

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Bushey Heath

Inspection report

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Date of inspection visit:
06 December 2019
20 December 2019

Date of publication:
07 February 2020

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

About the service

Sanctuary Home Care Ltd – Bushey Heath is a domiciliary care agency providing personal care. The agency is located in Rosary Priory, Bushey Heath and provides a service to the Dominican Sisters of Saint Catherine of Siena Newcastle, Natal who live at the priory. At the time of our inspection, the service was providing personal care to nine people (referred to as Sisters throughout the report).

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.

The agency does not provide any services to the wider community.

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

The Sisters consistently told us they were safe and trusted their care staff. Staff understood their responsibilities with regards to safeguarding and they had received effective training. There were systems in place to safeguard the Sisters from the risk of possible harm. The service had robust recruitment procedures in place.

The Sisters needs had been assessed and they had been involved in planning and deciding in which way their care was provided. Each Sister had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals. Staff were knowledgeable about the Sisters that they were supporting and provided personalised care. Assessments and care plans we looked at during the inspection reflected the detailed knowledge that staff had. Risks to the Sisters had been identified, assessed and measures had been put in place to ensure these were reduced and managed safely.

The Sisters received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so assessed. Staff adhered to the provider's infection control policy and used the appropriate equipment and clothing, whenever required.

Staff had the necessary skills and knowledge to meet deliver the care required. The registered manager operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care.

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.

Staff consistently treated the Sisters with kindness and respect. They were supported to express their views about their care and their wishes were respected. Privacy and dignity were respected and promoted during

the delivery of care.

There was a positive culture of person-centred, quality care throughout the service. Staff told us they enjoyed working here and that they were well supported by the management team. Staff felt valued and were committed to the service and the Sisters they were supporting.

The registered manager was dedicated to maintaining high standards and used the systems in place to drive effective quality assurance processes and continuous improvement within the service. No formal complaints had been raised at the service; however, there was a procedure in place should any concerns be raised.

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

Rating at last inspection

The last rating for this service was good (published 9 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Sanctuary Home Care Ltd - Bushey Heath

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to retired nuns living at Rosary Priory, Bushey Heath.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had recently transferred to a different role within the provider organisation and a new manager had been appointed. The registered manager continued to work at the location to support the new manager and assist in the transition of the management of the service to them. The new manager was not present during our inspection visit due to ill health.

Notice of inspection

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 available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three Sisters who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two Sister's care records and medication records. We looked at two 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 also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, meeting minutes, staff guidance documents and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The Sisters consistently told us they felt safe and trusted the staff who supported them. One Sister told us, "I feel blessed that I am in safe hands and they (staff) treat me with such care and kindness."
- Staff were aware of how to raise a safeguarding alert and when this was necessary. They told us they had received safeguarding training and records confirmed this.
- Staff understood their responsibilities to raise concerns with management and how to escalate them further if necessary.
- The provider had policies in place to keep the Sisters safe, such as safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- Potential risks to the Sister's health and welfare had been identified. Risk assessments had been developed and personalised to each individual.
- Staff understood individual risk assessments and could clearly explain the action they took to minimise risks.
- All risks to the Sisters and staff were monitored and reviewed regularly.
- The service adjusted the level of support to Sisters whose health needs changed as and when required to ensure continued safety.

Staffing and recruitment

- The Sisters had continuity of care and told us that staff were available to provide support when they needed it.
- Staff we spoke with told us that they thought there were enough team members to provide the care required.
- There were effective recruitment and selection procedures in place. The provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all staff.

Using medicines safely

- Medicines were safely administered, regularly audited and appropriately stored.
- The support the Sisters required with their medicines was assessed and documented within care plans.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.
- A review of the daily records and medicine administration records showed that staff were recording when

medicines had been given.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- We observed staff consistently wearing PPE, such as disposable aprons and gloves, when required.

Learning lessons when things go wrong

- The service had a culture of learning, reflection and improvement. The registered manager listened to staff feedback and acted upon it to make sure the Sisters received safe care.
- All accidents and incidents were immediately reported to the senior member of staff on duty, recorded and then reviewed by the registered manager.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The Sisters' personal care needs and preferences were assessed and recorded in an appropriate level of detail. This included information about their preferred routine and important details such as mobility, skin care and nutritional needs.
- Sisters told us they had been involved in creating and developing their plan of care. They reported that when their needs changed, their care was amended to ensure they received the support they required.
- Care plans and the support provided were based on current best practice and showed the registered manager and staff clearly understood each Sister's individual needs.

Staff support: induction, training, skills and experience

- The Sisters told us they had confidence in the staff and commented they were well trained. One Sister told us, "I have no doubts that the staff are trained well. We can guide them in our ways when needed."
- The provider operated an effective system of induction, training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support the Sisters according to their needs.
- Staff were confident and told us they received good training. The registered manager had a record of all training staff had completed and when refresher courses were due.
- Staff felt supported in their role. Each staff member we spoke with said the registered manager and manager were extremely supportive and enabled them to do their job well. They said they felt "valued" by the support they received and "appreciated".

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

- The Sister's needs around eating and drinking were assessed and documented. Their preferences and special diets were documented and recorded.
- Sisters were supported, by staff, to eat and drink enough and maintain a balanced diet. Staff assisted with the service of meals, and supported Sisters to eat where identified as needed.
- Staff monitored food and fluid intake as required and followed guidance, where provided, from the speech and language therapist (SALT).

