Sanctuary Home Care Limited

Sanctuary Supported Living - 33 Montserrat Road

Inspection report

33 Montserrat Road
Lee On The Solent
Hampshire
PO13 9LT

Tel: 02392550793

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 17 February 2016.

33 Montserrat Road provides support and accommodation for up to four people who live with a learning disability within the age range of late forties to early sixties. On the day of our inspection there were four people living at the home.

The service had a registered 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. The registered manager was unavailable on the day of the inspection. The registered manager for the service has been on leave since December 2015 in the interim a manager from another service is overseeing the day to day responsibilities of the service. They are the manager referred to in the report.

Staffing consists of one member of staff available for people between the hours of 7.00 am and 10.00 pm. The manager was reviewing people's needs alongside social services and they were working with the provider to match people's needs to staffing levels.
Risks associated with people's care had been identified, but these had not always been updated as people's needs and risks changed. The manager was ensuring risk assessments were being updated. Incidents and accidents were being logged.

Staffing consists of one member of staff available for people between the hours of 7.00 am and 10.00 pm. The manager was reviewing people's needs alongside social services and they were working with the provider to match people's needs to staffing levels.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. There had been times when decisions had been made regarding people's capacity and ability to leave the home. However, manager reported that applications had been submitted to the local authority in relation to the people who lived at 33 Montserrat Road where necessary and these were pending. Records we saw confirmed this.

All staff had completed mandatory training however; some training had not been renewed before it had expired. Some staff had not accessed training that was needed to meet people's needs for example epilepsy awareness. Procedures in relation to recruitment of staff were followed ensuring people were kept safe. In the past month the current manager had arranged training updates for staff.

People had developed good relationships with staff who were kind and caring in their approach, however

there was not always staff consistency. People were treated with dignity and respect.

Paperwork associated with people's care had not always been kept up to date. It was difficult to see where staff had included people in the development of the care plans. People were provided with activities but these were not always matched to meet individual preferences and consisted of routines such as going to the local café or sweet shop. However, we saw changes had been made and the manager was working with staff on this. These changes will need to be embedded in practice.

There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow in keeping people safe.
People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical and emotional health was monitored and appropriate referrals to health professionals had been made.

A system of audit was in place however until recently it was not clear from records how these had been used to identify where improvements could be made. The manager was working with staff on this.

The provider Sanctuary Supported Living carried out a full audit of the home in January 2016. The provider had recognised in their audit that there had been a failure in systems and processes available to assess and monitor the quality of the service which would mitigate the risks relating to the health, safety and welfare of people. Their action plan and the management now in place sought to remedy this and we saw from the action plan and looking at records that a lot of work had been completed already. There was more to be done followed by the embedding of good practice and systems.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe

Staffing levels were not always planned to take into account staff skills to ensure they could meet the needs of people.

People received their medicines as prescribed.

Staff had been trained in the safeguarding of adults and incidents had been reported appropriately.

Risk assessments were included in care plans and these have been amended as people's risks changed.

Recruitment procedures were followed to ensure the safety of people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training has been updated recently.

Staff felt supported but had not received formal supervision on a frequent basis until recently.

Staff had not always work in the principles of the Mental Capacity Act 2005.

People were protected from inadequate nutrition and hydration.

Is the service caring?

Requires Improvement

The service was not always caring.

People had positive relationships with the staff who supported them.

People were not always able to make their views and preferences known as their communication needs were not met.

People's independence, privacy and dignity were respected and

promoted

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's records had not always been personalised and activities were not based on meeting people's individual needs. However this was being addressed by the manager.

A procedure was in place to manage complaints, but people did not have information in a way that was meaningful to them which meant they could not make a complaint. However this was being addressed by the manager.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not been providing leadership on a full time basis for some time

The quality audit by the provider had identified the issues and there was an action plan in place to address these areas of concern. Concerns were being managed and changes actioned.

Sanctuary Supported Living - 33 Montserrat Road

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 18 February 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

Some people living at 33 Montserrat Road were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information.

