

Sanctuary Home Care Limited

Sanctuary Supported Living (Hazel Court)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sanctuary Supported Living (Hazel Court) provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. There were 14 flats available at the site. People's care and housing are provided under separate agreements. At the time of this inspection there were eight people who received support with personal care. Sanctuary Supported Living (Hazel Court) provides support for adults with learning disabilities. 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 service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by knowledgeable, skilled staff who knew how to keep them safe and protect them from avoidable harm. People had their risks assessed and staff were guided to manage these safely. People had their medicines as prescribed and there were safe systems in place to monitor these. Staff understood and followed infection control and prevention procedures. Systems were in place to investigate and monitor incidents and accidents to ensure actions were completed and improvements made.

People's needs and preferences were assessed, and support planned to meet legislation and good practice guidance. People were supported by staff who were trained, and skills maintained to ensure people's needs were met. 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 were in place to support this practice.

People received support from kind and caring staff, who built friendships with the people they supported. People were at the heart of the support arranged and encouraged to be as independent as possible. The management team sought people's views and acted on people's ideas for improvements. People's privacy was respected, and their dignity maintained.

People were supported to achieve their goals and meet their needs. The service was adaptable and flexible to support people's preferences. Staff had the information they needed to provide personalised support and understood people's health needs. People's concerns were listened to and changes made to improve the service. When people needed support at the end of their life the service had skilled staff and systems in place to meet people's needs.

People knew the management team and staff and were confident with them. The management team continually monitored the quality of the service and ensured improvements were sustained. The management team and staff established good relationships with other professionals and links in the community.

The service applied the principles and values of Registering the Right Support and other best practice guidance consistently. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 23 March 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 Supported Living (Hazel Court)

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 team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

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.

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 in the office to support the inspection.

Inspection activity started on 10 October 2019 and ended on 20 October 2019. We visited the office location on 14 October 2019.

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. 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 four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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

- People told us they felt safe because staff were around when they needed them.
- Staff had been trained and had developed a good understanding of how they protected people from potential abuse. They explained how they would take action and share any concerns to ensure they were investigated.
- The registered manager had reported any identified concerns appropriately and had systems in place to safeguard people. For example, the local community police visited people at the service to provide guidance on personal safety for people.

Assessing risk, safety monitoring and management

- People said staff supported them to do what they wanted safely. One person explained how staff supported them to go shopping.
- Staff had a good understanding of people's risks and had up to date guidance to manage these and keep people safe.
- The management team encouraged people to be involved in remaining safe. For example, people were encouraged to take part in regular fire drills to improve their confidence and understanding of responding to fire alarms.

Staffing and recruitment

- People said they had regular staff and knew them well.
- Staff said there were enough staff on duty to support people to do what they wanted to do.
- The registered manager explained they ensured there were sufficient staff on duty and would adapt the rotas to meet peoples' needs.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service before they started working. We saw this practice was reflected in staff files.

Using medicines safely

- People had their medicines as prescribed.
- Staff had received training and their competency checked by senior staff to ensure they followed safe practice.
- The management team had systems and processes to ensure safe administration of medicines was completed.

Preventing and controlling infection

- Staff had been trained and had a good understanding of best practice to manage the risk of infection. For example, using protective equipment when needed.

Learning lessons when things go wrong

- Staff understood how to report accidents and incidents and the management team investigated and actioned any improvements.
- The management team reviewed accidents and incidents to identify trends and any learning from the incident.

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

- People had their needs assessed and their support was planned around this information.
- Information on best practice guidance was shared with staff by the management team.

Staff support: induction, training, skills and experience

- People said staff knew them well, and relatives told us staff were knowledgeable about how to meet their family member's needs.
- Staff told us they were well trained and completed induction training at the beginning of their role. They said they were introduced to people as part of their shadowing to ensure best practice knowledge was shared with them. They had all the information they needed to ensure they supported people well.
- Staff said training updates were arranged both on-line and face to face as needed, and staff completed the care certificate which are the national standard for care training. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- Support offered to people varied dependant on their individual needs. People were encouraged to be as independent as possible.
- Staff were knowledgeable about how to meet people's nutritional needs, and made appropriate referrals if people needed additional support.

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

- People were supported to access healthcare services when they needed support. Staff would support people for GP appointments or contact community nurses when needed.
- Staff were aware when support was needed to attend a health appointment and worked with the person to meet their needs.
- Staff understood people's health needs and were knowledgeable about people's health conditions.

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.

We checked whether the service was working within the principles of the MCA.

