

Sanctuary Home Care Limited

# Sanctuary Supported Living (Red Coat Close)

## Inspection report

Red Coat Close  
Coningsby Street  
Hereford  
HR1 2DY

Tel: 01432803234

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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

Sanctuary Supported Living (Red Coat Close) is located in Hereford, Herefordshire. The service is registered to provide personal care for people with autistic spectrum disorders, sensory impairments, physical disabilities, learning disabilities and mental health conditions. People live in their own flats and receive a mixture of support from both Sanctuary staff and from external care providers, depending on the requirements of their care package. On the day of our inspection, there were 11 tenants living at the service.

The inspection took place on 8 May 2017 and was announced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 were involved in decisions about how to keep themselves safe. People had received external training and guidance in areas such as personal safety, fire awareness and protection from harm and abuse. People felt able to report any matters of concern to staff and to the relevant authorities.

People felt safe and secure in their flats, and in the main building itself.

People felt there were enough staffing hours available to provide them with the support they needed. People's support hours could increase or decrease, according to need.

Staff took responsibility for their own learning and undertook additional training to enable them to support people and understand their diverse needs. People received help in preparing meals and were encouraged to eat a varied and healthy diet.

People had access to a range of health professionals, and staff understood that health encompassed people's physical as well and emotional health.

People enjoyed positive relationships with staff. Staff helped people to improve relationships with their neighbours, and helped people to see things from the perspective of others.

Where people were unable to communicate their views, or lacked the confidence to do so, staff advocated on their behalf. People were guided on how to treat each other with respect, and to respect each other's privacy.

People benefited from a flexible service. People's support packages were tailored around their individual wants, needs and preferences.

People enjoyed varied and active lives, and were able to pursue their individual hobbies and interests. Complaints, comments, suggestions and feedback were captured and responded to.

There was a positive atmosphere in the service, in which people, staff and relatives felt listened to and valued. Links with the local community had been established for the benefit of people living at Red Coat Close. People's views were sought on decisions affecting the day-to-day running of the service, and these were used to inform decisions.

The registered manager and provider routinely monitored the quality of care provided to people to ensure standards were maintained.

## 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 is safe.

People were involved in decisions about how to keep themselves safe. People received education and guidance from local police and fire services in order to increase their awareness of their personal safety.

Staffing hours were sufficient for people's needs. Safe recruitment processes were followed to ensure people were only supported by people suitable to work in care.

### Is the service effective?

Good ●

The service is effective.

People, relatives and health professionals were positive about staff's ability to meet people's needs. Staff actively sourced training which they knew would be helpful for them in their roles.

People were supported with meal planning and preparation. People had access to a range of health professionals, as and when required.

### Is the service caring?

Good ●

The service is caring.

People enjoyed positive relationships with staff. People were supported to self-advocate, as well as staff advocating on people's behalf.

People's independence was promoted. Respectful relationships were promoted both between people and staff, and individuals living in the service.

### Is the service responsive?

Good ●

The service is responsive.

People benefited from the flexible approach of staff. People enjoyed their individual hobbies and interests. People's needs

were reviewed and changes in support needs were responded to.

Staff and the registered manager responded to people's complaints, feedback and suggestions.

**Is the service well-led?**

**Good** ●

The service is well-led.

People benefited from a positive and open culture. People's views and feedback were taken into account. The registered manager was known ,and liked, by people and their relatives.

There were systems in place to monitor the quality of care provided to people and to ensure this remained at a high standard.

# Sanctuary Supported Living (Red Coat Close)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We made an announced inspection on 8 May 2017. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a service to people in their own homes and we needed to be sure that someone would be available in the office. The inspection team consisted of one Inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

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. This information helped us to focus our inspection.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

We spoke with three people who lived at Red Coat Close. We spoke with the registered manager and two members of staff. We also spoke with two relatives and three healthcare professionals. We looked at two care records, which included risk assessments, healthcare information and reviews of people's care. We also looked at the quality assurance system in place, two recruitment records, and comments and feedback received, including complaints.