We spoke with two of the four people living at the home and observed care and support given to three of the people who lived at the home. We spoke with the manager who was managing the service at the time of the inspection and two staff.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for two people. We looked at the medicines records and we viewed accident and incident records, staff recruitment and training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, quality audits, policies and procedures.

This was the first inspection under a new provider although the staff and manager remained the same as those that were employed under the previous provider. The service was registered on 3 July 2014.

Requires Improvement

Is the service safe?

Our findings

The provider of 33 Montserrat Road was sharing staff across two of the provider's services. There were ten members of staff who are rostered to work at this home and the other location which is nearby. At 33 Montserrat there is one member of staff on duty throughout the day, one in the morning and the other in the afternoon/evening. The manager said they arranged in the last six weeks for this to be from 7:00 am to 10:00 pm as previously it had been more "haphazard." On the day of the inspection we saw three different members of staff in the home covering the shift, one at a time. The manager told us that two members of staff had called in sick on the day of our visit and they had had to "shuffle staff around". Staff told us they went to the other home for a handover on what had happened since they had last been at the home as there was no consistent staff group. There was currently no staffing at night. The manager was having discussions with the provider regarding staffing levels at the home.

The provider could not demonstrate how they identified the number of staff required on each shift to meet the needs of people. The provider policy did not identify how staffing levels were determined. We found no method/tool being used to assess the level of support people required and the manager confirmed they did not use one. The service sometimes used staff from a local agency and the manager said they tried to have the same staff for consistency.

The lack of consistency of staffing placed people at risk of not receiving sufficient support to meet their needs, especially one person who according to their care plan was shy and took time to get used to staff. One person told us that it would be "Nice to have the same staff".

One person who lived at the home told us about what they would do at night in case of an emergency. They told us that they would go to the kitchen and call the other home for help and they only have to press one button for speed. They did not know if they could help others during the night as they were in their own room. We asked if they thought everyone in the home knew what to do to call for help or in case of an emergency. They said that "I don't think [name] would." The manager had already told us of their concerns for this person and the possibility they would not know what to do at night had requested a reassessment of their needs. The fire risk assessment states action to be taken and assumes that people can take that action.

The manager said they had concerns about the safety and capacity of one person leaving the home alone to go the local shop. They were asked to tell staff when they were leaving but they often left on their own accord. The manager had carried out risk assessments in a way that the person could engage with, and made a referral to social services. They were monitoring the home and the staffing.

The manager said they had concerns about the safety of another person, who was prone to being unwell when they had an infection and suffered episodes of 'a change in the level of consciousness' for which the GP had prescribed medicine, the last episode was in February 2015 however, no follow up had been arranged and there was no diagnosis. If this person suffered a 'seizure/event' it is likely with either one member of staff or no staff that treatment would be delayed. However, the manager had noted this issue and was concerned there had been a prescription for a medicine with no formal diagnosis or follow up. They

had been in touch with the GP and this was to be followed up to ensure the right action was being taken for the person's well-being.

The person often went out on their own and they had a mobile phone which they were to take with them. Staff did not always check they had their phone as sometimes staff had to go the home nearby for items.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. All permanent staff involved with medicines completed training in the safe administration of medicines. The manager had found that staff needed to update their training and four staff had attended an update on 10 February 2016 and the manager was checking all staff training. A letter had been written to the district nurse to request training to administer eye drops, on the 10th February by the deputy manager.

A weekly medicine record gap monitoring sheet was in place and we were told by the manager, any issues were addressed at team meeting or one to one with staff. We saw a body map for topical medicines to show where to apply.

Until recently the medicines for both 33 Montserrat Road and the provider's other home around the corner were delivered to the provider's other home. They were now delivered to the homes separately. We also found that there could be times when there were no qualified staff to administer the medicines. For example agency staff were not able to administer medicines and therefore they would swap staff from the home nearby who were able to administer. That would leave both homes with less staff until the staff had swapped. Once the medicines were administered they swapped back again. Whilst we were there we saw three different members of staff, one at a time swapping between the two homes. The member of staff allocated to work at the home was agency staff, although they knew people well they were not able to assist with medicines and so they had to swap staff with the other house to assist people with medicines.

