

Sanctuary Home Care Limited







Sanctuary Home Care Ltd - Scarborough

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	

Overall summary

This inspection took place on the 12 January 2016 and was unannounced.

Sanctuary Home Care Limited Scarborough provides care and support to people who live in extra- care-housing accommodation within Jazz Court. Only a percentage of the people who lived at Jazz Court received a service from Sanctuary Home Care Scarborough, though all have had an assessment by the local authority who retained full nomination rights over admissions. The location was purpose built, with communal areas such as a lounge,

library, commercial laundry and a restaurant which is also open to the public. The building was attractive and bright and was set within well landscaped grounds. This was the first inspection of this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People using the service told us they felt safe while staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care to protect them from harm while maximising their freedom.

Staff had undergone a robust recruitment process and received training and supervision to enable them to meet people's needs in a safe and timely way. People's needs were met, which included support with meals and drinks when required. Staff liaised with health care services and external agencies where appropriate.

People's choices and decisions were recorded in their care records. Staff gained consent from people before delivering care. Staff promoted the rights and decisions of people and were aware of the principles of the Mental

Capacity Act 2005. People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their care plans.

People were very happy with the care and support they received. People made positive comments about staff and told us they were kind and helpful. We saw appropriate information was given to people using the service to ensure they knew how to raise concerns, or make a complaint. People also told us they were aware of how to raise concerns. The provider had not received any complaints within the last twelve months.

The service responded to people's individual needs and preferences and care plans reflected the knowledge staff had of each person so that they could be placed in the centre of care.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service. Regular staff meetings were held where they were encouraged to voice their views. They told us that communication was effective and that they felt supported by the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and plans were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

Good



Is the service effective?

The service was effective.

Staff received training and supervision to enable them to provide appropriate care and support.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Good



Is the service caring?

The service was caring.

The staff knew people well and had formed positive relationships with people.

People were treated with respect and regard to their dignity.

People were supported to make choices and decisions for themselves.

Good



Is the service responsive?

The service was responsive.

Staff responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

Good



Is the service well-led?

The service was well led.

The registered manager provided staff with good leadership and support.

Good



Summary of findings

There were developing quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

Staff supported people to comment on and influence the running of the service.

Sanctuary Home Care Ltd - Scarborough

Detailed findings

Background to this inspection

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

This inspection took place on the 12 January 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector. Before the inspection visit, we reviewed the information that the provider had sent to us. This included notifications of significant events that affect the health and safety of people that used the service. Before the inspection the

provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners responsible for funding people that use the service, and asked them for their views, we did not receive any responses. We spoke with five people who used the service, the registered manager, two team leaders and two members of care staff. We also sent out questionnaires to some of the people who received the service and other interested parties. We received responses from four people who used the service and five relatives or friends. We did not receive any responses from health care professionals.

We looked at the records of three people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment, training and supervision records for three staff, a range of policies and procedures, quality assurance audits and minutes of staff meetings.

Is the service safe?

Our findings

People emphasised how safe they felt. One person told us, “We were vulnerable when we lived at our last home, but now we have moved here it feels completely different. We feel safe because the door to the corridor where the flats are have secure code pads”. Another person told us, “They are good looking after my medicines. I did get in a bit of a mess at home, but now I am very pleased to give the responsibility to them. They know exactly what they are doing and they tell me what each medicine is for.” CQC sent questionnaires out to people who received the service. All who sent a response told us that they felt safe. They also indicated that staff did all they could to prevent and control infection.

Staff understood the safeguarding and whistleblowing policies of the service and knew what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their Care Certificate based induction. They then received further more detailed training following this. The registered manager told us that safeguarding was discussed at every staff meeting and meeting records confirmed this.

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us about how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely. For example, we heard that people were supported to take part in activities in the community, such as shopping or involvement in clubs and that plans were in place to ensure the risks were minimised. We heard from staff about a risk plan which addressed one person’s changing needs. This increased the level of support for them so that they could safely continue to attend the on-site restaurant and to go out to local shops. The service had safeguarding champions in place who ensured staff understood their responsibilities in relation to keeping people safe while maximising their freedom.