# Is the service safe?

## Our findings

We asked people what being safe meant to them, and whether they felt safe living at Red Coat Close. One person we spoke with told us, "I feel safe and secure. We have CCTV and we don't have to let people in through the main door if we don't want to." A relative we spoke with told us the security of the property was good and that, "[person] feels safe, secure and settled." Another relative told us, "[person] gets worried and scared about things, but feels very safe in their flat."

People were encouraged to take responsibility for their own safety, as much as possible. A local police officer provided weekly drop-in sessions for people so they could discuss matters such as personal safety. People had also taken part in first aid training and fire awareness training to help look after their own, and their neighbours', safety. People were encouraged to monitor and report any maintenance issues they had concerns about. Where these had been reported, action had to be taken to ensure the safety and security of the premises.

We looked at how risks associated with people's individual care and support needs were managed. We saw that people were involved in decisions about keeping themselves safe and had agreed safety measures with staff. For example, one person was at risk of financial abuse and exploitation. They had agreed with staff what would be put in place to help to reduce this risk. We spoke with this person, who told us, "I have a problem with money and they (staff) have found a way to help me with that." We saw that risk assessments were in place for other areas of people's lives, including the risks of bullying, self-neglect and alcohol misuse. Staff were aware of the risk assessments in place and how these were to be followed to keep people safe.

Staff helped people to understand abuse and how they should expect to be treated by others. Staff had arranged external training sessions for people on areas such as safeguarding, keeping safe whilst using social media, and what to expect from their care providers. As a result of this training, one person had raised a concern with staff about an external provider, and staff had subsequently notified the local authority of the concern. This person was no longer supported by that provider. People told us they were encouraged to speak out about any concerns they had. Staff had used a tenants' meeting to carry out a safeguarding quiz for people, to educate them on what different types of abuse and harm are. We spoke with people about this quiz, and they told us they had found it helpful.

We asked people whether they felt there were enough staffing hours to support them with their needs. One person we spoke with told us, "There is plenty of support. If I need less or more, I just tell them." Another person we spoke with told us they liked the fact that sometimes, they could go into the staff office "just for a bit of a chat" if they wanted to, even if they did not require assistance with anything else that day. We saw that staff and the registered manager were available for people throughout the course of the inspection when people came to the office to see them.

Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. We saw that references and checks with the Disclosure and Barring Service ("DBS") were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

We considered how people were supported with their medicines. At the time of our inspection, people living at Red Coat Close either did not require any assistance with their medicines, or this support was provided to them by external care providers.



## Is the service effective?

### Our findings

People, relatives and health professionals told us they felt staff have the necessary skills and knowledge needed to support people effectively. One relative we spoke with told us, "The staff are excellent. They have a good understanding of [person's] needs and they will always ask for our input, if needed." A health professional we spoke with told us, "Overall, I have been very happy with the professional care and support given."

We spoke with staff about the ongoing training and support they received in their roles. Staff told us the general training was good, but that they had requested more bespoke training regarding the needs of the people they currently support. The provider's general training included autism awareness, safeguarding and mental capacity, which staff told us they had found useful. We spoke with the registered manager, who acknowledged the need for more bespoke training and told us the provider was arranging this. The registered manager told us about their staff team, "The staff want to know the tenants, and to understand them." They told us that staff were good at identifying when they needed more training and guidance to help them meet people's needs. One member of staff had used their own time to source and undertake a training course on dyscalculia to help them support one person more effectively. Dyscalculia affects people's ability to make sense of, and work with, numbers.

Staff told us about the importance of maintaining every aspect of people's health, including their emotional health. One member of staff told us, "Good health is not just the physical, it is their emotional health and wellbeing as well." Staff told us a large amount of their time was spent providing emotional support to people. Where there were concerns about a deterioration in people's mental health, staff had worked closely alongside psychologists to ensure people got the help they needed and that professional and medical guidance was followed. People told us they got the help they needed with medical appointments. One person told us, "I don't like going to appointments on my own, so they come with me." People had "hospital passports" in place, which set out important information for medical staff about people's healthcare needs, as well as their communication styles and preferences. We saw people had access to a range of healthcare professionals, including occupational therapists, social workers and GPs.

