

Sanctuary Home Care Limited

# Sanctuary Supported Living (Bromley Care Services)

## 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

We carried out an announced comprehensive inspection on 27 October 2016. At our last inspection on 21 August 2014, we found the provider was meeting the regulations we inspected.

Sanctuary Supported Living (Bromley Care Services) provides 24 hour care to people living in their own homes. It provides services for adults with learning and physical disabilities. At the time of our visit, the service was providing support for 17 people at two supported living locations.

There was a registered manager in post. 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.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff. Medicines were stored, administered and recorded appropriately.

There were enough staff to meet people's needs. The provider conducted appropriate recruitment checks before staff started work. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff received adequate training and support to carry out their roles and staff training was up to date. Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). Staff asked people for their consent before they provided care. Staff asked people for their consent before they provided care.

People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People were treated with kindness and compassion and people's privacy and dignity and confidentiality was respected. People were supported to be independent where possible such as attending to some aspects of their own personal care.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Care plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis.

Staff were knowledgeable about people's individual needs. Staff were committed to offering people a good service that improved the quality of their lives and allowed them to be part of the wider community. The service met people's preferences and were innovative in suggesting additional ideas that they themselves might not have otherwise considered. The service encouraged people to take an active role in the local community and actively supported networking. People who used the service were continuously encouraged and supported to engage with services and events outside of the service. There were a variety of activities on offer that met people's needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

There were effective processes in place to monitor the quality and safety of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided. Regular staff meeting took place and people were provided with opportunities to provide feedback about the service . People and staff told us they thought the service was well run and that the registered manager was supportive.

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## 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.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff.

Medicines were stored, administered and recorded appropriately.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

### Is the service effective?

Good ●

The service was effective.

Staff training was up to date. Staff had received appropriate support through formal supervisions and appraisals.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. Staff asked people for their consent before they provided care.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and consideration.

People using the services' privacy, dignity and confidentiality was respected.

Staff encouraged people to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning their care.

Care plans were accurate and people's preferences were correctly documented.

The service met people's preferences and were innovative in suggesting additional ideas that they themselves might not have otherwise considered.

The service encouraged people to take an active role in the local community and actively supported networking.

People who used the service were continuously encouraged and supported to engage with services and events outside of the service.

There were a variety of activities on offer that met people's need for stimulation.

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

**Good** ●

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

# Sanctuary Supported Living (Bromley Care Services)

## **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 announced comprehensive inspection took place on 27 October 2016. The inspection team consisted of one adult social care inspector.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider also completed sent a completed 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. We also asked the local authority commissioning the service for their views of the service.

The service is registered to provide 24 hour care to people living in their own homes who have learning and physical disabilities. At the time of our visit, the service was providing support for 17 people at two supported living locations. We spent time observing the care and support being delivered. We spoke with four people using the service, two members of staff, the registered manger and two deputy managers. We reviewed records, including the care records of four people using the service, recruitment files and training records for three members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe and that they were happy with the care they received. One person said, "Yes I do feel safe." Another person said "I feel safe here knowing that staff are here if I need them."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager said that all staff had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

The service completed risk assessments for each person in relation to medicines, mental health, nutrition, moving and handling, fire and health and safety. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks. For example, one person who used the service was very independent but were at risk of trusting people they did not know so staff reinforced the importance of keeping safe whilst out in the community

We saw medicines were stored, administered and recorded appropriately. Training about the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. Staff did not administer medicines until they had been deemed competent to do so. Audits of people's medicines were carried out on a regular basis to ensure they were correctly administered and signed for. For example a recent medicine audit carried out by a local pharmacist had identified that people's medicines were stored securely in their bedrooms. However, room temperatures were not recorded regularly to ensure that medicines were stored at the correct temperature. This meant that medicines could become ineffective if they were kept at the wrong temperature. We saw that following the audit the service had purchased thermometers for people's bedrooms and temperatures were recorded on a daily basis.

