Care Quality Commission

Sanctuary Home Care Limited

Hilltop House (Domiciliary Care)

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

Overall summary

The inspection took place on 11 May 2015 and was announced. The service received 24 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service provides care and support to people with physical disabilities who share flats within a communal building. At the time of our inspection11 people were receiving a service. One of these people was primarily supported by another agency and staff from this service only gave occasional assistance for moving and handling tasks.

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. Like

Summary of findings

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.

Staff were trained in safeguarding people from abuse and systems were in place to protect people from financial abuse. Staff understood their responsibilities to report any safeguarding concerns they may have.

Risks to people and staff were assessed and action taken to minimise these risks. People were encouraged to remain as independent as possible and any risks related to this were assessed.

Staffing levels meant that people's needs were met appropriately. Recruitment procedures ensured that staff were suitable for this type of work and checks were carried out before people started work to make sure they were safe to work in this setting.

Medicines were administered safely and records related to medicines were accurately completed.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for.

People gave their consent before care and treatment was provided. Some staff had received training in the Mental Capacity Act (MCA) 2015. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. People's capacity to give consent had been assessed and decisions had been taken in line with legal requirements.

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting them with their day to day healthcare needs.

Staff were very caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for. All the staff we spoke with told us they would be happy for a relative of theirs to be supported by the service.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. People were able to negotiate how they wanted their care hours and the service was flexible enough to accommodate these requests.

No formal complaints had been made but informal issues were dealt with appropriately and to people's satisfaction.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping to direct the way the service was run.

Quality assurance systems were in place and audits were carried out regularly to monitor the delivery of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place and staff were trained in safeguarding people from abuse.

Risks were assessed and action taken to minimise them.

There were enough staff to meet people's needs. Staff were trained to administer medicines and medicines were given to people safely.

Good

Is the service effective?
The service was effective.

Staff received the training they needed to carry out their roles.

The service had followed legal requirements relating to consent to care and treatment.

People were supported with their dietary and healthcare needs.

Good

Is the service caring?
The service was caring.

Staff were patient, compassionate and kind.

People were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing and planning their care.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

Complaints were responded to appropriately and promptly.

Good

Is the service well-led?
The service was well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

Quality assurance systems were in place to monitor the delivery of the service.

Good

Hilltop House (Domiciliary Care)

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.

The inspection took place on 11 May 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to speak with us.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us. Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, two care staff and the head of care.

We reviewed three care plans, two medication records, three staff recruitment files and staffing rotas. We also reviewed quality monitoring records carried out by the service and by an external agency.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff to keep them safe. One person said, "I feel safe". We saw from their care plan that they were anxious about their safety and staff were given guidance on how to help reduce their anxiety. We asked if staff always followed this guidance and the person told us that they did.

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse. We checked balances of monies held and found they were correct.

We saw that safeguarding people from abuse was an agenda item on tenant and staff meetings. Staff had received training in safeguarding people from abuse and this training was appropriately refreshed. Staff we spoke with were knowledgeable about safeguarding matters and told us they would be confident to deal with safeguarding concerns.

We saw that risks had been assessed and actions taken to reduce these risks as much as possible. We saw that people's risks associated with their eating and drinking, pressure care and taking their medicines had been assessed and were clearly documented in their care plans. People had been involved in the assessments and had signed their care plans to demonstrate this. . Where somebody had been assessed as needing food via percutaneous enteral gastronomy (PEG), which is a tube directly into their digestive system, we saw that a discussion with relevant professionals and risk assessment had taken place. They told us they were now able to have some chocolate buttons and a little to drink occasionally. This meant a lot to them as they said they really missed being able to eat as they used to.

The service had a business continuity plan which documented how the service would continue to be delivered in case of emergency. We saw that the plan was very detailed and contained clear and practical advice for staff to follow at what would be a very difficult time.

People received care and support from staff who knew them well. People told us that they had a timetable showing when staff would be supporting them and they received the help they needed. Staffing levels were assessed and where people required two staff to support them this was recorded in their care plan.

Rotas showed that staff covered core hours and then worked flexibly within these hours to meet the needs of the people they were supporting and caring for. All the people we spoke with felt that there were enough staff and that they could get help if they needed to. One person had recently been discharged from hospital and told us that the staff had supported them very well on their return home. There was a member of staff on duty each night, the cost of which was shared between all the people who lived at the service. People told us that they felt safer knowing there was someone there for them in the night if they needed help.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service.

