Sanctuary Home Care Limited

# Aldam House and Cottage

## Inspection report

Gordon Street
Goole
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Date of inspection visit:
07 August 2017

Date of publication:
13 January 2020

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We inspected Aldam House and Cottage on 7th August 2017 and it was an announced inspection. The service provides accommodation and support for up to ten people with learning disabilities or autistic spectrum disorder, mental health conditions, people who misuse drugs or alcohol, physical disability and younger adults. We gave the provider 24 hours' notice so that the people who lived there could be prepared for the visit in order to limit the disruption it may cause to their lives. This was their first inspection under a new registration.

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 home had a registered manager in post and they will be referred to as 'the manager' throughout the report.

People were kept safe by care workers who understood their responsibilities to protect them from avoidable harm and abuse. Information on how to raise a concern or make a complaint was easily accessible to people and they could voice any concerns during regular house meetings. People were included in planning their care and support needs and relatives were invited to participate with their consent. Care workers promoted social inclusion and planned daily activities and events according to people's choices.

We saw there were sufficient numbers of care workers on duty to meet all of the needs of people living at the service. Recruitment procedures were robust and care workers received a good level of training and support to meet people's needs in a person centred way. Care workers used different methods of communication, some that people had adapted to suit their own needs. This allowed people to openly express and communicate their preferences and work towards achieving their goals. People were supported to make their own decisions and if they were not able to do so then decisions were made in their best interests with involvement from their loved ones.

Risks to people's health and well-being were assessed and updated regularly, plans were put in place to minimise them so people could live as independently as they were able to. Medicines were supported safely and records maintained accurately. Care workers supported people to learn life skills including budgeting, shopping and cooking so that they had choices about the food and drink they consumed.

Care workers and people living at the service told us the manager was honest, approachable and always available to speak with. The manager supported people's relatives to understand the impact of conditions and how they could best support them to work through changes. They shared information and literature with relatives - this provided them with a greater understanding about their loved ones health and how best to support their well-being.

We were told that the manager was open to people's ideas and encouraged feedback to improve service

delivery. The manager had systems and processes in place to ensure records were monitored and reviewed regularly. The organisation also completed their own internal audits in line with CQC values to maintain standards of service and to highlight any improvements that could be made.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff received training in how to protect people from abuse. They were confident to report any concerns to their manager or other external agencies if needed.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were robust
systems in place to ensure people were suitable to work in the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with current regulations.

### Is the service effective?

Good

The service was effective.

Staff had completed an intensive induction programme covering essential training as well as additional training specific to the needs of people. Supervisions had been recorded regularly and encouraged self-reflective practice.

The provider adhered to legislation under the Mental Capacity Act and people's independence was encouraged.

People were supported to access and to receive appropriate health care interventions.

### Is the service caring?

Good

The service was caring.

Care workers took the time to get to know people and had a good knowledge of their care and support needs. They cared about people's health and well-being, and supported people and their families to enable individual personalised care.

People told us that care workers were kind, friendly and respectful and that they felt involved in planning their care and support needs. Care workers promoted people's independence and respected individual's privacy and dignity.

Management ensured that people's personal information was kept confidential and that care workers were aware of policies and procedures they should adhere to.

## Is the service responsive?

Good

The service was responsive.

The service had robust systems in place to ensure they could meet people's needs prior to accepting them into the service. Care and support planning involved people and their relatives and was reviewed regularly.

People were encouraged to plan and access activities they enjoyed. The service accommodated people's choices of events and trips out and offered suitable alternatives if they were unable to accommodate any requests due to the risk involved.

The manager and care workers encouraged feedback from people and their relatives. The complaints procedure was easily accessible and regular discussions meant people could raise any concerns.

## Is the service well-led?

Good

The service was well-led.

Regular supervisions and constructive feedback enabled care workers to develop their skills and expertise. Management encouraged additional training to deliver person centred support specific to people's requirements.

The service worked in partnership with a range of local providers and agencies to tailor care and support. This ensured they met the changing needs of each individual on their journey to a more independent way of living.

Systems were in place to assess and monitor the service to improve the quality of care and support provided. The inclusive culture enabled people to comment on the service provided to influence and develop service delivery and sustainability.