- People told us staff always checked before supporting them and respected their wishes.
- The registered manager had systems in place to ensure people were supported with decisions when needed within the MCA standards.
- Staff had completed training and understood how to support people lawfully.

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

- People told us staff were all caring and kind. One person explained how much fun they had with staff and other people living at the service, they told us they really enjoyed living there.
- Relatives told us all the staff were kind and compassionate about their family member's. One relative said, "My [family member] is happy here, they have their independence and I don't worry about them anymore."
- Staff were considerate about people's human rights and understood about issues related to equality, diversity with regards to people they supported. People were supported to access their religious ceremonies, and there were Bible meetings arranged for people who wished to attend.
- The management team had arranged "Around the world" sessions to support staff to understand different cultures and foods.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported their independence and encouraged them to achieve their goals.
- Relatives said staff supported their family members to be independent and respected their wishes. One relative said, "The staff are great, they encourage rather than dictate."
- All the staff we spoke understood about maintaining people's dignity and spoke of respecting people's wishes and encouraging people to achieve them with their support. Staff explained one person had moved into the service and was now independent in most areas of their life after they received support with learning life skills. One staff member said they would always try to support people to have fun lives and do what people wished rather than dictate to people.

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

- People said they were in control of making the decisions about their day to day support. They said they could do what they wanted when they wanted to.
- People were regularly asked for feedback to ensure they were happy with the support staff provided through regular keyworker meetings. The management team regularly checked their support to ensure people were happy with all aspects of their support. Questionnaires were completed, and people were positive about the support they received.
- Relatives said communication was good, they were involved in how their family member was supported and were kept included and updated by staff and the management team.

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

- People were supported by staff who understood their needs and their preferences and supported them well.
- Staff were knowledgeable about people they supported. Detailed information had been gathered from people and their families to identify each person's support needs, preferences and history.
- Records included clear guidance and information for staff about people's histories and preferences, their health needs and the care people required to manage their long-term health conditions.
- Staff had regular meetings to review these preferences and ensure people had the support they wanted. People and their families told us the management team and staff were flexible and adaptable to meet their needs. One relative told us how their family member had grown in confidence since they had been at the service.

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.

- Staff understood how to communicate with people to understand their wishes through knowing them well. When additional support was needed staff had systems in place to ensure people were supported, for example they had access to technology to support communication needs.
- The management team were aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats as needed.

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 had access to the community and the choice of events and interests as part of their agreed support.
- People told us staff would help them access what they needed. For example, one person said they would chair the regular meetings with other people at the service, and this had improved their confidence.
- People had access to the community, such as volunteering at the Hive and charity shop work.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to.
- The management team had a complaint policy and procedures. They reviewed any complaints to ensure

they acted on concerns raised and established any improvements needed.

End of life care and support

- There were systems in place to work alongside community teams to support people with their end of life wishes.

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; 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

- People and relatives said the management team knew them well and they were approachable. People were encouraged to manage their own support and achieve their own goals. People had regular meetings with staff to ensure their wishes and preferences were known and they were happy with their support arrangements.
- Staff said there was an open and positive culture, led by the management team. All the staff said they could share any concerns and the management team would support them.
- The management team were open and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff. For example, when there had been errors in medicine administration, people and their families (where appropriate) had received a duty of candour letter to acknowledge where improvement was needed.

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

- People shared positive comments about their support and were happy with the service they received. Relatives said their family members were well supported.
- The management team had an overview of the quality of care provided. For example, they reviewed accidents and incidents to ensure they had an overview for trends and potential improvements.
- Staff were clear about their responsibilities and the leadership structure. The management team had systems in place to ensure they fully actioned any concerns.
- The management team understood their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were identified and escalated where necessary as appropriate.
- The management team monitored staff practice ensuring they provided quality care and followed best practice guidance.

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

- People and relatives were encouraged by the management team to feedback ideas and improvements. Questionnaires were completed, and regular meetings arranged for people and relatives both as groups and one to one. Staff had access to technology to enhance communication when needed.
- People chaired their own regular meetings at the service to ensure their areas for discussion were

included.

- The management team spoke regularly with people to ensure they had a good relationship with the staff who supported them. People had a dedicated key worker, member of staff, to ensure people had a consistent voice.

Continuous learning and improving care

- The management team met regularly with the provider to review the service to ensure improvements were established and maintained.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Systems were regularly reviewed to ensure they provided the information required to keep the service provision under review.
- The management team had access to the wider management team across other services to support them and share best practice knowledge.

Working in partnership with others

- The management team and staff had established many links with the community which supported people to access to services in the community.