Medicines, including controlled drugs, were well managed by the service and people told us they were happy with the way staff supported them to take their medicines. We observed staff supporting people to take their medicines in a patient and caring manner. We saw that they explained what the medicines were for and supported people to be as independent as possible when taking their medicines. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them and for how long before contacting a healthcare professional such as a GP for further advice. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by senior staff annually to check practice.

Good

Is the service effective?

Our findings

All of the people we spoke with were positive about the skills and competence of the staff. One had recently been discharged form hospital and praised the way the staff had cared for them when they came back home. They said, "I was looked after so well. There were no problems at all".

Staff told us they felt they had the training they needed to carry out their roles. One member of staff said, "The training is good. They keep you up to date which protects me and the tenant. If we have new equipment, even if we have had the training, we would get a refresher to be safe". Training records confirmed that staff received the training they needed.

When staff first started working at the service they received an induction which covered all aspects of delivering care and support. New staff spent the first week shadowing permanent staff until they were confident to deliver care themselves. Agency staff were used occasionally and, although there was no structured induction for them, we saw that detailed information was handed over to them and staff told us that they worked with the agency staff and supported them to meet people's needs.

Staff received regular support and supervision from their managers. Records of annual staff appraisal showed that some staff were overdue for this. The head of care told us that this was being addressed by the management team. Staff told us they felt well supported and could ask for advice and guidance if they needed it. One member of staff told us that they had started in another role at the service and been given a lot of help and support to enable them to begin working as a member of the care team. We saw that this person had now gained a nationally recognised qualification in care.

We noted that people's consent was asked for before care and treatment was provided. People told us that staff shared information with them and established their consent before carrying out any task. One person said, "I am in charge."

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, although some staff were yet to complete this training. We saw that some decisions had been taken appropriately in people's best interests. These related to people's medication and finances. We saw that people's capacity to understand had been assessed and where they had been assessed as lacking this capacity the appropriate legal measures had been put in place.

We observed staff supporting people to prepare and eat their meals and ensure they had access to food and drink. People were encouraged to make their own choices about food and drink. Some people chose to shop and cook together and staff supported them with this. People were supported with their specific dietary needs and staff had received training in providing nutrition via PEG for people who required this. We spoke with a person who received their nutrition in this way and they were extremely pleased with the way the staff had supported them as they had found this change very difficult. They told us, "The staff really helped me. I am getting used to it now".

People told us that staff supported them with their healthcare needs and worked in partnership with other healthcare professionals. We noted that one member of staff who had been trained to operate a nebulizer and suction machine had recently been called on to do this when someone became unwell. They recognised that the person was deteriorating and called an ambulance. Another person had recently been discharged from hospital and was very positive about how the staff had looked after their healthcare needs. During our inspection we noted staff liaising with another healthcare professional regarding one person's physiotherapy programme. Information about people's health conditions and any medicines they took was in their care plans for staff to access.

Good

Is the service caring?

Our findings

All the people we spoke with were happy with the way staff provided care and support. One person told us, "It's 100% here now". Another person said, "It's a nice place and the staff are really kind".

We observed that staff knew the people they were supporting and caring for well and had built good relationships with them. Staff chatted in a relaxed way with the people they were supporting and were patient and caring. Some people had difficulties communicating verbally and we saw that staff took time to ensure they had understood the person correctly. One person told us, "They never talk down to me. They are very good like that".

We saw that one person had letters of the alphabet taped to the arm of their wheelchair and used this to spell out words when verbal communication was difficult for them. They told us that this was new and that one of the staff had done this for them. They described this as being, "very useful" and we saw what a positive effect this had on their ability to communicate and express their choices and preferences. Where it was needed people had a communication passport to help to ensure staff were clear about people's expressed needs.

The Head of Care had begun some work documenting people's personal histories to help staff get to know people better. They had established, from speaking to a person's relative, that one person didn't like dogs. This had not been previously known and sometimes people bring their dogs into the service. This information had now been circulated to the staff and added to this person's care plan to reduce the risk of them being distressed.

Staff used a recognised pain scale to help to establish if people were in pain so that staff could arrange any support or treatment that was needed. Care plans documented in detail how staff should support people with their anxieties and worries. Training for staff had recently been arranged from a local hospice service as the management of the service had recognised that some people are admitted to the service with unresolved bereavement issues which the staff may need to support them through.

Care plans had been drawn up with the people they concerned and everyone knew about their plan and confirmed that their choices and preferences had been documented. People told us they were able to discuss their care informally with staff or in more formal meetings. We noted that an external advocacy service had been in monthly to help to ensure people were fully informed about some changes to the service. We saw that people were encouraged to do as much as they could for themselves and remain as independent as possible. We observed one person being supported to take part in administering their own medicines via their PEG.