# Aldam House and Cottage

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7 August 2017 and was announced.

The provider was given 24 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector and an expert by experience with knowledge of cognitive impairment and sign language. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

We also reviewed all the information we held about the service and contacted the local council and health professionals for their feedback.

We visited one supported living address and looked at two self-contained accommodations within the service. We spoke with one person living at the service and four members of staff. We also called people by telephone to gain their views of the service. This helped us evaluate the quality of interactions that took place between people using the service and the staff who supported them.

We visited the service office and met three support staff, the registered manager and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service.

We looked at two people's plan of care and support, the systems used to manage people's medication, including the storage and records kept. We looked at three staff personnel and recruitment files, including records of staff training and support, and the provider's quality assurance systems.

Good

# Is the service safe?

## Our findings

Relatives and people spoke positively about the service and overall told us they felt that their loved ones were safe.

We spoke to two members of staff, who told us they felt confident identifying and reporting any incidents of abuse to the manager. They told us the manager responded effectively to concerns raised and assured us that the first priority for all staff was to keep people safe. Safeguarding notifications had been submitted to CQC and the appropriate local authorities had been informed.

Staff had a good knowledge of the different types of abuse. Step by step guidance was accessible for staff to follow and assisted them to report any incidents appropriately. We found the systems and processes in place to report safeguarding concerns contained detailed information and had been reviewed regularly.

There was a whistle blowing procedure in place which outlined the criteria needed for a disclosure to be protected under the policy, a brief outline of what whistle blowing meant, who to report to internally or externally and details of the stages once concerns had been reported. Staff told us they were aware of this policy and would be confident to use it if needed.

The staff handbook included the following policies and procedures; disciplinary, grievance, fraud and investigation reporting, bullying and harassment and prevention of bribery. This meant guidance was available for employees to follow.

We found systems in place to ensure the environment was monitored each week for safety. Checks included, weekly fire alarm monitoring, checking fire exits were unobstructed and monthly emergency lighting tests. Weekly water flushing records were kept for any vacant rooms or those that were not used regularly. This ensured that there was no build-up of bacteria in the system which can lead to Legionnaires Disease. Electrical and gas safety inspections had been carried out in the last 12 month period and no issues had been highlighted.

We saw that staff were proactive in discussing any concerns with the fire safety officers and appropriate actions taken to minimise risks, such as the use of fire retardant bedding in case people smoked in bed when staff were off duty during the evening periods.

We looked at the recruitment files of three members of staff, which included application forms, a separate full history of employment since leaving school, minimum of three identification documents and Disclosure and Barring Service (DBS) Checks. Interview questions were kept in staff files, each question scored and an overall total score documented.

People living at the service were actively involved in the interview and selection stages of recruitment. This made them feel valued and that they had contributed towards selecting suitable keyworkers to meet their needs.

Information such as references had been sought. All new staff had a six month probationary period, during this time the manager arranged regular meetings to discuss progress and any additional support required.

People were supported to take positive risks whilst maintaining their independence and safety. One member of staff we spoke with said, "We support people to access the local community safely, so they can build their independence. We have a policy in place that people make contact with us at least once a day in their preferred way. Sometimes [Name] might not feel up to talking to us face to face, so they call us on the phone to let us know they are having a quiet day. It gives us an opportunity to check if they have any issues or require any additional support."

Risk assessments were updated monthly or earlier if any changes occurred prior to the review date. We saw evidence of referrals being made to health professionals as soon as risks were identified, such as the dental nurse to formulate a daily oral care plan.

We observed friendly and compassionate interactions between staff and people using the services. The atmosphere was relaxed.

We saw that people had a personal emergency evacuation plan (PEEP) in place. This contained information specific to individual's needs, such as the location, days they were normally in the building as some people visited families through the week, assistance required, whether the person was able to raise the fire alarm and an additional box which stated information relating to the persons condition, mobility aids or any impairments if applicable. Photographs were not included in the PEEP's information. The manager told us this would be something they would add in the future so that people could be easily identified in the event of a fire occurring.

