

Safe Sanctuary Living Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Safe Sanctuary Living Ltd supports people to live in the community. At the time of the inspection three people were receiving support. The support varied from a few hours to 24 hours a day. People lived in their own home around Nottinghamshire. 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

Right Support

Although the risk assessments were reviewed, they did not always effectively identify all shortfalls noted by our inspectors. Not all risks had been considered in relation to people's health and social care needs. Medicines management processes did not follow best practice guidance.

The service supported people to have as much choice, control and independence as possible. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life.

People were asked how they would like to receive support including making reasonable adjustments so that they could access activities in different areas.

Right Care

The service had enough staff to meet people's needs and keep them safe. The staff received mandatory training; however further training was required to enhance staff's understanding of autism. Since the inspection, the provider arranged additional training on understanding autism for all staff. Staff promoted equality and diversity in their support for people. They understood people's cultural needs, provided culturally appropriate care and respected people's privacy and dignity.

People received kind and compassionate care.

Staff had training on how to recognise and report abuse and they knew how to report any concerns. The service worked well with other agencies to protect people from poor care and abuse.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and

enabled people to take positive risks, for example using public transport.

Right culture

Not all staff knew and fully understood people's needs. Some staff were not aware of people's health issues described in their care plans.

Not all people and those important to them felt fully involved in planning their care. We identified occasions where people's families could have been communicated with more effectively. Provider was keen to make changes and ensure everyone felt more involved. Following the inspections, the management evaluated the quality of support provided to people, involving the person, their families and other professionals.

The provider faced recruitment challenges due to current pressures in the health and social care sector and, at times it was difficult for the provider to recruit the gender of staff in line with people's preferences. The service actively tried to recruit permanent staff to ensure consistency of care.

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

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Safe Sanctuary Living Ltd

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 two inspectors.

Service and service type

This service provides care and support to people living in their own homes so 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.

Registered Manager

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 inspection

Before our inspection, we reviewed information we held about the service. This included information received from the local authority and professionals who work with the service. We looked at statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided.

We spoke with seven members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and two medication records. We looked at four 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 contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had risk assessments and care plans, however people's needs in relation to their care hadn't always been recorded. For example, one person had no oral health care plan. This increased the risk of developing dental health problems.
- Staff were not always aware of all risks to people's health and safety. For example, one person had diagnosis of epilepsy and there was a care plan on how to support the person in the event of a seizure. However, two members of staff who support this person were not aware of the diagnosis.
- We could not be assured that all people received consistent support with personal care. For example, people's personal charts were not always completed as per the guidance in the care plan. Staff told us that people receive personal care regularly, however, sometimes staff forgot to document it. The gaps in maintaining a documentation of all care given to people put them at risk of their health not being monitored effectively.
- People's behaviour was not always managed safely. For example, one person regularly presented with distressed behaviour. There was guidance for staff to record all incidents of distressed behaviour on the person's chart. However, staff did not consistently record the behaviour as requested. This prevented the staff from being able to identify and triggers or situations when this happens.
- Additionally, there was no guidance for staff on how to support one person's aspects of behaviour which may cause distress to themselves or others. This prevented staff with approaching the behaviour with consistency.

The systems and processes did not demonstrate that safety was effectively monitored and managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service had not consistently obtained information about all staff periods of employment as required by law. This increased a risk of unsafe recruitment. We discussed this with the provider who amended the recruitment policy immediately and reviewed current staff employment history.
- All staff were required DBS prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's commissioned hours were provided. People had received the individual hours they had been assessed as requiring.
- The service frequently used agency staff to ensure safe numbers of staff to provide support. However, the

provider had actively tried to recruit new staff to promote more consistency.

Systems and processes to safeguard people from the risk of abuse

- Most of the feedback from people, their relatives and professionals about keeping people safe was positive. One person who used the service said, "I feel one hundred percent safe and the care is wonderful".
- Staff had training on how to recognise and report abuse and they knew how to apply it. All staff we spoke to were knowledgeable about the signs of abuse and knew to report them. □
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Preventing and controlling infection

- The service's infection prevention and control policy was up to date.
- The relevant staff completed food hygiene training and followed correct procedures for preparing and storing food.
- One relative shared some concerns about the cleanliness of their loved one's property. We visited the property and found no concerns in relation to cleanliness.
- One person who receives support with cleaning told us, "They [staff] clean my home for me, I am very happy with how they do it".

Learning lessons when things go wrong

- Learning lessons and sharing feedback from incidents required improvement.
- Staff reported incidents and accidents to management who investigated them. However, the management recognised there were occasions when the outcomes of the investigations could have been shared with the relevant relatives more effectively.
- Professionals we spoke told us they were involved in reviewing incidents affecting people's safety, and felt they were managed well by the service. However, we received feedback from one relative who felt staff and the management were not always transparent when incidents occurred.

Using medicines safely

- Medicines managed safely. Procedures for ordering, storing and returning unused medicines followed best practice guidance.
- PRN protocols for medicines prescribed as required were completed appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had care and support plans that were personalised and based on their strengths, however one person's care plan did not fully reflect all physical and mental health needs.
- People's care plans were regularly reviewed, however not all relevant people felt involved in the care planning. One person said, "I have seen my care plan and I speak about it to staff". However, one relative said, "For the first time in six months, despite repeated requests from us, we have been invited to Teams meeting with management and staff".
- There were pathways to future goals and aspirations, including supporting people with learning new skills.

