

Sanctuary Home Care Limited

Norwood Albion Terrace

Inspection report

Norwood
Albion Terrace
Saltburn-by-the-sea
TS12 1LT

Tel: 01287550737

Date of inspection visit:
25 August 2022
31 August 2022

Date of publication:
05 October 2022

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Norwood Albion Terrace is a supported living service providing personal care to adults with learning disabilities, autism and mental health needs. Supported living settings support people to live in their own home as independently as possible. Some accommodation had a room for staff to use if people required 24-hour support. At the time of our inspection the service supported 12 people across four homes with personal care.

Not everyone who used the service received 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

Right Support:

People were regularly asked for their opinions and gave them freely. People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported safely with medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 22 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We assessed whether the service is applying the principles of Right support, right, care right culture.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Norwood Albion Terrace

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we

needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 August 2022 and ended on 02 September 2022. We visited the office on 25 August 2022, and we visited three of the four supported living settings on 25 August 2022 and 31 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, area service manager, one deputy manager and four care assistants.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff worked well with other agencies to keep people safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People felt safe and relatives were confident their family member was safe and well cared for. One relative told us, "I'm confident [person] is safe, they couldn't have a better place."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Robust care plans and risk assessments were in place and reviewed regularly.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their individual needs. This included for one-to-one support for people to take part in activities how and when they wanted.
- The provider was very aware of staffing issues being faced by social care services following the COVID-19 pandemic. They had introduced various incentives to attract and retain staff.
- A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.
- People were actively involved in staff recruitment. People took part in the interview process.

Using medicines safely

- Medicines were managed safely. Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine audits were carried out to ensure medicines were managed safely.

- Where people lacked capacity to make decisions about their medicines, robust best interest decisions were in place and people's medication care plans were agreed by multi-disciplinary teams.

Preventing and controlling infection

- Staff used PPE effectively and safely. The provider had ensured enough PPE was available throughout the pandemic.
- Staff understood their responsibilities for keeping people safe from the risk of infection. They had been provided with infection control training; this included the correct use of PPE.
- There was an up to date infection prevention and control (IPC) policy in place and regular IPC audits were undertaken by the registered manager.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and the registered manager investigated incidents and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that trends could be identified, and appropriate action taken to minimise any future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans had a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Easy read health action plans were available for people.
- Care plans were reviewed regularly, or if there was a change in people's care and support needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. The provider offered a comprehensive training programme.
- Staff received supervisions and appraisals. Competencies were undertaken to ensure staff understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink and have a nutritious diet. Nutrition support plans were in place, and staff were knowledgeable about individual likes, dislikes and eating patterns.
- Staff involved people, wherever possible and in a way which met their personal preferences, around choosing food, shopping, planning meals, preparing food and cooking. One staff member told us they were supporting people to attend slimming world and making their own recipes.
- Staff supported people to be as independent around food and drink as possible.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff were knowledgeable about people's needs and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and the registered manager, as well as keeping families informed.
- Hospital passports and summarised care plans were in place for people. These documents were person-centred and helped ensure people's needs could quickly be known. This helped reduce any distress when accessing a different healthcare setting.
- Staff worked co-operatively with other health and social care professionals to ensure people received the care they needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. They spoke consistently about giving people choice and seeking consent before performing any task. One relative told us, "They work in a very person-centred way, they involve [person] and me in the decision-making process, and they support [person] to be as independent as possible."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness. This was reflected in the language used in daily notes and records, and by how staff spoke about the people they supported. Families confirmed their relatives were treated with kindness. One relative told us, "[Staff] are so good, they really looked after [person]. [Person] is very happy and settled."
- The registered manager was in the process of trying to match people with their designated support worker, this was to put people at ease, to be more engaged.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "[Staff are] my friend."

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff supported people to maintain links with those that are important to them. One person told us, "I am supported to go and visit my relative at home as I struggle to do this on my own."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew people well. People were supported to lead active and fulfilling lives, doing activities they enjoyed. Staff had arranged for one person to have a visit from the police as they were fond of the emergency services.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were individualised and person-centred.
- Staff ensured people had access to information in formats they could understand. For example, there were complaints and compliments easy read guides available.
- The registered manager was in the process of putting pictorial care plans in place for people, to further involve people in their care plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. There was an activities and achievement folders in pictorial form that staff could show people to show them what could be achieved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- There were visual structures, including objects/photographs/use of gestures/symbols/other visual cues which helped people know what was likely to happen during the day and who would be supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills. For example, staff were supporting people to attend a first aid course due to aspiring to be a first aider in their shared home.
- Staff and people across the service worked together to come up with activities for people to do and ways for people to build friendships. Staff planned events and days out and people could choose if they wanted to join in. One staff member told us, "We recently organised a trip to Flamingo Land which was great fun for all, staff included".

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns easily and staff supported them to do so. The

complaints procedure was available in an easy read format.

- People and their relatives knew how to complain, and staff supported them to do so if needed.

One relative said, "Yes, I know how to make a complaint if need be. We have never had to complain though."

- The service treated all concerns seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred culture within the service. People were recognised and treated as individuals with their own unique needs and preferences.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff told us the registered manager was approachable and acted swiftly to address any issues. One staff member told us, "The registered manager is really relaxed, very approachable, and very supportive."
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

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

- Staff gave honest information and suitable support if something went wrong, and applied duty of candour where appropriate.
- The management team understood their regulatory requirements and responsibilities. Relatives were kept informed of any events or incidents that occurred with their family member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. For example, both the registered manager and provider undertook regular audits looking at medications, infection control and care plans.
- The registered manager had the skills and knowledge to perform their role and a clear understanding of people's needs and oversight of the services they managed.

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

- People, and those important to them, worked with the registered manager and staff to develop and improve the service. One relative told us, "I regularly chat to the registered manager on duty but also email the registered manager regularly, they're very approachable and listen to any suggestions."
- People were actively encouraged to express choices and the specific communication needs of people were fully taken into account by staff.

- Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.

Continuous learning and improving care; working in partnership with others

- There was an effective quality audit system in place to monitor the service and identify areas for improvement. We saw, for example that medication charts and other daily records were regularly checked, and any discrepancies identified.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.