

Sanctuary Home Care Limited

Sanctuary Home Care Ltd- Worcester

Inspection report

Noble House
1 Oak View Way
Worcester
Worcestershire
WR2 5FH

Tel: 01905676950

Date of inspection visit:
18 January 2017
19 January 2017

Date of publication:
16 February 2017

Ratings

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

Summary of findings

Overall summary

We undertook an announced inspection on 18 and 19 January 2017.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people living at Noble House. They provide care in a supported living housing scheme. At the time of our inspection 25 people received support with personal care.

There was a registered manager for this service. 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 we spoke with said they had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported to receive their medicines by trained staff who knew the risks associated with them.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. The management team regularly reviewed how people were supported to make decisions. People were supported to eat and drink well when part of their identified needs. People we spoke with explained they were supported to make their own decisions and felt listened to by staff. People and their relatives told us staff would support them to access health professionals when they need to. People told us there was effective communication between themselves, staff and healthcare professionals.

People and their relatives said staff and management team were caring and kind. They said they were treated with dignity and respect, and encouraged to be as independent as possible. People said they were involved in making choices about how they were supported. Relatives told us they were involved as part of the team to support their family member. The management team were adaptable to changes in people's needs and communicated changes to staff effectively.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

The management team monitored the quality of the service in an inclusive way. The registered manager ensured there was a culture of openness for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People benefitted from regular staff who knew their needs and managed their identified risks in a safe way. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People were supported by compassionate and caring staff who listened to their preferences. Staff respected people's dignity and supported people to achieve as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

People were listened to by staff who adapted their support to meet their needs. People benefitted from regular reviews of their care. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was open and inclusive, with the focus on each person as an individual and involving them with all aspects of their care.

Sanctuary Home Care Ltd- Worcester

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.

This was an announced inspection which took place on 18 and 19 January 2017 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

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 by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people, and three relatives. We spoke with ten staff and the registered manager. We also spoke to a community physiotherapist and a social worker who regularly supported people at the

service. We looked at four records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People we spoke with said they felt safe because they were supported by staff who met their needs in a safe way. One person explained how they were confident with the staff who supported them because all the staff listened to them and knew how to support them, the person said this helped them feel safe. Another person told us, "I only have to press the buzzer and someone comes straight away."

Relatives we spoke with said their family member was safe and well looked after by staff. Relatives told us their family member received care that supported their needs safely. They said staff supported their family member's well-being holistically. One relative said, "I am confident there is always someone there when my [family member] needs help." They went on to say how reassuring this was for them.

The registered manager and staff explained their responsibilities in identifying and reporting potential abuse under the local authority reporting procedures. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report them to. They told us training on potential abuse formed part of their induction and was regularly updated. Staff also said safe guarding was regularly discussed in team meetings to support their knowledge.

People told us they regularly discussed their support needs with staff. This included identified risks to their safety and welfare. For example, supporting people with their medicines and mobilising safely. Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed support when mobilising and it was clearly documented on their care plan with an assessment of any risks to ensure these were mitigated. Staff we spoke with said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed and what support people received. Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People we spoke with told us staff supported them at the agreed times and stayed for the full length of their visit. One person explained how staff always asked them what they wanted support with, and they were helpful and listened to them. They went on to say how this increased their feeling of safety and well-being.

People we spoke with explained there were always enough staff on duty to meet their needs. One person said there had been a lot of changes in staff, however this had settled down and they were now supported by regular staff. The registered manager explained there had been some staffing issues when the service had first started. They had taken action and had filled their staffing vacancies; they had used agency staff when they needed to. This ensured people always had the support they needed. The registered manager explained they were now continuously recruiting to ensure they consistently had sufficient staff available. Staff said they had enough staff to meet the needs of people using the service. One member of staff explained how they worked as a team and the registered manager and office staff would support them when needed.

People told us they were now consistently supported by staff who knew them well. Staff told us there was a

core established staff group who provided continuity for people using the service and supported new staff. They knew how important it was to people that they knew the staff supporting them.

New staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

Some people told us they needed support with their medicines. They said this was discussed with them and they were included in decisions about how they were supported. One person told us, "They always offer me my pain relief, I can decide if I need it or not." Staff told us people's plans guided them to support people with their medicines. They said these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed by the management team. One member of staff explained how they were given time to feel confident when administering medicines; they said they felt supported through the process by colleagues and the management team.

