensure support workers were suitable for their role.

The registered manager and support workers understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People were supported to maintain good health. Various health professionals were involved in assessing,

planning and evaluating people's care and treatment.

Support workers and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the care provided. Learning from audits took place which promoted people's safety and quality of life.

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.

People told us they felt safe.

There were sufficient support workers to meet people's needs.

Support workers understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Support workers had the training, skills and support to meet people's needs.

People were supported by staff workers who had been trained in the Mental Capacity Act (2005) and applied its principles in their work.

The service worked with other health professionals to ensure people's physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

Support workers were kind and respectful and treated people with respect and dignity.

Relationships between people and support workers was positive.

Support workers knew people very well and provided care and support in line with their wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Support workers understood people's needs and preferences.

Arrangements were in place for dealing with concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to support workers. Support workers knew how to raise concerns.

Support workers felt well supported and part of a team.

The Sanctuary Project

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 checked whether the provider was 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 15 and 22 February 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting support workers or visiting people who use the service and we needed to be sure that someone would be in. This inspection was conducted by one adult social care inspector.

Before 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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection we met and spoke with two people who used the service in their own home. We spoke with five support workers, and the registered manager. We looked at 2 people's care records, medicine administration records, and four support workers files. We also reviewed records about how the service was managed, including support workers training and recruitment records, complaints and quality assurance.

Is the service safe?

Our findings

People told us there were enough support workers to meet people's needs. Comments included; "They are always on time", "They are never late" and "They help me every day". One support worker we spoke with told us, "Support worker levels are really good at the moment, there's always someone around to help". Another support worker told us, "There's plenty of support workers we never use agency". Staff rotas also confirmed there were enough support workers to meet people's needs.

The service had scheduled visits in advance so that support workers and people could plan their work schedule. The daily visits were logged. The registered manager told us and records confirmed that the service regularly monitored its visits. Records confirmed that there had been no missed visits in the last three months.

People told us they were safe. One person told us, "I feel very safe with [support workers]." Another person told us, "Yes I am safe, I have no problems with any support workers, and the [registered manager] is also helpful".

Support workers knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes and other personal information remained confidential and protected people. People confirmed that support workers wore identity badges when visiting them in their homes. Support workers had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Support workers were aware of types and signs of possible abuse and told us if they had any concerns then they would report them to the registered manager. Support workers comments included; "I would immediately tell [registered manager]" and "I would report to the on call senior or contact [registered manager]".

Support workers were also aware they could report externally if needed. One support worker told us, "I would report it straight to social services". Another support workers member said, "I would contact the safeguarding team at Wakefield Safeguarding Team".

Risk assessment and management plans were in place in relation to each person receiving care in their own home. Support workers told us how they were continually assessing risk when providing support in people's homes. For example, "Rugs, wires, fires" and also "recognising challenging behaviour" and alerting relevant others. They told us they worked closely with community care professionals including the community mental health team. They told us about a person whose behaviour had become more challenging. The support workers reported this to the registered manager and the care and support plan and all risk assessments were updated and relevant community care professionals were made aware. Another person was assessed as being at high risk of financial abuse. Their care plan gave guidance for support workers to mitigate the risk to the person by ensuring that the person was supported to make informed positive decisions.

Another person was at risk of demonstrating behaviour that may challenge whilst being supported during

stressful situations. This person's care record gave guidance for support workers on how to mitigate this risk. This included ensuring that support workers encouraged the person to leave the immediate situation in order to calm down. Support workers we spoke with understood and followed this guidance. These examples evidenced that where people were identified as being at risk, assessments were in place and action had been taken to manage the risks.

Accidents and incidents were recorded and investigated. For example, one person was at a high risk of being financially abused. The service took immediate action in updating this person's risk assessment and contacting healthcare professionals for guidance in order to mitigate any future risks.

There was a comprehensive business continuity plan for major incidents to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact in an emergency such as the emergency out of hours local authority, staff and relative numbers.

Where people had been assessed by the community psychologist, care plans and risk assessments were in place. Records confirmed that people were supported in line with the guidance from healthcare professionals. Records contained guidance for support workers on what action to take if they had further concerns in relation to any risk.

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Support workers had a clear understanding of the registered provider's medication policy in relation to supporting people with medicines. Records confirmed support workers prompted people with their medicines had been appropriately trained and their competency had been regularly checked.

People were given advice about this medication policy in their service information packs, which included what support workers could and could not provide assistance with. People confirmed they understood that there were policies that care workers adhered to regarding support with medicines.

People informed us their support workers did all they could to prevent and control infection, for example support workers used personal protective equipment (PPE) when providing care. This included aprons, gloves and hand gels to help ensure there was no cross infection.