Staff support: induction, training, skills and experience

- Staff completed mandatory training upon commencing the employment. All staff completed training educating staff about the use of Positive Behaviour Support.
- Staff completed online training about autism. However, some staff felt additional training would be beneficial to better support people with autism. A staff member said, "I think we could do with more training on autism". One relative also felt the staff required further training about autism. Since the inspection, the provider arranged additional training.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. A staff member said, "I had training and learned how to deescalate behaviour".
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals. One person said, "I do my food shopping online and tell the staff what I would like to eat, and they prepare it for me".
- Staff encouraged people to eat healthy and balanced diet, however staff respected when people chose otherwise.
- People cultural preferences and beliefs were specified in their care plans and they were able to eat and drink in line with their choices.

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

- People were supported to attend health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals. One healthcare professional said, "[Staff names]

have been very proactive working with the local authority and [the person's] family to ensure that the [person's] needs are met.

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.

- Staff acted in people's best interests when they lacked the capacity to make decisions for themselves.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff spoke about people with respect, with consideration to their diverse needs. One staff member said, "[Name] likes to receive a lot of attention so we have to make sure we focus on [name] all the time. [name] doesn't really speak and they communicate through action, whatever they do, it has a meaning".
- We received mostly positive feedback about staff interaction with the people. One person said, "They are kind and caring and listen and act on what I say".
- Staff ensured people's special occasions, such as birthdays were celebrated and made people feel valued and important.
- Where possible people were involved in making decisions about their care.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. One person told us, "They [staff] make sure they always ask what I need or don't need, keep checking on me, closing curtains when doing personal care. I get to choose what I want to eat, pay my bills, they support me with budgeting, but I do all my shopping online".
- People had the opportunity to try new experiences, develop new skills and gain independence, for example one person was encouraged and supported with using public transport.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- There was a number of complaints received from a relative who did not feel the complaints were investigated thoroughly. However, the provider showed us evidence of the investigations taking place as per the complaints policy.
- The provider acknowledged there were occasions where sharing outcomes of investigating complaints could have been more transparent. The provider was committed to work on improving the relationship with the relative,

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

- We received mixed feedback regarding the activities from people and their loved ones. One person told us, "I am semi bed bound but we do all sort of things together with the staff, I like dominoes, building Legos and chatting. I am very happy with the activities". However, one relative expressed a concern about not enough activities appropriate for their loved one.
- People who were living away from their friends and families were able to stay in regular contact with them via telephone and video calls.

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

- Preferences, for example a gender of staff were identified but it was not always possible to ensure preferred gender of staff is available. We were informed the service recruited more male members to their team to accommodate people's preferences following our inspection.
- People were supported to understand their rights and explore meaningful relationships. One person told us, "The staff are always supportive and respectful when my partner comes to visit me. They help to accommodate the additional needs".
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

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.

- People's communication needs were specified in their care plans.
- Staff were aware of people's communication needs including the people who have limited verbal communication.
- Where appropriate, there were some visual cues which helped people access to information in formats they could understand.

End of life care and support

- At the time of the inspection, the service was not providing care to people at the end of their lives.
- The provider told us should anyone's health deteriorate end of life care would be discussed with the person or their next of kin.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had the knowledge and experience to perform their role, however we found shortfalls in the oversight of the service they managed.
- Governance processes were not always effective in identifying shortfalls. For example, we found areas for improvement in risk assessing, medication management and recruitment that were not identified prior to our inspection.
- The service did not always make sure that all staff evidenced the awareness of potential risks that may compromise quality of care. For example, not all staff were aware of a person's epilepsy despite it was stated in the person's care plan.
- Provider did not always actively seek and acted on the views of all relevant next of kin about the quality of care and treatment delivered by the service. As a result, there was a large number of concerns received in a short period of time.
- Records relating to the care and treatment of each person using the service were not always completed. For example we found gaps in recording people's daily care notes.

Systems and processes in place to demonstrate safety was effectively monitored and managed were ineffective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. A new team leader was appointed to ensure more effective oversight of the service.

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

- Management were visible in the service, approachable and took an interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff said, "They [the management] are really good, I am always comfortable talking to them, they are very flexible and always accessible".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback from people and those important to them regarding their involvement in running of the service and how the provider use the feedback to develop the service. Areas for improvement were identified to ensure all feedback is listened to, recorded and responded to as appropriate.
- Staff felt listened to and their feedback was acted upon. For example, when staff requested additional autism training, the provider arranged the requested training.
- The service worked well in partnership with other health and social care organisations, people using the service improve their wellbeing. One health care professional told us, "Communication between Safe Sanctuary and the local authority has always been positive and transparent".

Continuous learning and improving care

- The provider was responsive to feedback from other organisations. For example, the provider completed an action plan to address the shortfalls identified during our inspection. Some of the shortfalls were resolved immediately following our feedback.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to be supported to achieve the best outcomes possible.
- For example, there was an Autism Research with lived experience of mental health services and autism which was beneficial for people who used the service and the staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been always been effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was being effectively managed.</p> <p>This placed people at risk of harm.</p>