Care Quality Commission

Sanctuary Home Care Limited

Livingstone House

Inspection report

11 Potter Street
Harlow
CM17 9AE
Website: www.sanctuary-supported-living.co.uk

Date of inspection visit: 6 January 2016
Date of publication: 02/03/2016

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 6 January 2016 and was unannounced.

The service provides care and support to nineteen people who have a learning disability. There were 17 people living at the service when we inspected.

The service had two registered managers, one having been registered to cover a period of maternity leave for the other manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 all forms of abuse including financial. Staff understood their responsibilities to report any safeguarding concerns they may have and were confident they had the skills to do this. People who used the service had also received training to help them to stay safe.

Summary of findings

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. Recruitment procedures were designed to ensure 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. New staff were able to shadow more experienced staff to help them gain confidence.

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. Staff were supported by the managers through supervision and appraisal.

People gave their consent before care and treatment was provided. Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. People's capacity to give consent had been assessed and decisions had been taken in line with their best interests. There was a good understanding of processes related to DoLS.

People were supported with their eating and drinking needs and people were fully involved in shopping and cooking. Staff helped people to maintain good health by supporting them with their day to day physical and mental healthcare needs.

Staff were 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.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was subject to on-going review and care plans identified people's particular preferences and choices. People were supported to play an active part in their local community and follow their own interests and hobbies.

Formal complaints were well managed and had been investigated and resolved satisfactorily.

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. Staff were positive about their work and the management team had worked hard to create a positive and inclusive staff team.

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 to safeguard people from abuse. People who used the service and staff had received safeguarding awareness training.

Risks were assessed and action taken to minimise them.

There were enough staff to meet people's needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received an induction and training to support them to carry out their roles.

People consented to their 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 and relationships between staff and the people they were supporting were good.

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. Support was provided in a way which catered for people's individual needs and choices.

People were supported to play an active part in their local community and follow their own interests and hobbies.

Formal and informal complaints were responded to appropriately.

Good

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

Good

Summary of findings

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. The management team had worked hard to bring about positive changes in the culture of the service and had a clear set of goals for the future.

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

Livingstone House

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 6 January 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert was a family carer for a person with a learning disability.

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 eight people who used the service, seven care staff, the local service manager and the registered manager. We also gathered feedback from a local healthcare professional.

We reviewed five care plans, three medication records, three staff recruitment files and staffing rotas covering four weeks. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Good

Is the service safe?

Our findings

The service had worked in partnership with the local police community support officers (PCSOs) to provide a Safeguarding Awareness day for the people who used the service. This training was to help people keep themselves safe, especially those who go out independently. People who used the service chatted to us about the PCSOs and we saw that their photographs were on the main noticeboard. We also noted that there was a leaflet about abuse displayed on the noticeboard and one person who used the service told us, "My keyworker took me through this". We found that this person was able to tell us about different kinds of abuse and knew how to keep themselves safe. They told us, "I have a copy of this in my care plan".

There were systems 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 and balances were checked and audited. We checked balances of monies held for two people and found they were correct.

We saw that safeguarding people from abuse had been discussed in staff and resident meetings. Staff, including staff new to care, had received training in safeguarding people from abuse and were knowledgeable about safeguarding matters. They told us they would be confident dealing with safeguarding concerns. Information about the service's whistleblowing helpline was clearly displayed for staff.

We saw that risks had been assessed and actions taken to reduce these risks. Risks associated with day to day activities such as going on day trips, eating and drinking, relationships and using public transport had been assessed. Specific risks associated with people's health conditions had also been assessed and strategies put in place to help people manage these. We saw that one person had measures in place to help protect them from injury. They told us, "I might fall" and were happy with the measures in place. Each assessed risk had been recorded, reviewed appropriately and written involving the person it concerned.

There was a business continuity plan which documented how the service would continue to be delivered in the case of an emergency. The provider had made contact with a local church and had a key to the hall in case people had to leave the building. Information about what to do in the case of an emergency was located in three separate places and stored in a bag staff could easily take with them as they left.

