

Sanctuary Life Care Limited

# Sanctuary Life Care Limited

## Inspection report

41 Whitworth Avenue  
Stoke Aldermoor  
Coventry  
CV3 1EQ

Tel: 07533242240

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Sanctuary Life Care Limited is a domiciliary care service providing personal care to people in their own homes. These can be older people or younger adults living with a learning disability or autistic spectrum disorder, dementia, a physical disability, mental health or sensory impairment. At the time of the inspection one person received personal care.

Not everyone who uses the service may receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

This was a targeted inspection that considered management of risks and the quality and safety of the service within Safe and Well Led key questions. Based on our inspection of these areas, we found improvements were still required.

Audits systems continued not to be fully effective in identifying areas needing improvement to ensure the quality and safety of the service was maintained. The lack of robust governance had resulted in the failure to identify the issues that we found. We have made a recommendation about seeking additional guidance around regulatory requirements to help improve the governance of the service.

Risks associated with people's needs were not always assessed to ensure staff had the information they needed to provide safe and consistent care. Accessibility to records to evidence care and safe practice continued to need improvement. There had been some improvement to medicine records to confirm how they were managed but further improvement was needed.

Staff recruitment information did not follow the providers recruitment policy to ensure staff were safe, and suitable, to work with people. Training records were not sufficient in detail to show staff were suitably trained to support people. Positive comments were received from a person using the service. Staff felt supported by the registered manager and deputy manager.

Following our feedback, the provider told us of action taken to address any immediate risks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 3 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This related to specific concerns we had about access to records, policies and procedures not being followed, care planning, medicine management and recruitment practices. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Enforcement and Recommendations

We have identified continued breaches in relation to Regulation 12 Safe care and treatment, Regulation 17 Good Governance and Regulation 19 Fit and proper persons employed, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Sanctuary Life Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to, Regulation 12 ( Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities), where we found risks associated with peoples care were not always identified and managed. Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities), where we found the provider had not ensured sufficient systems were in place to monitor and improve the quality and safety of the service. Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities), where we found the provider was unable to demonstrate safe recruitment systems were in place, and records regarding staff training, were not sufficiently detailed.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider, or registered manager, would be in the office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 13 January 2023. We visited the location's office on 11 January 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

During the inspection we spoke with 1 person's relative via the telephone to gather their experiences of the care and support provided to their family member. In the absence of the registered manager, we spoke with the deputy manager who also provided care to people and a member of care staff. We reviewed a range of records. This included 1 person's care records, staff training information, 3 staff recruitment records, policies and procedures and records of the checks the registered manager completed to assure themselves people received a safe and good quality service.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated Inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

### Staffing and recruitment

At our last inspection, we found the provider had failed to ensure there were systems to assess the suitability of staff employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19.

- Staff were not recruited safely. The provider could not provide evidence that required employment checks had been completed to ensure staff were suitable to work with people. Information available was either not clear or accessible.
- Disclosure and Barring Service (DBS) checks had not been requested by the provider in line with their recruitment policy. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider's recruitment policy stated two written references were to be obtained for staff employed. It was not evident these had been obtained for staff employed to demonstrate staff were suitable to work with people.
- It was not evident information declared in application forms had been reviewed and discussed with staff as appropriate to ensure staff were supported to complete their role safely.

The provider failed to ensure systems in place were followed to assess the suitability of staff employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider submitted some information following our inspection to show staff had obtained recent DBS checks (although these were not undertaken by the provider). An additional reference was submitted for one staff member and details of staff training completed was shared although dates of this training remained unclear.

### Assessing risk, safety monitoring and management

At our last inspection, we found the provider had not identified, assessed, or mitigated risks associated with people's care and support needs, the environment, and medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Potential risks associated with people's needs were not always identified and assessed to ensure there was clear guidance to staff on how to respond to these.
- One person had health conditions that could present symptoms of discomfort, and if not treated, could lead to them needing medical attention. Whilst the deputy manager was aware of these risks, they had not been recorded to help ensure staff were aware of them and how to respond safely.
- Environmental risk assessments were in place but were more focused on care risks as opposed to environmental risks. They continued to require more detail to help ensure any potential environmental risks were managed to keep people and staff safe.

#### Using medicines safely

- Policies and procedures in relation to medicine management were not consistently followed to ensure safe medicine management.
- Staff confirmed cream was applied to a person's skin. The provider's medicine policy stated a body chart should be completed where cream applications are required. As found at our last inspection, there were no body charts completed to show where the cream should be applied. The medicine administration record also did not provide instructions for staff on how and where to apply this.

The provider failed to ensure risks were managed to keep people safe. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had implemented new medicine charts following our last inspection to confirm those medicines people needed support with.
- Following our inspection visit, the provider reviewed care plans, and had updated the environmental risk assessment, to identify some potential risks and provide guidance to staff on how these should be managed.

#### Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider failed to ensure effective systems and processes were in place to protect people from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment).

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There was a system to record and report any safeguarding incidents to help protect people from the risk of abuse.
- Staff understood their responsibilities in regard to reporting incidents and the deputy manager was aware of how to escalate any concerns to other agencies for further investigation if needed.
- There had been no safeguarding incidents of concern since the last inspection and a relative raised no



concerns regarding the safety of their family member. They spoke positively of the service provided.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider had failed to operate systems or processes to assess, monitor and improve the quality and safety of the services provided. Accurate, complete and contemporaneous records in respect of each service user were not maintained. Feedback was not actively encouraged. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Monitoring systems did not ensure risks were managed, and regulatory requirements were met consistently. The provider failed to ensure their policies and procedures were fully implemented and followed to ensure the safety and quality of the service.
- Risk management continued to need improvement. Care records and risk assessments were either insufficiently detailed or not in place which meant staff did not have the information they needed to provide safe, person-centred care.
- Whilst there had been some audits and checks implemented to monitor the quality and safety of the service, these had not been effective in identifying areas of improvement needed so they could be acted upon. For example, improvements were needed to care records, and duty rotas. Duty rotas did not confirm staff shift patterns or care hours provided to confirm these were sufficient and as agreed.
- The registered manager is also the nominated individual for the service. The lack of managerial oversight meant information was insufficient in relation to staff recruitment and training to demonstrate staff were safe and suitable to provide care to people. There was no clear evidence that staff had completed regular training to update their skills and knowledge to enable them carry out their roles effectively.

We recommend the provider seeks additional guidance and support in regards to regulatory requirements to ensure audit systems and processes are effective in identifying areas of risk and improvement.

### Continuous learning and improving care

- Opportunities for continuous learning and improving care had been missed because the provider did not have effective systems and processes to identify where improvements may be needed. This included identification of any staff training needs, or support, to ensure people's needs were met in the most safe and effective way.

The provider continued to fail to operate systems or processes to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a system in place to ensure CQC were notified of all significant events and recognised the need to be open and honest if something went wrong. There had been no incidents of concern to report since our last inspection.

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

- At the time of our visit one person was being supported with personal care. There was evidence the provider had sought their views of the service, and these were positive.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks to people's health and safety were identified and managed to maintain people's safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to implement effective systems to improve the quality and safety of the service, and failed to ensure records were accurate, complete and contemporaneous to ensure people's care and support was safe consistently.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment information was not obtained in accordance with the providers policies and procedures to demonstrate staff were of good character and had the qualifications, competence and skills necessary for their role.</p>