The registered manager explained how they had a good rapport with the local community police who regularly visited the service and spoke with tenants about keeping safe.

Our discussions with staff showed that staffing levels were sufficient to meet the needs of people supported in their

own homes. Staff were employed for blocks of time. This included time which was not specifically allocated to an individual. This was possible because each person who lived at Jazz Court paid a ‘Peace of Mind’ charge which included contact with staff when there were no specific tasks. Staff told us they had the discretion to use this time flexibly for whoever needed it most. We saw staff talking and engaging in activities with people who received the service. We also saw staff chatting with people in the restaurant and lounges and calling on people in their own flats to check on them. One person told us, “It is lovely to have them around all the time. They often chat with us or suggest doing something to cheer me up. It makes me feel really cared about.” Staff also contacted each person who received the service by telephone every day and we heard a number of monitoring calls taking place where people were encouraged to ask for anything they needed, or let staff know if they were feeling unwell. People told us this reassured them. One person said, “When I was living at my other place, I had none of this and I sometimes felt lonely and a bit anxious, but I don’t feel anxious at all. I know they are at the end of the phone.”

Staff told us that there was never any difficulty with getting from one call to another in a timely way because all people who received the service lived in Jazz Court. There was no impact on travelling time and if there was a crisis or accident then the registered manager could easily call in another nearby member of staff to assist. One person told us how they had fallen in the middle of the night and called for help. Staff were there in a matter of seconds, an ambulance called and they quickly got the care they needed in hospital. The registered manager told us that staffing levels were monitored and were flexible to ensure that people received support when they needed it. Staffing levels were planned in relation to people’s needs, and may for example mean that more staff were on duty if people had more complex needs or if outings or activities were planned. Staff told us that staffing levels enabled them to support people to lead active lives in the community and follow their interests safely.

We looked at the recruitment records for three members of staff. Each applicant completed an interview process which tested the applicant’s knowledge, values and behaviours. We saw essential checks had been completed for each member of staff such as two references and a Disclosure

Is the service safe?

and Barring Service check (DBS), (this is a check to ensure that the service does not employ people who are known to be unsuitable to work with vulnerable people). Staff confirmed this recruitment process had been followed.

We examined the way in which medicines were managed. We saw that the service had a policy on the safe handling of medicines. Staff told us they followed this. All staff received safe medicines handling training in their induction and they received specific instructions from care staff they were shadowing before they worked unsupervised. Further medicines training was up to date for all staff.

When people needed support with their medicines, these were supplied to Jazz Court from the local pharmacy in blister packs unless people had their own risk assessed arrangements in place. Medicines in boxes were accounted for and a running total kept. People's medicines were recorded on care plans, which reduced the risk of error. Staff told us they filled in Medication Administration Record (MAR) charts in each person's home and we saw some examples. These were correctly completed with no gaps in recording. We were also able to check archived records which showed that staff had signed for medicines correctly and that the right medicines were given at the right time. Medicines which were to be administered as needed (PRN)

were recorded and accounted for according to the medicines policy. Medicine handling practice was regularly audited and staff were given feedback individually and in team meetings to improve practice.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed, if this was part of their duties. Staff told us that reviews were to ensure medicines were suitable and safe for current needs. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw that staff had received mandatory training in this area. Staff understood good infection control practice and told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

Staff told us they had been issued with phones so that they could keep in touch with the registered manager or whoever was on duty at any time. There was always a person on duty within the building who was responsible for any emergencies during the day and at night. Staff told us they had immediate access to this support should they need it at any time.

Is the service effective?

Our findings

People told us that staff were effective. One person told us that the staff took them down to the restaurant so that they could see the meal choices and make a decision about what to eat. When they did not feel well enough to eat in the restaurant, staff brought the meal to them in their flat. They said, "I love to go down and choose for myself." Another person said, "The food is amazing." People told us that staff supported them to make decisions about their care, for example, one person told us that staff suggested they could support them to go out shopping which was something they hadn't thought of. They now really looked forward to this time. CQC sent out questionnaires to people who used the service. All who responded told us that the care workers had the skills and knowledge to give them the support they needed, that all the required tasks were completed and that the care they received helped them to be more independent.