The service had recruited a lot of new staff in recent months and was now well staffed with permanent members of staff. The people who used the service and staff told us that they felt that there were enough staff to keep people safe. One person who used the service confirmed this and said that there were always enough staff, including at weekends, they told us, "There's always enough staff". Staff commented that staffing numbers meant they could carry out their roles safely. One person said, "It works quite well. It's quite relaxed".

There was a member of staff on duty each night and one staff member sleeping in. Staffing was used flexibly to support people to go out and about and we saw that people did this regularly if they wished. We observed many examples throughout the day of staff spending quality time with people on a one to one basis, as well as completing the necessary care tasks. An on call system was in place for staff to seek guidance and advice out of office hours. The service rarely used agency staff, preferring to call on a bank of occasional staff which had been recruited by the service.

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 before taking up their employment. We reviewed three staff files and found them to be in order.

We saw that there were robust procedures in place for the obtaining, booking in, storage, administration and safe disposal of medicines. None of the people who used the service administered their own medicines, although the service was beginning to look at risk assessing this for some people.

Regular medication was delivered in a monitored dosage system, with dosages and set times for administration clearly marked. We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when

Good

Is the service safe?

they had administered each medicine. Where medicines had been given on an "as required" basis or had been refused, staff had written the explanation of the circumstances on the back of the MAR chart. Written instructions were in place for each person who was prescribed “as required” medicines, although instructions could be a little more detailed.

We saw accurate and up to date records for the return of medicines to the pharmacy. Bottles containing liquid medicines and packets containing loose medication had been dated upon opening, which meant the amounts remaining could be accurately checked against administration records.

Staff told us that they had been fully trained in correct medication administration practices and that the managers observed them periodically to ensure they were working correctly. This was backed up through training records and records of medication competency assessments. We saw that medication audits were conducted regularly by senior staff. The last audit showed a high level of compliance with protocols, which accorded with our findings.

Good

Is the service effective?

Our findings

The people who used the service told us they were happy with the care and support they received and we observed positive interactions between staff and the people who used the service. One person told us, "The staff are lovely". We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. Staff told us how they were committed to encouraging people's independence and one person who used the service told us, "Staff are good here. I like being able to buy my own clothes".

When staff first started working at the service they received a comprehensive induction which covered all aspects of delivering care and support. New staff told us they felt supported and had met with the manager throughout their induction. One new member of staff said, "We have lots of training before we go on the floor. We get shadowed and taught to 'put our hands behind our back' to promote their independence".

Staff told us they felt they had the training they needed to carry out their roles. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training such as end of life training or training relating to specific conditions such as Down's Syndrome had been provided. Some staff had attended a virtual dementia training session to increase their understanding of people living with dementia. Some of this training had been provided proactively before staff would need to put the skills into practice. We noted that training had not been taken up by all staff, particularly some part time staff. We raised this as an issue with the managers and they told us that they were addressing this with the staff concerned as they were clear each member of staff needed to have the same amount of training to ensure they were able to carry out their roles effectively.

Staff received regular support and supervision from their managers. An annual appraisal system was in place and staff told us that they felt they received the formal and informal support and guidance they needed from their managers.

We noted that people's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and most staff had received training. We saw that people's capacity to make day to day decisions had been assessed. Where significant decisions were required in people's best interests, meetings had been hosted to consult openly with relevant people prior to decisions being taken.

The manager was aware of the need to apply to the local authority if there was a need to restrict someone's liberty for their own safety under the Deprivation of Liberty Safeguards (DoLS). Although no DoLS applications had been made recently one person was being reviewed in the light of changes in their mental health which were being investigated.

We observed staff supporting people to prepare their meals and ensure they had access to food and drink. Menus were decided in collaboration with the people who use the service and people were free to have alternatives to the menu if they wanted. People told us they were happy with the food provided and liked being involved in decisions about their food. One person told us, "I normally do the shopping on a Friday… Last night I had lamb chops, baked beans and jacket potato. Me and [another person who used the service] do the cooking".

The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet . A recent project had been run by a local dietician and they had delivered a course over four weeks to people who used the service. We saw that this had had a positive impact and staff told us that one person had opted for ' a healthy lunch and some fruit' when they had last taken them out .People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes.