A business continuity plan was in place detailing all emergency contact information and procedures to follow in the event of an emergency. In the fire safety management folder an evacuation strategy was in place with a quick reference to people's locations and support required. A grab bag with vital emergency items was available to use. In July we saw evidence of two fire drill records, for staff and people living at the service.

We observed staffing levels during our visit, these were sufficient to meet people's needs.

There was an accident and incidents policy, which included a description of the accident and any immediate action or follow up required.

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. Medicines that were taken 'as and when required' (PRN) had clear instructions or guidance available for staff to follow.

Good

# Is the service effective?

## Our findings

New care workers completed a twelve week induction training programme. This consisted of classroom based learning, one to one discussion to check knowledge and some self-learning via the internet which included; medication, confidentiality and equality and diversity training. The training matrix showed us that staff received training in safeguarding adults from abuse within the first 12 weeks of their induction.

Care workers who had already achieved the Health and Social Care Level 2 Certificate did not have to complete the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers observe. It is the minimum standards that should be covered as part of induction training of new care workers.

Competency checks were completed during and after the induction period, before care workers could be signed off as competent to work alone. This meant the provider could observe care workers putting their theoretical learning into practice.

In addition to the above training, each keyworker was supported to upgrade their skills by attending courses specific to people's health and support needs. This enabled the keyworker to support people with more complex needs competently.

We saw evidence of supervisions and monthly meetings with care workers, this encouraged reflective practice to learn lessons and up-skill their knowledge. Care workers could enter relevant information into their Annual Appraisal document throughout the course of each year, enabling them to immediately identify training needs to improve the care and support delivered.

Care workers told us, "The manager is always available for additional support if we need it, I even speak to the regional manager as they visit regularly" and another said, "I feel well supported, we have a good team of staff and the manager is really knowledgeable and approachable."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. People had been assessed for their capacity to make specific decisions. Relatives had been invited to best interest meetings when people had needed support to make decisions and records of these were kept in care files. No DoLS were in place at the time of our inspection.

We saw that care workers received training in MCA and DoLS authorisations. They were aware of people's rights under the MCA and spoke of the importance of ensuring individuals Human Rights were protected. Care workers told us, "We always ask for consent and support people to make informed choices depending

on their capacity as this often fluctuates. We are knowledgeable about the people we support, so when considering the Mental Capacity Act it may be more appropriate to make decisions at a later date if it can wait."

We observed interactions between care workers and people living at the service and saw that people responded positively during discussions with them. For example, one person was joking and laughing with a care worker and another was asking for some guidance. It was clear that they felt comfortable with people and were at ease in their home.

We spoke with people about their food choices, they told us care workers supported and encouraged them to budget, shop and cook their food. Care workers had a good awareness of people's dietary requirements including encouraging healthier lifestyle options. They told us they supported people to order the occasional takeaway, and said they had a variety of foods to choose from in the local area.

There were two kitchen areas, one of which had recently been refurbished. Both areas were clean and safe with plenty of room to accommodate people who needed support to learn cooking skills. We observed people freely using the kitchens to access food and drinks during our visit.

People's daily records included details of personal cares supported, medications taken, food intake, appointments attended, mood of the person being supported and any activities or events attended.

Staff interacted well with people and included them in all aspects of their care and support. For example, one member of staff had spent time with a person living at the service in order to complete their Personal Emergency Evacuation Plan (PEEP), which informs staff and fire officers of the whereabouts, key information and level of assistance required by each individual in the event of a fire occurring at the premises.

We saw that staff observed people's body language and non-verbal behaviour when asking them to make decisions about their routine. The lounge in the house had a computer for people to use if they wanted to communicate with their friends or families.

Regular house meetings took place for people living at the service so their views and opinions could be taken into account. Minutes were pinned on the noticeboard and individuals received a copy. There was an understanding that people would make contact with their keyworker or management at least once a day or every other day.

Care workers attended meetings every three months to discuss any current issues and changes to policies and procedures. During the meetings trips and events were planned and discussed, training highlighted, reviews of people's files allocated to keyworkers and new referrals to the service discussed. In the June 2017 meeting discussions about the communications book reminded people that all information needed to be kept anonymous and no personal details disclosed.

In between meetings an open door policy was in place to discuss or seek advice from the manager. Care workers and people told us they utilised this and that it worked well for them.