The registered manager told us that care workers had received induction that included training in all the essential areas of their work. Records of induction training showed that a number of staff had completed the Care Certificate as part of their induction and that this covered all mandatory areas of training in brief so that staff became familiar with these areas of competence. Care workers told us their core training had been very useful and they confirmed that it included training in health and safety, safeguarding adults, manual handling and other areas essential to their work. Training records confirmed this. In addition to the mandatory training areas staff had also completed dementia awareness and nutrition training so that they could meet people's needs in these areas. The registered manager showed us a training matrix which showed that training was up to date and highlighted when this needed to be refreshed. Training was delivered on line, through face to face in house training and through external providers depending on what was most effective. This showed that staff had the training to offer people appropriate care.

The registered manager told us that all care workers received regular supervisions and appraisals and records confirmed this. Staff told us that supervision was an opportunity for staff to discuss their developmental needs and any issues that affected their work. Staff told us that

the registered manager was available to discuss concerns or to communicate information and that as their work was within the same building as the manager's office it was convenient to call in to gain support.

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

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and DoLS to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect a person receiving the service. Applications to Deprive a Person of their Liberty must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection and therefore there was no requirement to comply with any court order.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. Third party consent forms were also held for such areas as key holding, the use of photographs and information sharing, when this was appropriate. Care workers displayed a good understanding of how and why consent must be sought. The registered manager told us that none of the

Is the service effective?

people they supported had Do Not Attempt Resuscitation consents in place. This was because none of the people who used the service had decided that they wanted this to be put in place.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been incorporated so that staff had the information they needed to meet people's needs. We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent. Risk assessments related to health care needs were in place, for example nutritional needs, moving and handling and falls so that staff had guidance in these areas. The registered manager told us that they had regular eight weekly meetings with the local GP surgery and that the Jazz Court premises was used by nurses to give flu vaccinations so that people did not have to attend the local surgery if they preferred not to. This showed that the service worked in partnership with health care professionals.

Where the service was responsible for needs relating to eating and drinking, care plans included instructions for staff on how to meet people's needs. Risks were assessed and guidance from health care professionals such as the Speech and Language Therapy team (SALT) was included. The registered manager told us that most of the people

who used the service did not have nursing needs and that no care plans required staff to monitor people's food or drink on a chart, though staff would do this if required. Where relevant, care plans included specific instructions about healthy eating plans and shopping arrangements. The registered manager told us of a person who had moved from residential care into the more independent setting of Jazz Court and that they had been fully involved in their assessment of care needs. As a result, they had chosen to go into town to carry out food shopping with staff, which was something they had not done for years in the residential care home. Staff told us that the person really enjoyed this independence and that it had increased their access to choice around their meals.

People who lived at Jazz Court had the option of dining at the on-site restaurant which was also open to the public. People told us that they enjoyed inviting their friends and relatives to have a meal with them, and a number of people told us that they used the restaurant for all their meals. Staff told us they would assist people with getting to the restaurant, bringing restaurant meals to them in their own homes, cooking meals for them or accompanying them to other local cafes according to people's preferences and needs. If people needed specialist diets, this was written in their care plans. For example we saw evidence on care plans of support with fortified diets, diabetic diets and weight reducing plans.

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about their care workers. One person told us, “They are all wonderful, really kind and they take time with you. I can’t fault them at all.” In their responses to questionnaires sent out by CQC everyone who responded told us that their care workers were kind and caring. They told us that they were always introduced to their care worker before they provided care, and that they were always treated with respect and regard to their dignity.

People’s privacy and dignity was respected. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example with their choice of meals and food. We saw that the care plans contained good assessment information that helped care workers understand what people’s preferences were and how they wanted their personal care to be provided for them.

Staff told us that they had completed equality and diversity training as part of the Care Certificate, which covered how to treat people with respect in relation to gender, disability, race or cultural belief. This also covered how to offer person centred care which respected people’s dignity. The information which was given to people on admission included the following statement, “We want your home to be a place where you are comfortable to be who you are and to believe in what you want to believe in without feeling frightened of being left out or teased.” We heard from several people that staff respected their choice to live their lives the way they wanted to.

