

Mrs Christine Ann Hotchin

The Sanctuary Office

Inspection report

3 Glade Close
Burton Latimer
Kettering
Northamptonshire
NN15 5YG

Date of inspection visit:
26 April 2022
28 April 2022

Date of publication:
24 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Sanctuary Office is a domiciliary care provider. It provides personal care to people living in their own homes. The Care Quality Commission (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. At the time of our inspection 13 people were receiving personal care from the service.

People's experience of using this service and what we found

People were supported by regular care staff that had built trusting and supportive relationships with people using the service. We received positive comments such as, "I would definitely recommend The Sanctuary to others, the care [Family member] receives is absolutely brilliant." And, "The staff are so professional, the care is very person centred, the staff have brought [Family member] out of their shell, [Family member] looks forward to their visits."

Risks to people's health and wellbeing were assessed. Care plans and risk assessments provided staff with information and guidance on how to safely manage the risks.

Where the provider took on the responsibility people's medicines were safely managed. Infection control practice was embedded into the service.

Staff received safeguarding training and understood their roles and responsibilities in protecting people from all forms of abuse and avoidable harm. Staff were safely recruited and trained to meet the needs of people using the service. Supervision and support systems were in place to ensure staff were supported to fulfil their roles and responsibilities. The staffing arrangements ensured people received care and support according to their assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's independence was promoted, and their privacy and dignity were respected by staff.

People and relatives were involved in the initial planning and ongoing care reviews. People's views were continuously sought to help drive service improvement.

The registered manager and the staff team worked in partnership with health and social care professionals to ensure people received care following a consistent approach.

The registered manager was committed to providing a service that promoted person centred care. Systems and processes were in place to continually monitor quality and safety and oversight of the service. The registered manager understood their legal responsibilities and continually worked towards driving improvement at the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 16 August 2019 and breaches of legal requirements were found.

The provider completed an action plan after the last inspection to show what they would do and by when to improve, in regulations 12: Safe care and treatment, 17: Good governance and 19: Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sanctuary Office on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Sanctuary Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to gain consent to contact people using the service, relatives and staff by telephone and email.

The inspection activity started on 26 April 2022 and ended with visiting the site office to review records on 28 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at other information we had received about the service from the provider. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and two relatives about their experience of the care received from the service. We spoke with the registered manager and one staff member and received written feedback from five care staff about their experience of working for the service.

We reviewed a range of records. This included three people's care records. Two staff recruitment files and a variety of other records relating to the management and oversight of the service, including staff training and supervision records and the providers policies and procedures.

After the inspection

We spoke with one staff member and reviewed quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to adequately assess risks or ensure people receive their medicines safely. They also failed to have safe recruitment procedures in place. This was in breach of regulation 12, Safe Care and Treatment and regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 19.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. One person said, "Everything is just perfect, I feel very safe in the hands of the staff, they know just what to do." A relative said, [Register manager] is brilliant, she will text me if she has any concerns, she always puts [Family member] at the heart of everything."
- Staff understood their role and responsibilities in protecting people from abuse and avoidable harm. One staff member said, "If I had any concerns over a client that would be potentially harmful to them, I would bring it to the attention of my manager. Also, if I felt my manger was doing something wrong and concerning I would "whistle-blow" and contact CQC regarding a safeguarding concern."
- Staff told us, and records showed they received safeguarding training and a safeguarding policy and procedure was available to them.

Assessing risk, safety monitoring and management

- People received safe care which had been risk assessed.
- Risk assessments considered risks within the domestic home environment and risks associated with people's individual health conditions. For example, the use of moving and handling equipment. All people spoken with confirmed they had confidence in the care staff to safely operate moving and handling equipment. One relative said, "[Family member] is now using a [portable aid to assist with standing], three staff came to be shown how to use it."
- Where increased risks were identified advice and guidance had been sought from appropriate healthcare professionals, for example GP, district nurse and occupational therapist. One relative said, [Family member] had developed a little sore area on their skin, [Registered manager] texted me to let me know she was arranging for the district nurse to come and assess."
- One staff member said, "We are kept fully up to date on the needs of each of the clients. We use [Name of private social media app], [Registered manager] sends daily updates. We also use the app to handover any changes, or any concerns we notice regarding the clients changing needs, it works really well." Another staff member recalled when a person was experiencing pain due to an infection, how they communicated with the registered manager and the person's relative, resulting in the person being prescribed antibiotics to

swiftly treat the infection.

Staffing and recruitment

- Safe staff recruitment procedures were followed to ensure staff were appropriately recruited and suitable to care for people using the service. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed that the registered manager had obtained professional and character references as part of the recruitment process.
- The staff deployment and scheduling arrangements ensured people's needs were met safely.