The manager attended a forum meeting bi-monthly, giving them opportunities to meet other registered managers. During these meetings best practice was discussed, ideas and knowledge shared to ensure services kept up to date with current legislation.

People told us they had access to health professionals, such as the optician, doctor and dentist and we saw

that any visits were recorded in people's files. This meant people were supported with their wellbeing and to remain healthy.

The building was fully equipped to meet the provisions of the Disability Discrimination Act 2005. For example, entrances and exits had sloping access routes for wheelchair users.

Good

# Is the service caring?

## Our findings

It was clear that relationships between people living at the service and care workers that supported them were positive, friendly and caring.

We observed that care workers treated people with respect at all times and were always smiling, kind and friendly. They knew people well and could describe their preferences as well as knowing their histories and what could cause them distress. We saw that they shared jokes and spoke to people about goals they were working towards. The atmosphere was relaxed and friendly; people were at ease which encouraged positive interactions.

The manager and care workers supported relatives to understand their loved ones, including insight into how best they could support them to gain skills and promote their independence.
One person gave a thumbs-up sign and smiled when we asked if they liked the care workers. They showed signs of excitement and called the managers named out loudly as we talked about the care and support they received.

Care workers used various methods of communication and encouraged people to be themselves. For example Makaton had been developed by people living at the service, they had their own interpretation of sign language that worked for them and staff understood and used this communication. This showed the diversity and openness of the care workers to accommodate and learn methods of communication important to people living at the service.

People were actively involved in the planning of their care and support, we could see that care workers encouraged people to participate in conversations and took the time to offer support or reassurance to people when needed. They took time to explain information to people and checked their understanding. For example, one person had refused food and fluids on a couple of occasions, care workers monitored and discussed with the person the risks that they may become dehydrated. The person then made an informed choice to eat and drink something, advising afterwards that they had felt much better.

A 'Guide to Equality and Diversity' was available to staff in their handbook and in poster format for people living at the service. The document offered assistance to those that may require help to read and understand the information. A 'Charter of Rights' for clients living at the premises was also easily accessible and reviewed annually in consultation with people living at the service.

Independence was encouraged and promoted. We saw that people were supported to be involved in looking after their homes, cooking meals and maintaining friendships, with access to a range of social clubs.

A visitor's policy was in place and a house agreement which was discussed during house meetings with people. This allowed overnight visitors to stay with agreement from management and helped to ensure people's safety by identifying who was in the property when staff had left the building.

People had their personal belongings in their rooms and there were family photographs on the walls. One care worker told us, "The relationships we have with people is our strength because we have differing levels of support we can offer and so people are more honest and comfortable talking to us about anything."

People were treated in a dignified manner and their privacy was respected. We saw care workers and the manager knocking on people's doors before entering and asking for their permission to check certain areas of their home. People's families were able to visit at any point and were welcomed.

Care workers had a good awareness of confidentiality and the importance of protecting people's personal information.

The service could advocate on people's behalf when discussing care and support needs and independent advocates could be sourced depending on people's preferences. We saw that information on advocacy services was made easily accessible on the communal noticeboard in the main house.

Good

# Is the service responsive?

## Our findings

People were supported to complete application forms which provided an overall assessment of their needs; the service then considered whether they had the skills and capacity to support that person. If the service considered the person eligible, a detailed interview, (13 pages) and a pre-assessment for each person took place prior to admission into the service. The pre-assessment was completed with each individual so that it was person centred and built around their own personal needs and goals.

All care workers received 'Outcome Star' training - The Outcomes Star is an evidence-based tool that supports and measures change when working with people. It is made up of several parts covering each aspect of a person's needs, such as; managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviours and responsibilities.

We could see that keyworkers had monthly meetings with people to discuss and review each aspect within their 'Outcome Star'. We could see where people had developed life skills that discussions took place around people's aspirations, achievements and future goals they would like to work towards.

Management and care workers recognised the importance of building people's trust; positive interactions encouraged them to express their own individuality. People were enthusiastic about being taught new life skills to further their independence and one person had been supported to secure a work placement.