Risk assessments had been completed and were held in people's folders. However, they had not always been updated to reflect people's changing behaviour and associated risks. For example, one person who was prone to illness and was vulnerable financially often went out without their mobile phone or telling staff they were leaving. A referral had been made to social services to review the needs of the person.

The manager told us that another person had become more vulnerable to others influence and as they rarely spoke they were at risk. They too have been referred to social services for a review of their support needs. In the meantime the manager was ensuring staff consistency and was considering allocating permanent staff to the home.

People's needs may not always be met by sufficient numbers of skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

There were general risk assessments for the home and equipment used that were reviewed and updated. For example one member of staff had the role to check the environment. There was also a fire safety plan for the home and staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm sounded. The quality audit carried out by the provider identified that people did not have personal emergency evacuation plans in their care records. We saw that these had been added.

Staff had a good knowledge of the types of abuse and what action they should take if they suspected any abuse was happening. Staff could describe the procedures they would follow and who they would contact if

they had any concerns regarding the welfare of people. For example, staff told us they would raise concerns with the deputy manager, the manager or social services.

Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these concerns. The manager gave one example of recent incidents concerning the behaviour of one person which was to be reported. The service was working with health and social care professionals to explore options of support available for the person.

We looked at three staff files. The recruitment records for staff contained all the necessary checks and references to ensure people were kept safe. Staff did not work as a member of the duty rota until checks with the Disclosure and Barring Service (DBS) had been received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

Staff had not always received supervision or an appraisal in line with the provider's policy. The provider's policy on supervision stated that 'staff should have five supervisions and one appraisal per year'. Three staff records showed one person had not received any supervision. They had started work in October 2015. They had been signed off as completing day one and week one induction however, for the 26 areas of mandatory induction training only six areas had been dated but not signed as achieved. For a second member of staff they had started work in January 2015 and had received two supervisions last year and one in February 2016. For a third member of staff they had received two supervisions in February 2015, one in each month of September, October and December 2015 and one in January 2016. The manager had identified this and the manager and the deputy manager had planned supervisions with all staff this year. One member of staff confirmed they had a supervision and had their dates for the coming year, they said, "We usually hit date or around it."

We saw that training had been an issue until recently with staff not receiving updates in key areas although everyone had undertaken all mandatory training. This had been on the action plan from the provider audit and the manager had arranged training in four key areas for all staff. Another member of staff told us that recent training had been "excellent" and they had attended lots of face to face training in recent weeks. They usually had online training which "Was good as a refresher." They said they felt more confident having received training.

There was one person who sometimes had 'a change in the level of consciousnesses', the manager had arranged for staff to receive training in that area. Four of the ten staff attended the training on the day of the inspection. A second member of staff said "I enjoyed the training the last two days and I feel I would benefit from training on how to write reports. I want to be good at my job". The training plan demonstrated that staff had received recent training and updated training.
There was a weekly meeting between a named member of staff and people to discuss the week's menus. The manager felt that not everyone could contribute for reasons such as communication. Pictures had been introduced to support people to choose the food they would like to eat. The manager had also introduced a pictorial activity plan. Staff told us one person who had difficulties communicating "lit up" when they saw the pictures and felt they could communicate with staff.

Meal times were relaxed and not rushed and we saw people go into the kitchen to make their own lunch; a member of staff was available if they needed help.

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. There was evidence to show that capacity had been looked at recently and there was a plan to involve everyone in their care plans. The manager was aware people's needs and had made referrals to social services and had amended the care plans to reflect people's needs and abilities and the next stage

was to involve people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions.

The manager had reviewed all the care plans and they found signatures in place from the people consenting to their care plans and activities. However, they did not feel assured that everyone had a full understanding of what they were signing for. The new care plans introduced recently were created in conjunction with people and were based on their communication style. We saw they had chosen pictures that meant something to them. This meant that staff could now enable the people to communicate their feelings and to make choices.