Staff told us they received regular spot checks by the management team to observe their administration practices. The registered manager told us people's medicine records were reviewed by staff and the management team. She went onto say action was always taken if there were any concerns found to ensure the records were completed correctly and people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them and were well trained. One person told us about staff, "They are really clued up, and know exactly what needs doing." Another person said, "There was a high turnover of staff, but they were always well trained and did an excellent job. I have regulars now that know me well." Relatives we spoke with told us staff knew how to support their family member. One relative said, "All the staff are knowledgeable, it gives me real confidence." The social worker we spoke with explained how when one person needed specialist equipment, the management team had ensured all the staff received the training needed to use this equipment.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing experienced staff. Staff said they met the people they were supporting and experienced staff shared their best practice with them so people were supported effectively. They said the management team checked when they were ready to support people on their own. Staff said they felt prepared and had received training in all areas of care delivery. One member of staff explained how they were encouraged to always ask questions to the management team and their colleagues, and how this improved their confidence when supporting people. Another member of staff told us how they had requested additional training, and this had been arranged by the registered manager. They went on to say how much they were looking forward to this training. Staff told us the management team supported them to achieve their vocational training and how this supported them to feel recognised for the work they completed.

Staff told us they were supported by the management team and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had a good understanding of the principles of the act and the use of least restrictive practice. One staff member said, "We always assume capacity, and don't make decisions for people."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. They explained they always ensured people were in agreement with any support they provided. Staff told us all the people they supported had capacity to make their own decisions. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw capacity assessments had been completed if they were unsure about someone's capacity to make a particular decision. These demonstrated that all options were considered to ensure the service was compliant with the legislation.

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 service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of this legislation and was happy to seek advice when required.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their support needs. They told us they were offered choice and encouraged to maintain a healthy diet. One person explained how they were supported by staff to organise their shopping list. They went on to say how staff listened to them and they had meals they enjoyed. Relatives we spoke with said their family member was supported to make their own choices about what they ate. Staff knew people well and were aware of what level of support each person needed.

People we spoke with said staff helped them if they needed support for any aspect of their health care. Relatives told us staff supported their family member to arrange and attend health care appointments when needed. One relative said, "They [staff] always call for any help needed, keep me in the loop every time." Staff had involved other health agencies as they were needed in response to the person's needs. For example, one member of staff explained how the occupational therapist had visited one person to support them with equipment to improve their safety.

We spoke with a community physiotherapist that regularly supported people receiving this service. They explained how staff were always very professional, and helpful. They went onto say how staff followed their guidance and there was good communication between them.

Is the service caring?

Our findings

All the people we spoke with told us the staff and management team were caring and kind. One person said about the staff, "They are all brilliant, I don't know how I would carry on without them." Another person told us, "Lovely staff, they are the best." Relatives said staff were patient and considerate. One relative said, "Staff are very supportive and have a 'can do' attitude."

We saw staff supporting people in a kind way. Staff stopped to speak with people in the corridors, offering a kind word or gesture to check people were okay. We saw staff give people the time to respond and offered reassurance and support if they needed it.

People told us they now received support from regular staff who knew them and their needs well. This reassured people because staff knew their needs and were familiar to them. One relative said their family member was supported by regular staff and they had built a good rapport with them. Staff told us they were not rushed and had the time to provide the support people needed.

People said staff supported them to make their own decisions about their daily lives. One person told us, "We always talk about what I want to do and they work around me." Another person said, "I can't fault them, they know my procedure and listen to what I want." People we spoke with explained how they chose what time they received their visits and what staff supported them with. One person explained how they had not got on well with one member of staff, and they had discussed this with the management team and the member of staff no longer supported them.

Relatives said they were involved with their family member's support. One relative explained how they had been involved from the start of their family member using service. They had agreed with their family member for staff to contact them if there were any concerns. The relative told us staff were always very proactive and contacted them when they needed to.

Staff we spoke with explained how important it was people who used the service were listened to and had influence over how their care was provided. One member of staff explained how they used different methods of communication to ensure people were able to understand them. They told us they adapted their communication to each person as an individual. For example, they used a white board for one person to support their memory and reduce their anxiety.

One relative explained their family member needed greater interaction in the afternoons. The said a team leader had gone above and beyond by arranging for their family member to attend activity sessions in the neighbouring care home. The relative went on to say, "I was amazingly impressed at what was arranged and the difference this has made." The social worker we spoke with said the management team would go the extra mile for people. For example, one team leader had arranged specific equipment for one person, which had improved their independence and well-being.

People said staff respected their dignity. One person told us about staff, "They respect my privacy, it's just a

natural thing they do without being told." Another person explained how staff always treated them with respect and dignity, by ensuring curtains were closed and always listening to them. Relatives said staff always treated them and their family member with dignity and respect. One relative told us about staff, "They are always so respectful and considerate, nothing is too much trouble. We have met them in the corridors, and they are always really lovely with [family member]." Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. One member of staff said, "I just have to imagine how I would feel and that makes it easy to really focus on the person."