We saw through observations there were enough staff to meet people's needs. One person told us, "There are enough staff, and they are very kind." Another person said "Yes there are enough staff." There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. We checked staff files, which contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity reviewed and criminal record checks undertaken for each staff member. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in

response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the service was up to date. People had Personal Emergency Evacuation Plans (PEEPs) in place. These recorded what measures should be taken for each person if they needed to leave the building quickly. The registered manager told us the fire brigade had attended the service and given people a presentation on fire awareness which included advice about lighting candles in bedrooms. This meant that people using the service had been made aware that candles were a potential fire hazard.

We saw all incidents and accidents for people using the service were recorded, including details of the incidents or accidents, i.e. what happened and what action was taken. For example one person was at risk of injury when mobilising and on one occasion hurt their leg. We saw they were promptly referred to their physiotherapist for support with safe mobilisation. The provider then analysed the number of similar incidents this person had been involved in and found there was a theme. It was established that the person actually had an issue with their eyesight, which was causing difficulty in mobilising safely around the home. The person was appropriately referred to an optician and the person's risk of similar incidents was reduced.



## Is the service effective?

### Our findings

People told us that staff were well trained and competent. One person we spoke with told us "Staff are well trained." Another person said "Yes staff are trained well."

Records we saw confirmed that staff had completed induction and mandatory training in line with the provider's policy. This training included safeguarding vulnerable adults, management of medicines, manual handling, health and safety and managing challenging behaviour. One staff member we spoke with told us "All my training is up to date; I have just done dementia training." Another staff member told us "My training is up to date, I get enough training."

We saw that staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a range of topics including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One staff member we spoke with told us, "I have regular supervisions and find them useful." Another staff member said "Yes I do have regular supervisions; I can raise any concerns I have or talk about training."

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

The provider was aware of the changes in Deprivation of Liberty safeguards (DoLS) following the Supreme Court ruling and was in liaison with local authority to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Records confirmed staff had undertaken mental capacity training. The manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005. From our discussions with staff and management, we found they understood the need to gain consent from people when planning and delivering care. For example, a person using the service told us "[Staff] do ask me if I want them to help me."

Care plans showed that people's capacity had been assessed in regards to making specific decisions about

their daily lifestyles, such as travelling independently. The support plans included a communication passport to ensure staff understood people's communication needs and provided the appropriate support required.

People were involved in choosing what they wanted to eat or drink which helped ensure they had a healthy balanced diet and were protected from risk of poor nutrition and dehydration. People's care files included assessments of their dietary needs and preferences. One person we spoke with said, "I like all types of food, I like curry and ice-cream." Another person said "I'm a very fussy eater, I like plain food. The staff do try to get me to eat vegetables." One staff member told us "I take people shopping and encourage them to eat healthily, some people like the pre-prepared cut up fruit so they buy that."

People told us that they had access to health care professionals when they needed them. Care plans detailed how they were being supported to manage and maintain their health. For example, health professionals such as GPs, dentists, chiropodists, community learning disability teams, physiotherapists, and mental health teams were involved in people's care to ensure the care and treatment they received was safe and met their needs. We saw that staff supported people to attend their healthcare appointments. One person told us "Staff make appointments for me and take me if I need them to." A staff member said "I support people to attend healthcare appointments whenever needed."

# Is the service caring?

## Our findings

We visited one of the two supported living schemes. Staff at the service introduced us to the people living there; they asked people if they would mind us talking with them and people agreed. People we spoke to were very positive about the service and said they enjoyed living there. One person told us "Staff are very caring." Another person said "Yes staff are very caring they are always here for us."

We saw staff engaging with people positively. Conversations were relaxed and friendly. Staff worked calmly when offering support to people, taking their time and offering encouragement. For example, staff reassured people by talking to them calmly and distracting them when they became anxious. Staff showed patience and understanding. The atmosphere throughout the service we visited was calm, friendly and happy.

Staff knew people's histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member we spoke to told us "For example, "One person enjoys visiting the local bakery on a Monday for hot chocolate and a sausage roll."

Staff protected people's confidentiality, privacy and dignity. We observed staff knocking on people's doors and waited for permission before entering their rooms. We saw records stored confidentially. One person we spoke with told us "Staff always close the door when they want to speak to me." One staff member we spoke to told us "I always knock on people's doors and wait for them to answer".

Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One staff member we spoke to told us "I encourage people to do what they can for themselves such as tidying their rooms." One person we spoke to told us "I do all my own washing but know staff are there if I need help." We saw some people were supported in attending leisure groups and day centres to improve their living skills. Other people were supported to travel independently in the local community.

People told us they were involved and had been consulted about their care and support and their individual needs were identified and respected. Care plans contained people's life history and preferences about their care. One person told us "The manager talks to me; I know what's going on." Another person told us "I know what's happening with my care, I want to move into my own place soon." We looked at this person's care plans and found records of the service working towards this with the person's and healthcare professionals involved in the person's care.

People using the service were involved in the recruitment of new staff and sat on interview panels to have a say in the selection of new staff. The registered manager told us that recently one person who was involved in the interviewing process liked both candidates who had been interviewed so much that the candidates were offered a job share by the service which they accepted.

Staff showed an understanding of equality and diversity. Care records showed that people's choices and

preferences including their religion, interests, sexuality, and preferences were recorded which enabled staff to provide a service suited to the person. This person centred approach about how staff delivered the care and support enabled people to respond positively. For example, one care plan recorded how the person was supported to attend a place of worship on a regular basis.

People were provided with information about the home in the form of a service user guide which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home and included the complaints procedure in an accessible format.

People's friends and relatives were encouraged to visit them at the home and vice versa. One person told us "My dad visits me when he can." Another person told us "I will be going home for Christmas."

## Is the service responsive?

### Our findings

People received consistent care that was appropriate to meet their individual needs. People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. Records showed that people were assigned keyworkers to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care. One person told us "Staff know me and what I need, they are excellent."

We looked at four people's care files and saw their healthcare and support needs had been assessed before they moved into the service. Care plans were developed outlining how these needs were to be met. Care plans documented clear guidance for staff on how people's health needs should be met. We saw people using the service, their key workers, and relevant healthcare professionals were involved in the care planning process. People's care plans also contained details relating to their preferred social activities and personal history. For example, we saw one person enjoyed going on holiday abroad. We spoke to this person who told us "I love going on holiday, I have been on a cruise and have been to Italy and Rome." Staff we spoke with demonstrated a good knowledge of people's daily routines. For example what time they preferred to go to bed and wake up. One person told us "Staff always tell me what's happening."

Staff were aware of people individual likes, dislikes and food preferences. For example, one staff member told us that one person using the service did not like spicy food and enjoyed drinking a particular beverage. People were supported to plan holidays to destinations of their choice and could choose staff they wanted to support them on the trips. Staff were responsive to people's requests and rearranged staff rotas to accommodate their needs. This meant people were supported to go on holiday at a time of their choosing.

Staff knew how to meet people's preferences and were innovative in suggesting additional ideas that they themselves might not have considered. For example one person had never been in the sea due to their physical disabilities but expressed a wish to do this. Staff sourced a hotel in Spain that catered for people with physical disabilities and that could arrange for the person to go into the sea. We saw that the service then arranged this holiday for a group of people to experience. The person who expressed a wish to go into the sea had this fulfilled by going into the sea in an aqua wheelchair. This person told us "I loved it". One staff member told us "It was very emotional for all of us as the person cried with happiness when they were lowered into the sea. It was something they would not have otherwise have ever done." We saw photographs capturing this moment. This meant that people had an enhanced sense of wellbeing and exceptional quality of life.

Another person using the service wanted to go camping as they had never done this before. The service is set in large grounds with gardens and woodland, and staff arranged for people using the service to camp out for a weekend in the grounds. People erected tents with staff support and cooked vegetable soup from the vegetables grown in the grounds of the service. People told us that it was "really good fun" and they wanted to do it again. Staff told us that this was an experience that people enjoyed and would not have otherwise been able to participate in. A third person had an interest in classical music with a particular interest in the 'Sound of Music'. Staff found that there was a 'Sound of Music' tour in Austria and the person

was supported by staff to attend the tour. Staff told us that this person would not have been able to experience this tour on their own and watching the joy of their face was priceless.