Staff told us that they always placed the person in the centre of care and considered what the experience of care was like for each individual. One member of staff said, “We always think about what it is like for the person receiving care and put ourselves in their shoes. We really enjoy the time which is not allocated to particular tasks because it means we can chat and spend a bit of quality time with people.”

People were supported to maintain relationships with their families and friends. Staff told us that the facilities on site at Jazz Court had helped with this as people were encouraged to visit and use the restaurant, or to sit with people not only in their own flats, but in the lounges, library and hairdressing salon.

People told us the registered manager and care workers responded quickly to their requests for assistance. One person said, “I know I can call the office whenever I need help. They come straight away and are always so kind about it.” A care worker said, “I always ask people if there’s anything else they need me to do for them. Sometimes a little thing which isn’t on the care plan can make all the difference.”

The service respected the confidentiality of people using the service. People told us that they were sure their care workers did not share information about them inappropriately with other people and respected their confidentiality. Care workers confirmed this with us. Care workers told us that they made sure that confidential information in people’s flats was securely stored and that the information in the office was kept locked away in secure filing cabinets.

Is the service responsive?

Our findings

People told us that the service responded to their individual preferences and needs. One person told us, “The carers really know us well and that makes such a difference. If they see I am feeling well, they may suggest we go out, or have a walk down to the lounge.” People told us that staff arrived on time and stayed for as long as needed. They told us they knew who their care staff were and that they were never left wondering who was coming to attend to them. One person said, “They always ask if there is anything else they can do, sometimes when they just doing a little thing to help it makes you feel so much better.”

People received personalised care and support specific to their needs and preferences. Care plans reflected people’s health and social care needs. People felt they were involved in organising their care plans and described how they had been involved in the assessment and ongoing review process.

People’s care and support needs were assessed by a social care assessor and the registered manager told us that Sanctuary Home Care Ltd and North Yorkshire County Council had come to an agreement that the local authority would assess and have full nomination rights for people coming to live at Jazz Court and to receive a service. Although the local authority carried out an assessment, the service also had their own assessment process so that they could draw up a care plan to meet people’s needs.

Care files were personalised and reflected that people were at the heart of planning their care and support. In the PIR the registered manager told us, “By involving [the person] we can empower them to take control over their lives and deliver a service tailored to them.” For example, some plans had identified specific goals which one person said made them feel positive about the future. Staff commented that the information contained in people’s care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care plans were regularly reviewed and updated when people’s needs changed.

Care files included information about people’s life histories and included their interests and goals. Care plans were very detailed and included the things which mattered to people, such as when they preferred to rise in the morning, or what

their preferred routine was for bathing and getting dressed, their preferred drinks and snacks. In one care plan there was guidance about reassuring a person and giving extra time to those who had just moved into a new flat.

Plans included encouraging people to be as independent as possible and addressed people’s social and recreational needs. The registered manager told us that plans considered people’s financial wellbeing where this was an identified need, and focused on emotional wellbeing and improving people’s quality of life. We saw that plans were holistic in this way. People told us that the care workers supported them in a way which improved their sense of confidence and happiness. One person told us about their patch of garden and how staff understood how important this was to them. We spoke with an activities organiser who was employed by the provider. They told us that they organised outings such as to the Alzheimer’s society ‘Singing for the brain’ afternoon. A member of staff highlighted that they supported a person who enjoyed going out to visit shops in the town which was an important part of their week. There was an active tenants committee at Jazz Court which some people who received the service attended and contributed to with staff support when necessary. This had resulted in social events such as celebration buffets and take away evenings which people said they really enjoyed.

The way Jazz Court was organised supported people to meet their social and recreational needs and promoted social inclusion. We saw people cheerfully interacting with each other in the restaurant, hairdressing salon and lounges on site. The registered manager had an arrangement with the local library to deliver books to Jazz Court library so that they were available to people who used the service.

Care plans identified significant people involved in people’s care, such as their relatives, friends, and health care professionals and identified ways to maintain people’s support networks.