People told us that staff treated them with respect and maintained their dignity and privacy. People's privacy was respected and we observed that staff knew who liked to spend their time in privacy in their room. We saw handover notes for an agency member of staff who was due to work an evening shift. They contained detailed information about who liked to chat with staff and who liked their own company and would not appreciate being disturbed. One person explained that they needed a lot of help with a particular aspect of their personal care. They said, "They look after my dignity. They are always conscious it's a delicate situation".

Good

Is the service responsive?

Our findings

One person told us, “I’m really happy with my care. They are very flexible. Sometimes the night staff come and chat to me which is nice”. Another person commented, “It’s much better here now”. They told us that staff support them to do the things they like to do, “Like going to the pub!”.

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Care plans documented people’s choices and preferences and made clear what people’s skills and abilities were as well as the things they needed help with. Care plans were subject to ongoing review and reflected any changes in people’s needs promptly.

All staff had undertaken diversity training to help to ensure that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. Care plans recorded if people preferred to receive care, particularly personal care, from care staff of the same gender.

Care visits were arranged to suit people and were flexible. We observed someone negotiating the times of their visits so that they could attend a particular social event. The head of care explained that the service was able to provide core hours to support people with their basic needs. There were also ‘flexi hours’ which were organised on a weekly basis according to the needs and wishes of the people who used the service.

The organisation of the flexi hours required an element of co-operation amongst the people who used the service. For example if someone wanted an early call others may have to move their times accordingly. People told us that they did not mind this and enjoyed the flexibility. Given that people lived within the same building it was possible for staff to negotiate and communicate any changes to visit times quite easily. One person told us, “The [domiciliary care] schedules work very well. There are no problems. The staff come when they are supposed to”.

We saw that staff supported people to play an active part in their community and to attend social functions and holidays. One person was really happy that they had been able to move some flexi hours around so that they could be supported to go and listen to a singer perform locally.

The service had a complaints policy and each person had a copy of this. We noted that recent tenant meetings had included an agenda item on how to make a complaint. During the meeting the policy was read out to people and they were able to ask questions about how to make a complaint. There have been no formal complaints made to the service in the last year.

Tenant meetings gave people the opportunity to raise issues and give feedback. We saw that the most recent meeting had discussed agency staff who had recently worked shifts at the service and people were also asked to give their feedback on five new staff members. Surveys were sent out annually to tenants to gather feedback but the latest of these had not yet been collated and were not available to review. One of the people who used the service told us that they were able to raise issues informally if they needed to. They said, “If you’ve got any problems you just tell [head of care] and it’s sorted – not that there are any problems!”

Good

Is the service well-led?

Our findings

It was clear from the feedback people gave us that the service had a positive and open culture. One person who used the service told us that, "The top hierarchy come and chat. [The registered manager] comes often and [the head of care] is really good. He has brought the staff up and got them energised. He leads by example". People who used the service were routinely involved in the recruitment of staff. One staff member told us how they had been questioned at great length as part of their interview process by a panel made up of people who used the service.

The culture of the service was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

Staff were positive about working at the service and found the management team accessible. One person said, "If I have any problems I can ask. They have been very supportive of me". They told us that they were able to make suggestions in supervision and in staff meetings, which were held regularly, as well as informally. One staff member had recently made a suggestion about the provision of a leisure activity for someone and this was being considered by the management. Another staff member confirmed that staff are encouraged to share their ideas with the managers and the tenants.

There had been significant changes to the way the service operated since our last inspection and we saw that the management had communicated with the people who used the service throughout these changes and had given them appropriate opportunities to give feedback about how the service was working for them.

There was a clear management structure in place, with the head of care in day to day charge and registered manager visiting the service regularly and providing support and guidance to the head of care. Communication was good between these two people and the head of care told us they felt well supported by their manager. The registered manager understood their responsibilities and had previously sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service and the head of care had identified which staff needed to have their training refreshed. We saw that the matrix was not completely up to date but the head of care was able to provide us with the information we needed to confirm what training had taken place. Other records for the people who used the service and staff were well organised and clear.

A monthly service improvement action plan was completed by the registered manager and monitored all aspects of the service. In addition external quality assurance audits had been carried out to help the service focus on areas of improvement. We saw that items from these audits had been addressed promptly. Financial audits of people's money took place weekly and aimed to ensure that people were protected from financial abuse.