Using medicines safely

- People received their medicines safely. One person said, "I have all my tablets in a dosage box, the staff take them out and put them in a napkin for me, so I can take them easily. I like to take them with a cup of tea rather than water, the staff respect my choice, they make a record on the medicines chart when I have taken my tablets."
- The registered manager had worked with the local pharmacy to ensure the quality of information on the medicines administration records (MAR) gave staff clear instructions to safely administer medicines.
- The registered manager declared in the provider information return (PIR) that all staff who administer medication are fully aware of the importance of completing the process correctly and signing a MAR sheet accordingly. MAR sheets are monitored, and spot checked regularly. We all always respect the dignity of our clients, their choices and their human rights. We checked this and found staff received medicines training and their competency to safely administer medicines was observed and assessed.
- Records showed that medicines audits took place so that any errors or missed medicines or other any concerns around the management of medicines could be quickly addressed.

Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place, which included COVID-19 guidance. Staff told us and records showed they received both IPC and COVID -19 training.
- People confirmed that staff followed IPC procedures when providing their care. They used personal protective equipment (PPE) effectively and safely and followed good hand hygiene practices.
- The provider participated in the staff COVID-19 testing programme, to reduce the risk of COVID-19 transmission and ensure infection outbreaks were effectively prevented or managed.

Learning lessons when things go wrong

- The registered manager had taken swift action to address the breaches in regulation at the last inspection. Records showed that improvements had taken place to medicines records, recruitment and management systems.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's individual needs were assessed, planned for and reviewed. All people using the service and relatives spoken with confirmed they were involved in making decisions about their care and support.
- Changes to people's care and support needs were effectively communicated to all care staff. A staff member said, "[Registered manager] does regular client reviews making sure the clients are happy with our service and that all their care needs are being met. Adjustments are made where necessary and reported back to us."

Staff support: induction, training, skills and experience

- People received care from staff that were well supported. All staff commented on the excellent support they received from the registered manager. We received comments such as, "It's amazing working for this service, [Registered manager] is very compassionate, she really cares about the welfare of all the clients and staff." And, "There are numerous positives about working for The Sanctuary, first and foremost is the care for clients is paramount and staff are really valued and cared for too."
- People received care from staff that received an induction and ongoing training and support. One staff member said, "[Registered manager] puts us through induction training before we start working and offers more training when opportunities arise. Whether that be online training or physical demonstrations."
- One staff member said, "When I commenced work at The Sanctuary I worked with my manager and colleagues for at least two weeks before I worked on my own. I appreciated this support as it enabled me to meet the clients and understand their likes and dislikes and get to know my colleagues and how they work."
- Staff told us they had the opportunity to undertake the Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's support and independence needs for eating and drinking were assessed and met. One person said, "I prefer to eat small portions, the staff will make me up a nice side plate of nibbles, and I have two to three milk shakes a day."
- Guidance was available for staff for on how to provide support for people to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to understand and meet people's individual care needs to achieve positive outcomes.
- Care records demonstrated where the staff followed the advice of healthcare professionals. For example, maintaining skin integrity to prevent skin tissue breakdown.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Records showed that people's mental capacity to make decisions were assessed and staff followed the principles of the MCA 2005.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to have established systems and processes in place to assess, monitor and improve the quality and safety of care. This was in breach of regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- All people using the service and relatives were positive about the care and support they received. One relative said, "I would definitely recommend The Sanctuary to others, the care [Family member] receives is absolutely brilliant." Another relative said, "They are so professional, the care is very person centred, they have brought [Family member] out of their shell, [Family member] looks forward to the staff's visits."
- The registered manager and staff demonstrated they followed the vision and values of the service in providing person centred care and support. The registered manager said that during staff meetings they and the staff team always set aside time to reflect on how they continue to provide care following The Sanctuary motto of "Bringing what matters to people who matter"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they understood their responsibilities. Staff were aware of the provider's systems and processes and understood their role, responsibilities, and accountability.
- Systems and processes were in place to assess and monitor the quality and safety of the service. This included daily checks on people's health and wellbeing and revising care delivery to accommodate any changes in people's needs.
- Staff told us, and records showed the registered manager provided ongoing supervision and support and training for all staff.
- The registered manager understood their responsibility under the duty of candour and had systems and processes in place to respond to events that may happen. They were open, honest, and enthusiastic to continually look at ways to drive improvement at the service.

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

characteristics

- The registered manager had daily contact with people using the service, relatives and staff. The people and relatives spoken with all confirmed they felt involved and consulted about the care they received.
- The registered manager and staff team demonstrated a clear understanding and awareness of people's equality and diversity characteristics.

Continuous learning and improving care

- The registered manager was proactive in continually exploring ways of developing and improving the service. This included reviewing assessments and care plans, risk assessments, policies and procedures, staff training and support needs.

Working in partnership with others

- People's care records demonstrated how staff supported them to access advice and guidance from health care professionals and services.