A range of personalised activities were offered both outside and within the service. Each person had a weekly program of person-centred activities which were recorded in a daily log. Activities for people outside of the service included attending college, leisure camps, attending places of worship and day trips. Activities within the home included cultural nights, movie nights and watching television. One person we spoke to said "There are a lot of activities." This meant people protected people from social isolation and encouraged to participate in activities both within and out of the service.

The service was flexible and responsive to people's individual needs and preferences, and found creative ways to enable people to live as full a life as possible. The arrangements for social activities, and where appropriate education and work, creatively met people's individual needs. For example, one person's ambition was to work for the police force, but due to their care needs this was not possible. The service arranged for this person to volunteer on a weekly with the neighbourhood watch team. The registered manager told us that this had a positive impact on the person as it increased their confidence and felt they had realised an ambition.

A number of people using the team had an interest in photography but due to dexterity issues were unable to hold a camera. The service used the photography skills of a staff member who helped people to capture photographs using a computer tablet. Photographs included people who used the service, animals, and nature. The registered manager told us this was a way of giving people who used the service a voice through photography; it was an insight into the way they viewed the world. We saw that the process of enabling people to carry out this activity which had not been available to them before and the photographs they had taken had been made into a DVD. The registered manager told us this DVD was recently viewed at a local providers' forum and the feedback had been more than positive. The service was also in consultation with library services to have the photographs displayed at the local library. This meant that the service encouraged people to take an active role in the local community and actively supported networking. People who used the service were continuously encouraged and supported to engage with services and events outside of the service.

People involved in the photography activity told us it was a lot of fun and staff helped them achieve something they otherwise would not have been able to do. One person told us "It was amazing; I've never taken a picture before." Another person told us "The pictures are really good, I enjoyed taking them and they are going to the library." A third person said "I was in the DVD; I couldn't have done that without the staff. I feel proud."

We saw the service had an accessible complaints policy in place and available to people using the service. Although the service maintained a complaints folder they had not received any complaints to date, however if they did the manager said they would follow the complaints process to investigate the matter.

We saw that regular resident meetings were held to provide people with an opportunity to air their views about the service. Items discussed included activities, Christmas, holidays and safeguarding. Minutes of these meetings showed they were well attended and their suggestions had been actioned. For example, people said they wanted to go to the cinema and for a meal as a group and they had recently done this. One person we spoke to told us "I like going out with the guys (people who used the service)".

## Is the service well-led?

### Our findings

People we spoke with were happy with the service they received. People were highly complementary about the registered manager and the deputy managers who they said were 'hands on' and approachable. One person told us "The managers are great; they are always here for us". Another person told us "I find [the deputy manager] really easy going...I feel comfortable and relaxed around [staff]."

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. Staff told us that the registered manager and the deputy managers were supportive and operated an open door policy. One staff member said "I love working here, the managers are brilliant and I enjoy working for the company" and another staff member told us "I think manager is great, deals with all problems hands on".

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided to people. Records demonstrated regular monthly audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included medicines, accidents and incidents, care plans, risk assessments and nutrition. A recent internal audit carried out in July 2016 showed the service had achieved 100% compliance.

The home had a registered manager in place who was supported in running the service by two deputy managers. Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input.

Staff described a culture where they felt able to speak out if they were worried about quality or safety. One staff member we spoke with told us "The managers {registered and deputy manager} are the best, they are very good, they listen." Another staff member said "The managers are very good and very approachable." The service gathered the views and comments of people through satisfaction surveys. We saw the latest results of the feedback from people which showed people had experienced high quality care and support and had been highly complementary about the service and the staff.

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings confirmed discussions took place around areas such as audits, activities and training. This meant that learning and best practice was in order for staff to understand what was expected of them at all levels. One staff member we spoke with told us "I attend staff meetings regularly; I can voice any concerns I have." For example, we saw that staff had considered different ways of how people could shop for themselves when they didn't want to go out. We saw that one person using the service had been trained to shop online and this training was going to be offered to all people using the service.

The service produced a monthly newsletter which provided staff and people with information about all provider locations. We saw the latest edition included recipes and an article 'Cooking on a budget'. This meant people were kept informed with information about the running of the service and any changes that

may affect them.