

# Sanctuary Home Care Limited

# John Pounds House

## Inspection report

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### 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

We conducted an inspection of John Pounds House on 14 December 2015. John Pounds House is a supported living service for adults with mental health needs that provides personal care for

people living in the building. There were 20 people using the service when we visited. This was our first inspection of the service since the provider's registration with the Care Quality Commission (CQC).

There was a registered manager at the service. 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 had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed within six months or where the person's care needs had changed.

# Summary of findings

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Care records contained various consent forms demonstrating people's valid consent had been obtained for various matters relating to the care and support they received.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them

for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. The registered manager reviewed all care records and daily notes completed by care workers. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

# 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. The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The service had adequate systems for recording, storing and administering medicines safely.

Good



### Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records showed people had been asked for their valid consent in relation to their care and support. Staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role. The registered manager told us appraisals were planned for staff who had worked at the service for a year.

People were supported to maintain a healthy diet. People were supported to maintain good health and were supported to access healthcare services and support when required.

Good



### Is the service caring?

The service was caring. People using the service and relatives were satisfied with the level of care given by staff.

People and their relatives told us that care workers spoke to them and got to know them well.

People were encouraged to develop their independent living skills and the service provided activities and resources to enable them to do this.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was respected and celebrated.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and arranged activities for them to participate in.

People told us they knew who to complain to and felt they would be listened to.

Good



### Is the service well-led?

The service was well-led. People and their relatives told us the registered manager was approachable.

Good



# Summary of findings

Quality assurance systems were thorough. Feedback was obtained from people using the service in the form of questionnaires as well as in person through monthly residents meetings.

The registered manager completed various audits and further auditing of the quality of the service was completed by senior management within the organisation.

# John Pounds 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 14 December 2015 and was conducted by a single inspector. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from

the local authority safeguarding team and spoke to six professionals who worked with the service including a community psychiatric nurse (CPN), commissioners, a procurement officer at the local authority and a mental health support worker from another agency to obtain their feedback.

We spoke with two care staff (known as project workers within the organisation), the deputy manager and the registered manager of the service. We also spoke with seven people using the service and three relatives of people using the service. We looked at a sample of four people's care records, four staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. Comments included “I feel safe living here”, “There are no strangers walking in and out” and “It’s safe here, the building is secure.” Relatives confirmed this and one relative told us, “I’ve never had any concerns about the safety of the place.”

The provider had a safeguarding adult’s policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected

abuse was taking place. Staff also confirmed they were aware of the provider’s whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone’s health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. Care workers demonstrated an understanding of the risks of relapse in people’s mental health conditions and gave examples of signs people could demonstrate to indicate a relapse. Care workers told us they had good working relationships with people’s community psychiatric nurses (CPNs) who were on hand to provide advice in non-emergency situations as well as people’s GPs, but they also told us that in the event of an emergency they would contact the emergency services. They told us that a manager was available 24 hours a day through an in service emergency telephone helpline to provide advice and support.

We looked at four people’s support plans and risk assessments. Initial information about the risks to people was included in an initial needs assessment as well as the initial application for support. These documents included

information about risks of self-harm and harm to others, early warning signs of mental health relapse, risks of cultural isolation and abuse. On admission people were interviewed by a senior member of staff and a mental health risk assessment and risk management plan was devised which included details of how staff could support the person, which included goals for the future. These related to both the person’s mental health and their physical health. The information in these documents included practical guidance for care workers about how to manage risks to people. Risk assessments were reviewed at least every six months or sooner if the person’s needs changed.

People were involved in decisions relating to risks they wanted to take in order to increase their independence. The registered manager explained the checks that were in place to ensure people were able to maintain their independence by leaving the building, but were also accounted for. Staff signed people’s daily notes to confirm they had seen them every 24 hours. People were also asked to fill in a form notifying staff if they intended to stay out late or stay away from the service. If people were unaccounted for over a period of one or two days, staff began contacting outside agencies including the police to conduct a search for the person for their own safety.

Relatives we spoke with told us enough care workers were provided to meet the needs of their family member. One relative told us, “There’s always someone around to help if we need it.” People using the service also confirmed there were enough staff to help them when needed. Comments included “I think there are enough staff here” and “I don’t ask for much help, but it’s not hard to find staff if you need them.”

The registered manager explained that the number of staff members on duty at any time was originally negotiated as part of the initial contract with the local authority. This was reviewed according to the needs of all new people being admitted to the service. If more staff were required this could be renegotiated as an amendment to the contract, but we were told that to date this had not been necessary. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty.