We asked people about the help they received with eating and drinking. One person told us, "I need help with cooking. I like the fact I can go and ask staff about oven temperatures, things like that." On the day of our inspection, we saw staff went food shopping with one person. Staff told us they encouraged people to make healthier food choices, as much as possible. A healthy eating group had been set up to guide people about how to make healthier versions of dishes such as pizza and lasagne.

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.

We checked whether the provider was working within the requirements of the Act. Staff we spoke with understood the key points of the Act and how this affected their practice. One member of staff told us, " As long as we present information to people living here in a way which is right for them, they have the capacity to make decisions." We saw that everyone living at Red Close was assumed as having capacity as there had been no indication to the contrary; people were able to make informed decisions and express their views. Staff and the registered manager understood the circumstances in which a person's capacity may have to be assessed. and where best interest decisions would have to be considered for people.

## Is the service caring?

### Our findings

People told us they enjoyed positive relationships with staff. One person told us, "They (staff) are so easy to talk to, and I can talk to [registered manager] as well." Another person we spoke with told us, "They are good staff; they really look after you." We saw examples of where staff had demonstrated a caring approach to the people they supported. One person had wanted a particular pet, and a member of staff had helped the person find a pet which was suitable for them. This pet had brought the person a lot of happiness and staff told us they had noticed a positive change in the person's stress and anxiety levels.

Self-advocacy was promoted by staff, with people being encouraged to be assertive and to speak out if they were unhappy or felt they had been treated unfairly. Where people needed advocacy support, this was provided by staff. For example, one person was experiencing problems with their employer and staff had helped them with this, which included attending meetings with the person and their employer. We spoke with this person and their relative, and they told us how important this support was. There were links with a local independent advocacy service, which people could also access, if required.

People told us they were involved in decisions about their care. One person we spoke with told us about their care plan. They told us, "I was asked what I wanted. When I think of additional things I want putting in my care plan, I let staff know and they update it." We saw this person had recently written down some information they wanted putting in their care plan, which staff had read and placed in the file.

People's independence was promoted as much as possible. The registered manager told us the provider's ethos was to "promote independence, not dependence." One person we spoke with told us, "I do my own thing; I'm independent." A relative we spoke with told us their relative had become a lot more independent since living at Red Coat Close. They gave an example of staff helping the person to get their own bus pass, which meant they could go out a lot more.

People were supported to maintain relationships. An incident had occurred where two people had fallen out over a disagreement. Staff arranged a mediation session between the two people concerned, which gave them both an opportunity to resolve their differences. Recently, staff had carried out an awareness-raising session on visual impairments so that people could understand the needs of others more. This had resulted in people being more considerate of people living at Red Coat Close who had visual impairments by taking into account particular challenges they faced. For example, people had learnt about the importance of not moving the furniture around in the communal area.

We looked at how staff respected people's privacy, and how they maintained people's dignity. Staff we spoke with understood the importance of people's privacy. A relative we spoke with told us, "[person's flat] is their personal space, and that is always respected." There was a 'Dignity Champion' in place, whose role was to challenge any practice which did not uphold people's dignity and respect. A 'Charter of Rights' was in place for people, which set out what they should expect from staff and from each other. The Charter set out the expectation, "to be treated with dignity and respect and for privacy to be respected." People told us they felt staff treated them with respect, and that they felt comfortable in raising it as an issue if they felt

disrespected in any way. Staff had used tenants' meetings to discuss topics such as privacy. Previously, one person had raised a concern about other people peering into their windows. Staff spoke to people about the need to respect each other's privacy, as well as the need for staff to be able to have private and confidential conversations with people in the office area.

## Is the service responsive?

### Our findings

People, relatives and health professionals told us that staff were responsive to people's needs. One health professional told us, "I have been very impressed with Sanctuary, not only their housing provision but also the core tenancy support they provide for all people who live there. The designated support staff are supportive of people's needs." Another health professional told us that the service always "acts upon need" and that the care provided was always of a high standard. We saw examples of where people's changing needs had been responded to and the appropriate health and social care professionals had been involved.