The registered provider followed safe recruitment practices. Records relating to the recruitment of new support workers showed relevant checks had been completed before support workers worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide confirmation that support workers are not on the list of people barred from working in care services. These checks identify if prospective support workers were of good character and were suitable for their role. The registered manager told us the registered provider now asked for DBS checks to be renewed every three years. One new member of support workers we spoke with told us, "I could not start work until my checks came back including my references".

Is the service effective?

Our findings

People we spoke with told us support workers were knowledgeable about their needs and supported them in line with their support plans. One person told us, "They know what I need and support me daily".

People were supported by support workers who had the skills and knowledge to carry out their roles and responsibilities. Support workers completed training which included moving and handling, safeguarding, fire safety, infection control, first aid, dementia and understanding behaviour. Support workers told us the training supported them in their roles. Comments included; "The training is great", "We always get additional support or training if we need it", "It's really good training, I was supported by [registered manager]" and "The training is intense, we did safeguarding children and adults with the local authority". New support workers completed a clear and comprehensive induction process and shadowed experienced support workers. They also were required to complete the Care Certificate as part of their training programme. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Support workers told us and records confirmed that support workers had access to further training and development opportunities. For example, support workers had access to national qualifications in care. One support worker we spoke with told us "I have finished my level two and would like to start my level three". This showed staff had the appropriate knowledge and skills to perform their job roles. All support workers received training and refresher updates in areas such as infection control, first aid, dementia, medicines, safeguarding adults and children, moving and handling. They also received training designed to meet the specific needs of people, for example behavioural intervention training. Support workers told us they had effective support and a clear direction in leadership.

Support workers received regular supervisions; this is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Support workers were able to raise issues and make suggestions at supervision meetings. For example, one support worker we spoke with told us, "I have regular supervisions. It gives the manager the opportunity to tell you what's working and what's not, if you are doing something good then that is highlighted to you face to face and again I can feedback to the manager of what is working or not working, this gives us the opportunity to raise any concerns ". Support workers we spoke with told us they felt supported. One support worker told us, "I feel supported by my senior team. They do a good job and because they are hands on they understand more". Another support worker said, "[Registered manager] is really supportive. She sorts things out and she always gets back to you".

Support workers were also supported through spot checks to check their work practice. Senior support workers observed support workers whilst they were supporting people. Observations were recorded and feedback to support workers to allow them to learn and improve their practice. Observations were also discussed at support workers supervisions. We saw in one member of staff file a record of their annual appraisal. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "We always assume capacity until it is proven otherwise, we are heavily involved with the advocacy team in Kirklees and the community mental health team".

People were supported by support workers who had been trained in the MCA and applied its principles in their work. All support workers we spoke with had a good understanding of the act. One support worker told us, "It's there to protect people's rights". The support worker then described how they had recently had concerns about a person's capacity in relation to a specific decision. The support worker had contacted the person's community mental health team and a capacity assessment had been carried out. The service then worked closely with the person and professionals in carrying out a best interests meeting. We noted that this was recorded in the person's care records. This process is carried out if the service needs to make a decision on someone's behalf and ensures the decision involves the relevant professionals and is made in the person's best interests. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or support workers went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated that they needed support workers to remind them to make healthier choices and for support workers to offer a choice of foods. This person's daily record confirmed that support workers followed these requests.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included GPs, occupational therapists, mental health teams and advocates. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans and daily records. Records showed and support workers told us about incidences when the service contacted other health professionals to support people's health and wellbeing. The service quickly and effectively managed any health concerns with people. A person told us when they had a health appointment, the agency prioritised time to visit them, supporting them to get ready to be on time for the appointment.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with support workers. Comments included; "They look after me", "They are okay" and "The support workers are good". People told us support workers were friendly, polite and respectful when providing support. Comments included; "They are very nice", "They are very friendly but sometimes I do get upset but they do calm me down" and "They come every day and help me". People told us they were treated with dignity and respect and comments included; "They always respect me" and "They are very professional"

Support workers were enthusiastic about supporting people. Support workers comments included; "I like supporting the people here, it gives me satisfaction when I go home each day", "We have time to spend with the people here, and that's what I love about this job" and "It's rewarding knowing that you have made a difference people's lives".

People told us they were treated with dignity and respect. Comments included; "They always respect me" and "They are very professional."

We asked support workers how they promoted people's dignity and respect. Support workers comments included; "We respect people's choice and wishes", "I always knock on peoples doors before I enter", "Make sure I speak in a politely manner", "I treat people how I want to be treated". This showed that people's privacy, dignity and independence was respected.

Support workers ensured people were able to express their views and be actively involved in making decisions about their support, through the on-going assessment and review process. Support workers we spoke with told us the importance of informing people of what was going to happen during any visits. One support worker said, "It's important because it gives the person control". Another support worker told us, "It keeps people involved in their day to day activities". Support workers gave examples of how they supported people while respecting their privacy, dignity and confidentiality. For example, making sure, people were involved in all decision making, giving one person personal space to promote positive relationships and "Not making people feel awkward". The agency involved other professionals including counselling service and community psychologist in promoting people's independence. We saw evidence in people's care records of communication between health professionals and the provider.