We saw that some people had specific dietary needs and these were recorded in their care plan and people were supported to manage health conditions such as diabetes. People attended annual health checks and each person had a Health Action Plan in place. Staff worked in partnership with other healthcare professionals such as district nurses, GPs and hospital consultants to meet people's need promptly. People were supported to attend routine healthcare appointments with opticians and dentists. A chiropodist visited the service regularly and one person told us, "They do my nails. They're lovely". Another person told us, "I'm going to the eye hospital; I'm just

Good

Is the service effective?

waiting for the appointment". Each person had a 'hospital passport', which contained easy to access key documentation about the people should they need to be admitted to hospital.

Good

Is the service caring?

Our findings

People told us they were very happy with the way staff provided care and support. One person said, "The best thing about living here? It's a nice, comfortable place to live". Staff, including newly employed staff, demonstrated that they knew people well and we saw that they had built good relationships with the people who used the service. Staff chatted and joked with people in a relaxed way and were friendly, reassuring, encouraging and respectful. A person who used the service said, "I love it here. The staff are lovely- all of them".

Staff demonstrated a detailed knowledge of people's likes and dislikes and each stage of their life before they came to live at Livingstone House was documented in their care plan. We saw that people's wishes and preferences were respected. For example, one person did not have a weekly diary which most of the others had in some form. Staff told us, "That's down to them. Some might not want one… so we leave it".

We saw that people were involved in decisions about the service which would affect them. People had been involved in recruitment and three people had received training in recruiting and selecting staff. Each month people met with their keyworkers and reviewed the month that had just gone and recorded feedback in sections such as 'What's the best thing about this month'. Resident surveys had been carried out and asked, amongst other questions, if people felt involved in decisions about their care. Responses were reviewed by the managers and if any follow up actions were needed these were delegated to staff. People at the service had the opportunity to use a local advocacy service if they needed to and this tended to be used for specific purposes.

Information was shared with people who used the service in a way they understood and which helped to increase their independence. We saw that the service had an easy read Preferred Priorities for Care which set out their priorities when it came to their own care and support needs. The service's newsletter was now going to also include an easy read version for those who preferred this. Large, clear and recent photographs were used on the noticeboards to identify who was on duty and people linked to the service, such as the PCSOs.

Staff practice promoted people's dignity and privacy and provided the support people needed whilst encouraging them to be as independent as possible. Staff were clear about people's rights and care plans reflected that people had been consulted about all aspects of their care and their views recorded and respected. We saw that the service took action to ensure people's dignity was maintained. One person required additional support as they had appeared inappropriately dressed which had caused others to complain. The service had adjusted the staffing for this person and a member of staff who had a particularly good relationship with the person changed their working pattern to provide some additional support to them.

We observed staff knocking at people's doors and waiting to be invited in which showed respect. All the interactions we observed confirmed to us that relationships between staff and those they were supporting were easy going and friendly. Support was provided discretely where necessary and the general atmosphere was of an inclusive service with the people who lived there at the heart of it.

Good

Is the service responsive?

Our findings

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 and were familiar with the contents of each person's care plan. 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.

Before coming to live at the service each person had received a full assessment of their needs and abilities. The assessment covered important areas of support such as personal care, medication, communication and sleep patterns. A further assessment was carried out once the person had actually moved in. The findings of both assessments were used to formulate a care plan.

Care plans were subject to ongoing review and reflected any changes in people's needs promptly. We saw that one person had had an increase in falls. This was being investigated and their care plan reviewed. We found that people's needs were viewed holistically. For example one person's care plan documented how sometimes pain affected the way they interacted with people. The care plan gave staff strategies to help them support theperson with this.

People were supported to make their own choices about how they spent their time. One person told us they liked to spend most of their time in their room and we saw that this was recorded in their care plan. We saw that staff supported people to play an active part in their community if they wished to and to attend social functions, follow their own interests and hobbies and plan holidays. One person told us about their job working for a local charity and how much they had enjoyed a visit to look around the local police station. One person told us that they used to become quite distressed at times and behave in ways that were bad for their health. They told us, "I used to get bored and [behave in a way that was bad for their health]. I don't do that anymore. I don't get bored".