Risk assessments were reviewed monthly and updated regularly alongside people's care plans to reflect any changes. The trusting relationships care workers had built with people was evidenced throughout the care and support planning. People talked about their difficulties and staff skilfully identified how they could work through those key areas to build people's confidence.

Care workers we spoke with described the communication systems they had in place to ensure that any changes to people's health or wellbeing were shared across the team. One care worker told us that communication was very good across management and the team; they felt informed to deliver effective support to people. We saw that the records completed in the daily notes were personalised and detailed. In the event of absences this ensured the allocated care worker knew of any additional support requirements, or if anything needed monitoring. A communications book was also used to record important changes the care workers and management needed to be aware of for the following days shift.

Feedback was also gained from suggestion boxes and questionnaires/surveys, and any actions taken as a result of the feedback was shared with people and their relatives through house meetings, discussions and utilising the noticeboard.

People were supported to pursue their interests and take part in a wide range of social activities. We saw that regular meetings took place to discuss and plan trips or events people would like to attend. For example, some people had requested to attend a music event which meant they stayed out over the weekend. This was appropriately risk assessed and their keyworkers told us they really enjoyed the whole

experience seeing people enjoy themselves, dancing and singing. People were supported to access local social activities such as snooker, swimming and recent trips had included the cinema, pub, lunches out, a shopping and activity centre, bowling and barbeques at home.

The manager told us that one person had difficulties at first settling in and found it difficult to express themselves. The team took time to find out their likes and what they wanted to do; the person eventually requested a pet dog which was not possible as other people's needs had to be considered. Through discussions, an alternative option was agreed; a visit to the local RSPCA to volunteer as a dog walker. The manager contacted the centre and arranged for this to happen, they had recognised it was important for them to achieve what they had wanted to do and that the additional exercise would be beneficial for their overall health and well-being.

People were supported to understand how to complain if they were unhappy or had any concerns. There were details of the complaints procedure on the wall in communal areas and people were given information on this when they came into the service. There had not been any complaints at the time of our visit, but the manager was proactive in encouraging feedback from care workers, people and their relatives. People were encouraged to discuss any issues during the monthly 'client involvement' meetings. Care workers told us they felt confident the manager would deal with any concerns they reported immediately.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who had been in place since the registration of the service. They knew people and their families by name and we could see through discussions during our visit that they knew what was important to each person. We observed several interactions between the manager and people who lived at the service, they were at ease and comfortable in their company.

People felt they were listened to and were not afraid to speak out in meetings. For example, people said they had asked for more regular house meetings, these now took place every month to ensure people's voices were heard and actions taken to accommodate changes. In addition to the above, people were involved in the recruitment process which provided them with an opportunity to impact on the running of the service and feel part of the wider team.

Care workers had good knowledge of their role and what was expected of them. The manager supported regular meetings, supervisions and one to one discussions so they were able to raise any concerns. During supervisions constructive feedback was given to aid personal development, this also facilitated care workers taking responsibility for their actions. For example, one of the supervisions showed that the manager had discussed policies and procedures not being adhered to with one of the care workers, the manager had addressed the issues and made sure that expectations were understood and documented.

Care workers told us that the management team were approachable and supportive. One care worker we spoke with said, "The service is quite innovative with regular changes to improve the service and the way we do things. Reflective practice is encouraged and helps us to learn and develop our skills and confidence." Another member of staff told us, "We can contact the manager at any point, even if its 10pm at night there is always good support mechanisms in place." They thought the manager was honest and proactive in managing the service.

Records showed us that care workers assisted people to health care appointments and reviews. One care worker told us, "[Name] attends hospital regularly and we support in the community to ensure attendance." We could see that the service worked closely in partnership with other agencies, such as mental health teams, adult social care and healthcare professionals to deliver person centred support.

The manager carried out audits of files within a 12 week period to ensure compliance. We could see that the manager had highlighted actions that needed to be taken and that these were followed up and completed within a short period of time.

The service had strong governance policies and procedures in place, For example, a service improvement plan for areas that required actions to be taken and regular reviews was overseen by senior management. Internal audit processes were in place, where the auditors assess each service against the CQC Standards. This improved service delivery and sustainability.

The registered manager understood the responsibilities of their registration with us. They reported

significant events to us, such as safety incidents, in accordance with the requirements of their registration.