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

- The service worked well with other organisations. Care plans and records showed effective liaison with other health and social care professionals and other services.

- Staff supported the Sisters to live healthy lives and to access relevant services, where required.

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 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.

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.

- The Sister's human rights were protected by staff who demonstrated a sound understanding of consent and the MCA. We observed staff seeking consent from Sisters using questions and giving them time to respond.
- The Sisters capacity to make decisions relevant to their care and support were assessed and documented.
- When the Sisters took their final vows, they entered a lifelong commitment of Perpetual Profession. This included the vow of obedience the Sisters made to their superiors. The Sisters acted as advocates on behalf of one another, with the support of the Prioress for decision making. Where a Sister lacks the capacity to make a decision for themselves, the Order collectively made decisions on their behalf in their best interests. All staff understood and respected the commitment, vows and way of life the Sisters had chosen to live.
- The Sisters consistently told us they had consented to the care and support they received, as detailed within their care plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were caring and treated the Sisters with kindness and respect. The Sisters described staff as being kind, caring, helpful and attentive.
- Staff were passionate and spoke of the Sisters with warmth and fondness.
- Staff told us how they had developed relationships with the Sisters and how this motivated them to provide the best possible care to enhance the quality of their lives.
- Each Sisters care needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability and faith.
- Staff knew how to support each Sister's physical, emotional and spiritual wellbeing, in line with their wishes.

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

- The Sisters felt involved in decisions about their day to day care and the support they received.
- The registered manager and staff understood the importance of involving the Sisters in decision making. We saw that discussions were held with Sisters, and their advocates, when their wishes or needs changed.
- There were regular meetings between the Sisters, the Prioress and with care staff, where everyone was encouraged and supported to express their views. This information was used to develop individual support plans, where appropriate, and the ways in which the service delivered care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and supporting the Sisters to continue their dedication to service was embedded in the service culture.
- The Sisters told us they were treated with respect and care workers promoted their privacy and dignity.
- Personal records and information were securely stored, and staff were careful to ensure sensitive information was discussed discreetly.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person centred and included areas such as preferred daily routines and the support needed. This included areas such as communication needs, mobility needs, nutritional support and health conditions. Staff had a good knowledge of the needs and preferences of the Sisters.
- Plans also contained details of Sisters' life histories which enabled staff to have a deeper understanding of their background and their current needs.
- The service involved Sisters and their advocates in planning their care, drawing up their care plans and regularly reviewing them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Sister's communication needs were assessed in line with the AIS and recorded in their care plans.
- Staff told us about the different ways they communicated with the Sisters, including those with limited communication or hearing impairments.
- The Sisters had information about other support services made available to them. The communal notice boards were full of accessible information, including how the Sisters could contact the provider organisation.

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

- The service supported the Sisters with their interests and social activities by providing activities staff.
- Care was planned and delivered in accordance with the Sisters social and spiritual needs. For example, care was provided at consistent times to enable Sisters to attend chapel twice daily and take part in feasts, special events and community activities.
- There were regular knitting groups, current affairs sessions and puzzle sessions. Central to the activity was upholding the Sisters dedication and commitment to the Order, upholding their faith and continuing their life of service.

Improving care quality in response to complaints or concerns

- The Sisters confirmed that they knew how to raise any issues if they needed to and felt confident they would be listened to.

- A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- The registered manager was responsive to feedback and encouraged the Sisters to share their experiences of the service, with a view to making improvements. This was echoed in the comments we received from the Sisters.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives.
- Policies and procedures were in place and staff had been trained in end of life care.
- The Sisters end of life wishes and preferences were known.
- All staff had a good understanding of the advance wishes made by the Sisters in accordance with their faith and confirmed that they were aware of the support the Order requested for each Sister. This included direct care and support for the Sister nearing the end of their life and the support needed for the other Sisters as they maintained a bedside vigil and provided spiritual care and support.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The Sisters were at the centre of the service.
- Staff felt engaged in the service and supported by the management team. They told us they were committed to ensuring the Sisters came first and received care that was tailored to their individual needs and achieved good outcomes for them.
- The agency's culture was open, honest and positive. The Sisters told us that this was due to the attitude and contribution made by staff who listened to them and met their needs.
- There was a statement of purpose that was regularly reviewed, that outlined the services provided by the agency so that the Sisters were clear what they could and could not expect of staff.
- It was evident the service had a good track record and there was a commitment from the whole staff team to maintain standards and make further improvements for the Sisters.
- The registered manager spent time with the Sisters and with staff. This enabled them to seek views on a regular basis and involve everyone in any changes.
- Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

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 understood their duty of candour. We could see from the detailed records being kept that feedback had been dealt with in a candid and honest way.
- No issues regarding a lack of duty of candour have been raised with CQC. During the inspection the provider, registered manager and other staff all demonstrated their commitment to openness and honesty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff were clear about their roles. The Sisters told us that staff carried out their tasks in a caring and responsible way.
- The service had a strong culture of learning and improvement, and there were robust quality assurance systems in place. This included regular quality checks with the Sisters, audits of all the service's records and analysis of any feedback

- Detailed records were kept throughout the service.
- There were regular staff meetings. These included discussions of good practice and ways the service could improve.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for the Sisters. We saw examples of this in care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.