People told us they felt involved in their care. One person told us, "I feel very much involved. They always letting me know what I need to do and remind me if I have any appointments to go to".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and in people's homes. We were told copies of care plans were accessible via an online portal and all support workers were given an individualised access code so that any records could be accessed remotely. Details of the daily visits were recorded remotely, immediately after each visit and copies of the daily visit logs were kept in the people's home for people to have access too. All external health care professionals were able to access the hard copies of the care records at each person's

home or at the service.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained a document titled 'This is all about me'. This captured person specific information that included people's communication needs, budgeting and important people in their lives. Support workers we spoke with were knowledgeable about the information in people's care records. For example, one support worker we spoke with told us about a person's daily needs and the person's dislikes. The information shared with us by the support worker matched the information within the person's care records.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. One person we spoke with told us that their care was regularly reviewed by the service. Another person we spoke with told us, "We talk about what's going on with my support".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to support workers on how best to support people. For example, one person had difficulties with managing money and budgeting. Guidance within this person's care record highlighted how support workers should encourage them to budget regularly and to look at doing things differently so the person had sufficient money to buy what they needed. The care records also reminded support workers to have regular discussions with the person around behaviour and how this impacted on those who interacted with them.

Another person's care records highlighted the person had a mild health issue. Support workers we spoke with were aware of the guidance in the person's care records and told us they followed it by ensuring they prompted [person] to take their medication to manage this condition. Care records also contained additional guidance for support workers to follow.

The service was responsive to people's changing needs. For example, following a medical diagnosis and a change in a person's dietary requirements the service had worked closely with the person's G.P and local authority to ensure that this person's care needs were being met.

Support workers confirmed and we observed that there were systems in place that supported effective communication between support workers, the service and people. The continuing assessment and communications, combined with up to date care notes, provided all support workers with latest information to support people.

The service sought people's views and opinions through yearly satisfaction surveys. We observed that the responses to the recent survey were positive. Two questionnaires had been sent and both had been received. We spoke with the registered manager about this and they told us, "We have made a lot of changes

and the response to our satisfaction survey has been informative". This demonstrated that the registered manager valued the views of people in developing the service. One person had responded to the survey and commented 'I feel the service I receive is excellent' and 'They are always respectful when I have visitors'.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been no complaints. One person we spoke with told us, "I haven't made a complaint yet, but I know I can talk to [registered manager]".

Is the service well-led?

Our findings

Support workers spoke positively about the registered manager. Comments included; "[Registered manager] is approachable", "[Registered manager] is a good mentor. She listens and she is always there for you", "She is a really hands on manager" and "[Registered manager] supports you when you need to ask for advice, and it is a great company to work for and we all work as a team here". The feedback we received from people was very positive about the management of the service. People received information about the service and knew who to contact in if they needed to.

The service had a registered manager. 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.

The registered manager told us their visions and values for the service were, "To develop our clients in order to live more independently and to adapt their care packages to suit their ongoing needs" and "For young adults to feel empowered and feel comfortable in approaching us with any concerns". The registered manager also told us, "We have a good starting point to expand and make the service even better, so we have a new baby and mother room being developed". There was a positive and open learning culture in the office and the registered manager was available and approachable. All staff were encouraged to contact either a senior member of staff or the registered manager should they required additional support during evenings and weekends.

The registered manager told us that the service was still relatively new. The registered manager regularly worked with staff 'on rota' providing support to people in their homes or in the community, which meant they had an in-depth knowledge of needs and preferences of the people they supported. We saw staff meetings were held, which meant staff were provided with an opportunity to share their views about the care provided. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments and medication. Information was analysed and action plans created to allow the registered manager to develop the service. All actions from audits were followed up with a completion date. Audits were completed of staff's supervisions, observed practice and training to ensure staff were receiving sufficient support. The registered manager regularly assessed and monitored the quality of service that people received, which included random monitoring visits. Spot checks were carried out by the registered manager to ensure that care workers maintained the required standards of professional conduct during care visits. These checks also enabled the registered manager to meet with the person receiving care and monitor their progress and satisfaction with the service. People confirmed they were visited by the registered manager to review the care they were receiving and to check if there were any issues. They told us that the service responded promptly to any questions they asked.

The service was continually looking to improve. The registered provider had systems in place to report, investigate and learn from incidents and accidents. Risk assessments were carried out and reviewed to protect people using the service and support workers delivering the care and support.

Support workers understood the whistleblowing policy and procedures. Support workers told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when support workers alert the service or outside agencies when they are concerned about other support workers' care practice. One support workers told us, "I would definitely whistleblow if I needed to, but here the care and support is great, it's like one big family".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service was aware of informing the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, community psychologist and local authority commissioners of the service. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.