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to

## Is the service safe?

recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were stored safely for each person in a locked cupboard and we saw the temperature was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for four people and counted the amounts stored. We saw these tallied with the records kept.

We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The weekly checks we saw did not identify any issues.

Some people were administered depot injections by their community psychiatric nurse (CPN). Depot injections are a special preparation of medicine given by injection that is slowly released into the body over a number of weeks. We saw records relating to the administration of these for four people. These were fully completed and signed by the CPN.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Staff members told us that so far they had not had any concerns about people's capacity to make decisions, but demonstrated that they knew how to support people who lacked the capacity.

The service had other safeguards in place to ensure they were providing care in accordance with people's valid consent. Care records included copies of various consent forms which helped staff ensure they had people's consent for the care and support they gave. For example, all files we viewed contained a signed consent form which authorised the provider to share information with third parties as well as another consent form agreeing to staff contacting them every two days. There was an additional consent form signed by people allowing staff to use their picture within their care records.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They do whatever they can to help- they are very good" and "They do their jobs properly and try hard." The registered manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, medicines administration and first aid.

The registered manager told us, and care workers confirmed, that they discussed person centred care during

their induction. Care workers told us these discussions focussed on how to deliver a service based on people's individual needs. Care workers gave us practical examples of how people's individual choices were at the centre of the work they did and were able to describe people's mental health conditions, how these manifested themselves as well as people's habits and routines. Care workers also demonstrated knowledge of people's relatives and other people important to them.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date. One care worker told us, "We have loads of training. There's never a shortage of training here."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every two months. The registered manager told us annual appraisals would be conducted of care workers performance once they had worked at the service for one year and we saw evidence of these in the files of staff members who had worked at the service for this length of time. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs.

People were encouraged to eat a healthy and balanced diet. People's care records included varying levels of information about their dietary requirements depending upon whether people required support in this area of their lives. The registered manager told us the service worked to give people with mental health problems the skills to live independently and this included monthly cookery classes for people. Care workers told us they discussed people's nutrition in monthly meetings and provided guidance for people within these sessions. We saw records that detailed people's nutritional needs and allergies. Care workers demonstrated a good knowledge of this area of people's lives.

Care records contained information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were well informed about people's health needs. When questioned, care



## Is the service effective?

workers demonstrated they understood people's health needs. For example one care worker gave detailed

information about one person's physical health needs and how they worked with this person, external healthcare professionals and their relatives to improve their physical health and fitness levels.

# Is the service caring?

## Our findings

Relatives we spoke with gave good feedback about the care workers. One relative told us, “They seem to be very caring” and another relative commented, “Staff are caring, they always help me with anything I ask.” People who used the service also gave good feedback about the care workers. Comments included “The staff are nice people, they care about you”, “I feel comfortable talking to staff” and “Staff are nice and caring.”

Staff demonstrated a good understanding of people’s life histories. They told us that they asked questions about people’s life histories and people important to them when they first joined the service and we saw these details recorded in people’s care records. Staff members we spoke with gave details about people’s lives and the circumstances which had led them to using the service. They were well acquainted with people’s habits and daily routines. For example, staff were able to tell us about people’s likes and dislikes in relation to activities as well as things that could affect people’s moods.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said “They help me to do things I want to do.” Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, “We do not dictate to people how to do things, this is up to them.”

People and their relatives confirmed staff encouraged them to be as independent as possible. Comments included “Staff are helping me to be independent. I’m not there yet, but hopefully soon” and “They do lots here to help you become more independent.” A relative also told us “My [relative] is doing well there. He wants to get a job and staff are helping him with this.”

The registered manager and care workers told us they worked to a general target of two years to support people to live independently. Care records included details about the level of support people initially required and these included targets towards the end goal of living

independently. Initial assessments included a detailed assessment of people’s mental health, signs of relapse and what staff could do to help avoid this. Initial goals were set and monitored in monthly meetings between people and their key worker, who was an allocated member of the care staff. People were asked detailed questions to engage them with the process and help them take responsibility for their own recovery. We saw questionnaires were completed by people every month and a new action plan was prepared at the end of this with new targets for continued improvement.