People were enthusiastic about the leisure opportunities they were given. Recent activities included karaoke sessions, church fun days and live music events. Last summer people enjoyed a strawberry picking trip and several people told us how much they enjoyed baking. During our inspection people were seen to be out and about in the local area, doing their shopping and having lunch out. Photographs displayed around the service were a reminder of various events people had enjoyed.

There was an accessible complaints procedure and people knew how to make a complaint if they needed to. We saw that one person who used the service had made a formal complaint since our last inspection. We saw that they had been appropriately responded to and the matter investigated and resolved to their satisfaction. We noted that a longstanding issue about the provision of a toilet seat had caused one person some distress. We saw that the managers had tried to chase this up but the matter still remained unresolved after three months. We asked the managers to make this a priority.

People who used the service were given a variety of ways to raise any concerns or issues they might have. Some people were part of the provider's Customer Involvement Group which aimed to gather feedback from people across several services. Some house meetings had taken place and various formats had been experimented with. People also had the opportunity to raise any issues they had at their monthly meetings with their keyworker.

Surveys were sent out to people who used the service and we saw that the latest surveys had been completed in March 2015. All the people who used the service had responded and suggestions had been taken forward from these. The service routinely consulted people on the way the service was run. We saw that recent consultations included what colour carpets to get (we saw that people had voted for their favourite) and which charity to raise money for at a recent art and bake event which the service had held. The service had also responded to specific feedback about the survey itself as some people found the format too complicated and a decision had been made to simplify the format in future.

Good

Is the service well-led?

Our findings

The service had a very positive and open culture. The managers were well known to staff and residents and relationships were comfortable and friendly. Two managers had been seconded from other services to cover the registered manager's extended leave. One had been registered with the Care Quality Commission as the manager and they line managed the other who acted as the local service manager. Both were based at the service and had worked hard as a management team to address issues relating to the support of the staff team found at the previous inspection. The service had provided staff with training to help them support people who used the service and colleagues in a culturally sensitive way.

Staff told us that the managers were very supportive and provided advice and guidance when they needed it. One member of staff said, "I have had supervision and a lot of informal support. This is a good team and we work well together". Other staff echoed this and told us they were would have no hesitation in approaching the manager if they had a concern to raise. The managers also felt well supported by their line manager who visited regularly and was available to support and guide them if needed. This line management support was described as 'invaluable' by the manager.

Staff we spoke with told us they would be happy to place a relative at the service and were proud of the work they did. Relatives had been invited to meet the new management team at a meet and greet day. Some had taken the chance to raise issues relating to their family member and one person had approached the manager about volunteering at the service. There was a plan to introduce a formal survey for relatives in the near future to gauge their feedback about the service. Feedback from one local healthcare professional was very positive and they commented on the passion and professionalism of the local service manager.

The culture of the service was based on a set of values which related to promoting people's independence and achieving personal goals. Staff we spoke with were clear about how they provided support which met people's needs and maintained their independence and we observed this during our inspection. There was a real commitment from the managers and staff to ensure that the people who used the service lived independent lives as part of their local community. We saw that people had been encouraged to give their feedback to the county council about changes to the local bus service.

Community involvement was clear in all parts of the service from routine shopping trips to fundraising events held by the people who used the service in aid of local charities. We saw that a recent fundraising activity had been reported in the local press as had the initiative to increase people's awareness of healthy food choices. The service had worked to promote smoothie making and people were pictured choosing their favourite fruits to make a smoothie with.

The registered manager understood their responsibilities and had sent us the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service. Staff were clear about lines of accountability and some had specific responsibilities. The managers had made some staff champions for health and safety, involvement, dignity, equality and diversity, safeguarding and dementia. We saw that this was a recent innovation but noted that the involvement champion was planning to produce a quarterly easy read newsletter involving the people who used 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. Other records for the people who used the service and staff were well organised, which meant that important information could be located easily and quickly. The manager's line manager visited monthly and carried out an audit and occasional spot checks. The service had an ongoing service improvement plan in place and we saw that this was a working document which clearly recorded that issues identified were reviewed at the next meeting.

The management team had a clear set of goals for the service and were able to tell us about their priorities for the service over the next few months. There was a clear strategy in place for handing the service over when the manager came back from leave. This was designed to ensure that support for the people who used the service and staff remained consistent.