The ‘Peace of Mind’ service meant that support was available at short notice, for example, should an emergency occur or support be needed for a return from hospital. The registered manager told us that when people needed more help, then the care would increase in line with reviewed needs. Staff worked flexibly so that they

Is the service responsive?

could respond at short notice when people needed extra care and people told us that if they fell ill or had an extra task which needed to be done, staff were “always around” and they were on hand to step in.

People told us they were encouraged to raise any concerns or complaints and that these were quickly and kindly dealt with. People were made aware of the complaints system when they started using the service. People told us they knew how to complain and that their concerns had always been listened to and acted upon. The service had not received any formal complaints to investigate. The complaints procedure set out the process which would be followed by the provider and included contact details of

the provider, local authority and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

A number of people transferred to Jazz Court when the nearby local authority home closed down. The registered manager organised the transfer to ensure that people had as much information and familiarity as possible during that process. Staff told us that people had “really surprised them” about the level of independence they had gained following the move. This gave evidence that the service supported people in transition between services, recognised their potential and responded to their assessed needs.

Is the service well-led?

Our findings

People told us that the service was well led. One person said, “The manager often pops in to check on things. She keeps us up to date with what is going on and you really feel you can talk to her.” Another person told us, “They encourage you to have your say, and then they do something about it.” CQC sent questionnaires out to people who received the service. 75% of those who responded told us that the agency had asked them what they thought about the service. All who responded told us that they knew who to contact in the agency if they needed to.

There was a registered manager in place for the service. The service had been operating for just over a year. During this time a number of staff moved to the service from the local authority home which had closed. This included the registered manager. This meant there was a core of staff who had worked together for a number of years which helped people to settle into their new surroundings. People told us that new staff had quickly become valued members of the team. Staff told us and records confirmed that staff turnover was low. This meant that the staff team had consolidated over the past year. Care staff told us that they were very happy with the management arrangements. One member of staff said, “We can talk with [the manager] at any time, she invites us to say what we think and listens to what we say.” Another member of staff agreed, “[The manager] wants things to improve and has people’s interests at the heart of everything.”

Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave. The registered manager told us that every member of staff was invited into the office regularly so that they could see the management team face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team. The registered manager also told us that they operated an open door policy and staff told us they felt confident about approaching the manager at any time. Staff told us there were monthly staff meetings, where they discussed any concerns, ideas and suggestions. Staff meeting minutes gave evidence that staff were consulted and that their suggestions were considered.

The management structure of the service supported the delivery of a quality care service. The registered manager was supported by team leaders, and the registered manager told us how they had regular meetings with senior management who visited the home. The organisation had a dedicated recruitment and central support team which covered finance and payroll and all policies and procedures were developed by the organisation for all locations. The registered manager told us this made them feel they were not isolated and could look to the larger organisation for support both with operational and staffing issues.

The registered manager was aware of the requirement to submit notifications to CQC for a range of incidents and situations and notifications had been sent to CQC and other agencies as required.

The provider had surveyed people who used the service for their views. The results of surveys were collated centrally by the organisation. This meant that the registered manager could not gain clear feedback about how people felt about the support they had specifically at Jazz Court. However, the people we spoke with and staff confirmed that they were regularly asked for their views and that they were encouraged to raise any issues which were swiftly dealt with. They were encouraged to share their views informally and through the regular tenants meetings, which people had asked for the registered manager to attend. The registered manager told us that they conducted a weekly management walk around where people could approach them about anything.

The manager had a quality assurance system in place. We saw a number of internal audits including medicine audits, surveys around meals and staff competencies. These audits were in development and did yet include such areas as infection control or moving and handling. The service had been subject to an internal audit since it opened and this had assessed the service across the five key question areas of safe, effective, caring, responsive and well led. The organisation audit rated the service as good.

The registered manager was clear on the key challenges to the service. They recognised the need to ensure sufficient staff were on duty to operate as flexibly as was required and were developing the quality assurance system. They

Is the service well-led?

expressed a wish to keep on improving the quality of care for people through enhancing the personalised approach of the service and continuing to involve people at every stage of their care and support.