All staff gave us examples of how they monitored people’s independence and living skills. Two staff members gave the example of a cooking group which they encouraged people to attend in order to develop their cooking skills as well. We were also told that the service had recently acquired a laptop to help people develop their IT skills. Professionals we spoke with were impressed with the service. A member of the commissioning team told us staff “maximise people’s capacity for independence.”

Care workers explained how they promoted people’s privacy and dignity. For example, one care worker said “I always knock on their doors. I would never just walk in.” People we spoke with also confirmed their privacy was respected. One person told us, “They do respect you here.”

Care records demonstrated that people’s cultural and religious requirements were considered when people first started using the service. We saw initial risk assessments considered whether people were at risk of cultural isolation and further action was included in their support plans where this was considered necessary. People using the service and external professionals told us a culture and diversity day was held in October 2015 to discuss and celebrate people’s diverse backgrounds. We saw notes which related to activities that took place on the day to encourage discussion among people living at the service. One person told us “There’s lots to do here. I liked the cultural day, that was good.” A member of the local authority also confirmed they attended this event and found it to be enjoyable and effective.

# Is the service responsive?

## Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. A relative told us, "They have involved me from the beginning, they keep me informed of everything that is going on." A person using the service also said, "They always involve us in everything that happens here."

People were encouraged to express their views and be involved in decisions regarding their care. People were given information when first joining in the form of a 'welcome handbook' which included details about how to make a complaint, specific details about their rights and a section on 'client/ resident involvement' with details of how people could be involved in the running of the organisation. An example of how people could be involved in the running of the service was through sitting on the recruitment panel for new staff. We saw details of a recent training session in how to recruit staff for people using the service and one person confirmed they had been involved in this.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health as well as their ability to complete daily living skills. The care records we looked at included a support plan which had been developed from the assessment of people's individual needs. Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. People's progress was reviewed at meetings with their key worker every month and we saw from records that the main focus of these was people's own assessment of their progress. People's views were then used to formulate future goals.

Care workers also worked with people to regularly assess their wellbeing and stress levels as this affected people's mental health. Care records included details about people's emotional health and provided guidance to staff about how they could help people to recognise and take control of their emotional wellbeing. This was discussed with people at their monthly key worker meetings and we saw daily records also included notes about people's moods.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that some of their future goals related to social activities. For example, one person was being encouraged to access facilities in the local area and another person was encouraged to take part in an activity they were passionate about. The organisation also ran various events to encourage people to socialise with one another. These included coffee mornings, talks from outside speakers including the local neighbourhood watch team, local nurses and a religious leader, as well as social events such as a recent trip to the seaside. People spoke positively about social events at John Pounds House. One person said "There's a Christmas party next week. There's always lots to do."

The service had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. We saw records of complaints and saw these were dealt with in line with the provider's policy. Care workers we spoke with confirmed that

they discussed people's care needs in their supervision sessions and their team meetings. They told us if there were any issues they would discuss them at these times.

# Is the service well-led?

## Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. Comments included "[The manager] is nice and helpful" and "She seems to be doing a good job". We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated she knew people well and spoke with them regularly. We observed people approaching the reception area throughout the day and we saw their queries were responded to straight away.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of questionnaires and through monthly 'residents' meetings. People told us they found these meetings helpful and felt comfortable speaking in them. We were told by the registered manager that if issues were identified, these would be dealt with individually and we were given an example of when this had happened.

The registered manager and care workers gave a consistent view about their vision of the service and their purpose in working for the organisation. A care worker told us, "We are here to support people to lead independent fulfilling lives." Another care worker told us, "I am here to help the people to lead the lives they want." Care workers confirmed that the provider's vision for the organisation was covered in their induction when they started working at the service and this was also something that was reinforced in supervision meetings and in general discussions with their manager.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "She is easy to talk to, she listens." The registered manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics

discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The provider had good links with the local community. People who used the service participated in activities at other organisations such as local recovery groups. People regularly visited these organisations and we saw their care records detailed the type of activities they participated in. We spoke with a professional at one local group and they confirmed they worked with one person at the service who was happy living there.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. They told us all accidents and incidents were also reviewed by senior staff at the provider's head office. Staff at the head office monitored incidents for trends and made further recommendations where required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as medicines administration and health and safety matters. Care records were reviewed every three months and general quality audits were also completed by senior management within the organisation on a quarterly basis. Where issues were identified, targets for improvement were put in place with timeframes.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included community

## Is the service well-led?

psychiatric nurses, the GP and local social services teams. We spoke with seven health and social care professionals and they commented positively on their working relationship with staff at John Pounds House.