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person explained how they were supported to manage their daily life with support from staff. They said they felt more in control of their life and this supported their wellbeing. Another person told us, "All the staff listen to me, I love them all and we work together." A further person said, "All my needs are met, I am a hundred percent happy with the service I have." People we spoke with told us staff involved them with decisions about how they were supported. Relatives said staff kept them involved and one relative told us they felt 'part of the team' to support their family member.

One person explained how extra support was arranged when they had been unwell. They said this had ensured they were supported when they needed it. Relatives we spoke with explained how they were reassured extra support was available if their family member needed it. One relative told us how all staff went above and beyond when they needed to. For example, staff ensured their family member had the shopping they needed even if they went and got it in their own time.

We spoke with a community physiotherapist and a social worker who regularly were involved with people receiving a service. They both said people were happy with the service and staff were helpful and listened to people.

Staff knew about each person's needs, they said they knew people really well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's choices and outcomes. We looked at care records and saw people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People told us their support was regularly reviewed and where changes were needed they were implemented. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person told us about when they had needed their visit times changed. They went on to say how the staff in the office had listened and rearranged their times to meet this person's needs.

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they raised a particular concern they were listened to and the situation was resolved satisfactorily. Another relative told us, "They [staff] really listen and are flexible and accommodating when supporting [family member]." Staff told us plans were updated quickly if there were any changes to people's needs, and the information was communicated to all staff effectively.

All the people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I can speak to staff, or the management team they are all approachable." Relatives said

they were confident to speak to the management team if they had any concerns.

The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at their team meetings. We saw in staff meeting minutes that any complaint learning was shared with the staff team.

Is the service well-led?

Our findings

The registered manager managed the extra care scheme with support from team leaders. People we spoke with said they were well supported and knew the management team well. One person told us, the service was, "Brilliantly managed, I know the manager well, she always listens." Another person said, "I can talk to the team leaders about anything, and they will sort." Relatives we spoke with said they felt the service was well managed. They said they could speak with the management team at any time, and they would listen take the appropriate action. The social worker we spoke with told us the management team had demonstrated good leadership skills, and was developing a good service.

The management team supported an open and inclusive culture. The registered manager attended the monthly tenants meeting regularly to ensure people had the opportunity to speak with her about the quality of the care provided. The registered manager had sent questionnaires to gain feedback from people using the service. The feed-back from the questionnaires was actioned by the management team to improve the quality of care people received. For example we saw the results from the last questionnaires were positive. One concern was identified about people not always being informed when changes happened about their support. The registered manager had taken action and improved communication. All the people we spoke with said they were kept up to date with any changes.

Staff said the registered manager and management team were approachable. One member of staff told us, "All the management team are brilliant, they really listen to us and take on board anything we suggest." Staff we spoke with said they had clear roles and responsibilities and worked as a team. Another member of staff told us, "We all communicate well with each other, and work as a team. If we are not sure about something, someone will always have the answer." Staff said they all communicated well and worked together to support people with the involvement of the person using the service and their families.

Staff said they had regular meetings and one to one time with the management team. They could raise suggestions and concerns. They said they were well supported and were confident with how the management team ran the service. Staff told us the management team often worked along-side staff to ensure they were supporting people effectively. Staff said this helped the management team really know the people they supported and improved understanding and communication.

Staff told us how any compliments were shared with them, and they received a regular newsletter which kept them up to date with other provider services. They said made them feel valued and appreciated. Staff described the provider's whistleblowing policy and how this would support them to raise any concerns if they needed to.

The management team completed regular checks to ensure they provided quality care. For example the registered manager said they had identified where improvements were necessary, and had taken immediate action to complete these. We could see that the management team regularly reviewed their plan to ensure actions were completed. For example, the registered manager told us they had identified improvements were needed about recording on medicine records. They said they had used different approaches to resolve

the concern. For example, they had increased the amount of audits, and had a team meeting with staff to raise their awareness. We saw improvements had been made as a result of this action and the management team were continuing to monitor.

Staff told us they always reported accidents and incidents. They said they would take immediate action, then discuss with the management team to resolve any further issues. The management team investigated the accidents to ensure any actions needed were made in a timely way. The management team explained how they would review through a practice discussion with staff and resolve any on-going actions when needed. For example, we saw one incident and the action taken, the management team had involved the mental health team and an occupational therapist. This had reduced the likelihood of the incident happening again. The registered manager had an overview of the accidents and incidents to monitor trends to ensure improvements were made when needed.