Staff told us one of the strengths of the service was its flexibility. One member of staff told us, "We do things how they (people) want, not how we want." Staffing hours were subject to change as staff accommodated people's individual needs. For example, there was scope to provide evening or weekend support, if required. People told us how staff were flexible in their approach. One person told us, "Sometimes, I want to do something like go for a coffee during my support time, and we do that instead of what was planned." Another person told us they liked to be more structured in the support they receive. They told us, "I like my support to be planned so that I know each week what is going to happen." Staff told us about the importance of tailoring their approach to the requirements of each individual.

People were involved in both their care plans, and any subsequent review of their care. A relative we spoke with told us their relative's support hours had recently been reduced following a review with that person, their relative, social worker and staff. This was in recognition of the fact the person's needs had changed and they no longer needed the same level of staff input they had needed when they first moved in. However, if the person felt uncomfortable with the reduction in hours, they had been told the hours could be looked at again with the view of reinstating them. People's care plans contained information about people's likes, dislikes and preferences, and people were instrumental in making any changes to these.

People told us they lived full and varied lives. One person told us, "It's non-stop, my life- from the time I get up to the time I go to bed." One person told us about the voluntary work they enjoyed doing. Staff had helped one person to take on a voluntary coaching role for a local sports team, which the person enjoyed. We saw staff support people throughout the course of the inspection with going out into town and places they wanted to go to.

We looked at the system in place for capturing and responding to complaints, feedback and suggestions. People told us they enjoyed their monthly tenants' meetings. One person told us, "I love the tenants' meetings, I put them all straight!" These meetings were used as a forum for people to express any views or suggestions, as well as voice any dissatisfaction. An anonymous comments box was also available to people in a communal area, which the registered manager regularly checked. People told us they knew how to complain and felt very comfortable in doing so. One person told us, "They look at all the complaints; I know that from personal experience. They do what they can to sort it out."

## Is the service well-led?

### Our findings

People and relatives told us they were happy with the running of the service and felt they had a good working relationship with the registered manager. People we spoke with knew who the registered manager was and told us they could approach them with any problems or concerns. During the course of our inspection, one person spoke with the registered manager about a personal issue which was upsetting them. Relatives spoke positively about the registered manager and the way in which they managed the service. One relative we spoke with told us, "[registered manager] has been excellent, right from the very beginning. They are very accommodating and [person] has a good relationship with them." Another relative we spoke with praised the "family feel" the staff and registered manager had created. We asked the registered manager about the culture they wanted to create, and they told us, "It is a happy, positive environment for people and for staff. We have happy tenants, and happy staff."

Staff told us they felt supported and valued in their roles, both by the registered manager and the provider. One member of staff told us, "[registered manager] is absolutely brilliant; very supportive. They are always there to provide help and guidance. The tenants all love [registered manager] and always ask us when they are next in." Staff told us they would feel comfortable approaching the registered manager or provider with any concerns, including whistleblowing concerns, and were confident these would be acted on.

People's views were routinely captured and taken into account when making decisions about the running of the service. For example, people had asked for a pool table and bean bags in their communal area, and these had all been bought so that the area was decorated in the way people wanted. One person we spoke with told us their only concern was about the garden area. They told us, "The garden needs doing, but we mentioned that and it is getting done." We saw that people's views on the garden had been considered and that action had been taken to create the sensory garden which people had asked for.

We looked at how the registered manager and provider monitored the quality of care people received. In addition to the provider's quality assurance audits, the registered manager also had their own systems in place. This included reviewing complaints, comments and feedback, health and safety checks and reviews of people's care plans. People's opinions were sought both through tenants' meetings, as well as through the provider's own questionnaires. We saw where action had been taken as a result of people's feedback. For example, one person had asked for the provider's 'moving in pack' to be made available in Braille, which was now in place.

The registered manager had established links with the local community to benefit people living at Red Coat Close. This included links with a local voluntary service to look at getting help with creating a sensory garden at the property, as well as links with the local police service and an external training provider to provide training and coaching to people.

The provider had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our

ongoing monitoring of services.