We saw that health and dental passports had been introduced recently in pictorial/written form. We saw where people had been seen by external professionals such as Speech and Language Therapists (SALT) for one person they had advised "Do not offer very firm or chewy foods; ensure very regular oral hygiene." However this would be difficult to monitor given the current staffing arrangements. The manager hoped that having a consistent staffing group would resolve this issue.

Requires Improvement

Is the service caring?

Our findings

Not all of the people who used the service were able to tell us about the care and support they received due to their complex needs. People that were able to communicate told us that staff treated them "nicely." We saw people approach staff with confidence and we noted interactions between staff and people who used the service were caring. We did not hear much conversation between staff and people except when they were supporting people in the kitchen..

Some people were encouraged to be as independent as possible. We observed people being supported to make choices about their meals. Care plans did not show what activities and past times people liked and activities were based on routine things like the local Wednesday club, the local café and the bank. People who were more independent or who had family support went out. The activity records on people's files were quite empty with lots of free time and routines in place such as day centre or Wednesday club.
The manager and deputy were working with people on their activity plans however, they were aware that staffing restricted any major changes until staffing was reviewed. The plan was to work with people to see what they wanted and this had begun. The manager explained this was the start of the changes and a move to personalised care which would include any age appropriate activities.

We observed staff engaging with some people in conversations at lunch time and speaking to them politely. There was little interaction however, as two people were able to see to their own lunch and decide what they wanted to eat. One person however was not seen to engage with the staff and the member of staff sat at the table reading non confidential information files. Staff respected a person's privacy and dignity. Staff did not enter a person's bedroom without their permission, unless there were concerns about their safety.

People were asked by a staff member if they would like to speak to us or not and given the time to decide for themselves. Some people decided they were happy to chat, whilst others declined.

Daily records were maintained and demonstrated how people were being supported. The records told staff if people had eaten and drank, how their mood was, and if they had left the home or not. Staff knew who was out or at home and when to expect people.

People's bedrooms we saw were individualised and reflected people's preferences. One person was aware that everyone was to be offered the choice of the new colour for their room and that they were getting new furniture. The kitchen was to be painted too and one person said "Good have you seen the colour now, it's orange." The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

There had been little attempt to gain people's views and involve them in the decisions on the running of the home. The manger had noted this issue and told us more time would be spent involving people and establishing their views. It was evident from our conversations with two people that they had been involved already as they could tell us what new furniture was coming in the lounge and their rooms. One person quite clearly said "They painted these cupboards before but not this one, I would like them all repainted."

Requires Improvement

Is the service responsive?

Our findings

Care pans and risk assessments varied depending on people's needs. One person was very independent and able to come and go as they pleased. They attended college once a week and a day centre twice a week. Others were able to go out with staff or to take a phone with them. The manager told us and we confirmed that all the risk assessments and documents relating to people's care were being changed and where needed being replaced with records that could be understood by the individual in some case by the use of pictures. The previous risk assessments had been signed by people but the manager did not feel assured that people understood what they had signed.

The manager said it was clear some people's needs had changed in certain areas of their care provision, where the support plan had not been updated. The manager had put new care plans in place including a health passport. The manager had started assessing people's needs and due to concerns had made referrals to social service's needs, capacity and financial affairs.

Care plans had recently been reviewed and updated in relation to people's communication needs and understanding. They were simply structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided.

There was a keyworker system at the home, a keyworker is a member of staff allocated to the person to offer one to one time and ensure they have things they need, as well as having a more in depth knowledge of the person. However, one member of staff told us they were a keyworker for someone in the home and they had not been on the rota to work there for the last two weeks.

Staff had not always been responsive to one person's communication style. For example two members of staff described the joy in one person's face and how happy another was in choosing the pictures to use on their pictorial activity and care plan. The staff said people were fully engaged in what they were doing with the use of pictures and it was "Great to see them so animated". Until this time the care plans had been written with no involvement from people and it would have been difficult to assess if people understood what they had signed.

Activities were not personalised and did not reflect people's preferences in terms of social activities. Recordings of daily activities showed there were few individual activities, which were people's choice. The manager was aware of this and stated she would be working to find individual activities which each person enjoyed.
The service had a minibus which they shared with the home around the corner. However, there were not always drivers and no plan on how the minibus could be used to meet individual activities across both services without compromising someone's request. For example it was used to take everyone to the bank on the same day.

People's care was not always appropriate or meeting their needs or preferences particularly in reaction to activities. This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities)

Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

CQC had been notified that the registered manager for this service had not been working in the service for approximately six weeks. The provider had requested a registered manager from another location to oversee the day to management of both 33 Montserrat and the additional location in the registered manager's absence.

The manager told us they were aware of the issues we had identified during the inspection. They advised they were recruiting more staff to create a stable team, which they assured us would improve the quality of service provided to people. They advised us they felt there was some work to do to bring the staff team together and build up trust so staff would feel able to share their concerns or ideas for improvement with management.

A member of staff told us "I have been in my current role for eight years but I really feel I have only actually been doing my job for four weeks. The improvements have been fantastic. I think the care plans are good and I am now involved in recruitment and I can challenge staff on poor practice".

A second member of staff felt changes in last few weeks were "frustrating" as they did not think they had been told why the changes have occurred. Although they did recall being told by the provider that care was "institutional" which they categorically denied.

A third member of staff told us the changes were "positive" and they were extremely "optimistic".

The manager described some staff as "not thinking outside the box". One example of "not thinking outside the box" was that although people were encouraged to choose meals for the coming week the shopping was done by staff and they did not go with people at the home. All foods were delivered to another of the provider's locations not to this location.

We were sent a copy of the Fundamental Standards of Quality and Safety' audit which was completed in January 2016 by a member of staff from the provider's quality assurance team. This looked at set areas including, all records pertaining to the people using the service, management of medicines, safeguarding, cleanliness and infection control, health & safety and environment and all records pertaining to staff.

The end of the audit included an action plan, which gave timescales of when identified gaps needed to be completed. For example people's records to be person centred and up to date and written in a way they could understand and staff training and records to be updated. The staff records we looked at were up to date and they had an index of what documents should be in there. We saw for example that some contracts had been signed in January 2016. Another example was of the personal evacuation plans (PEEP) which had been missing from each person's care plan record were now in place. The care plans had been personalised, all records had been updated and written in way that was personal to the person.

Annual surveys with people, relatives and staff had not been undertaken to establish their views on the

quality of the service provided. Incidents and accidents were logged however; there was no overall analysis of this information. This meant it was not possible to establish if there were any patterns emerging or for there to be any learning from these events.

Record keeping in the service needed to improve. This had been identified in regards to the records of people in relation to support plans, risk assessments, health plans, activity planners and positive behaviour support plans. Records also needed to be improved in relation to the Mental Capacity Act and regarding complaints and incidents and accidents.

The provider had recognised in their audit that there had been a failure in systems and processes available to assess and monitor the quality of the service which would mitigate the risks relating to the health, safety and welfare of people. Their action plan and the management now in place sought to remedy this and we saw from the action plan and looking at records that a lot of work had been completed already. There was more to be done followed by the embedding of good practice and systems. The home is in a period of transition and the manager is working with staff to change the culture of the home .

There was a lack systems and processes to monitor, evaluate and improve the quality and health and safety of the service. This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014 Safe care and treatment Regulation 9(1)(a)(b) (c) People's care was not always appropriate or meeting their needs or preferences particularly in reaction to activities. This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Safe care and treatment Regulation 17(1)(a)(b(e) There was a lack systems and processes to monitor, evaluate and improve the quality and health and safety of the service. This was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014

Staffing

People's needs were not always met by consistent and appropriate numbers of competent, skilled and experienced staff.

This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.