Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Stockwell

Inspection report

Helmi House
43 Robstart Street
London
SW9 0BQ

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 17 May and 2 June 2017. Sanctuary Home Care is an extra care service that provides support to up to 46 people in their own flats in a building based in Stockwell. At the time of the inspection the service were delivering personal care to 28 people.

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 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.

The service had not previously been inspected.

At this inspection, we found the provider had a breach of the Regulation 18 Registration Regulations 2009 Notifications of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

People did not feel they always received care and support from staff that demonstrated compassion. We received mixed reviews about staff approach.

People were protected against identified risks. Risk assessments in place detailed identified risks and gave staff clear guidance on how to minimise the impact of those risks to people. Records showed staff regularly reviewed the risk assessments to ensure they were up-to-date. People were protected against avoidable harm and abuse. Staff received safeguarding training which enabled them to identify and report suspected abuse.

People's medicines were managed safely and in line with good practice. Records showed medicines administered were recorded correctly. The service undertook regular audits of medicines management and errors identified were addressed in a timely manner. Staff could identify the action they would take in responding to medicines errors.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care and support from sufficient numbers of vetted staff. Rotas showed where staff absence occurred, additional familiar staff were bought in to cover the shifts. Staff underwent robust pre-employment checks to ensure their suitability to work at the service. Staff received on-going training to meet people's needs and reflected on their working practices. Records showed staff completed mandatory training and staff felt they could request additional training if required. Supervisions and appraisals were

undertaken regularly and gave staff the opportunity to appraise their performance and set achievable goals for the future.

People received care and support that was person centred. People were encouraged to develop their care plans which were reviewed regularly to reflect their changing needs. Staff told us care plans aided their knowledge of people's needs and preferences and how to deliver up-to-date care.

People's consent to care and treatment was sought and their decisions respected. Staff were aware of the importance of respecting people's decisions. People were supported to maintain their independence and encouraged to do things for themselves if safe to do so. People were treated with dignity and respect by staff.

Where agreed in peoples care plans, staff supported people to access sufficient amounts of food and drink that met their dietary requirements. Staff supported people to access healthcare services to ensure they had their health and wellbeing needs monitored and maintained.

The registered manager sought feedback of the service through regular audits and quality assurance questionnaires. Feedback received was monitored by senior management and an action plan put in place to address any identified concerns. People knew how to raise a complaint and were provided with a copy of the service user guide which highlighted the complaints process.

The registered manager actively sought partnership working. Records confirmed advice and guidance provided by healthcare professionals was shared with the staff and implemented into the care provided.

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. People were protected against the risk of harm and abuse. Staff had sufficient knowledge on how to identify and report suspected abuse.

People received support from sufficient numbers of suitably vetted staff to keep them safe.

People received their medicines in line with good practice.

Is the service effective?

Good

The service was effective. People received support from staff that undertook on-going training and reflected on their working practices to deliver effective care.

People were supported by staff that had sound knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Where agreed in their care plans, people received support to access sufficient amounts of food and drink that met their dietary requirements and preferences.

Is the service caring?

Good

The service was not always caring. People did not always receive support from staff that demonstrated compassion.

People had their privacy and dignity respected and maintained.

People received information and explanations in a manner they understood and preferred.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and reviewed regularly to reflect people's changing needs.

People were encouraged to make choices about the care and support they received. People's choices and decisions were respected.

People knew how to raise their concerns and complaints. Complaints were investigated and resolved in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led. The registered manager did not notify the CQC of notifiable incidents that occurred at the service.

People received support from a service that questioned the service delivery through regular audits. The service sought feedback on the service to drive improvements.

The registered manager actively sought partnership working from healthcare professionals and implemented their guidance.

Sanctuary Home Care Ltd - Stockwell

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 checked 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.

The inspection took place on 17 May and 2 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered and reviewed information we held about the service. For example, feedback from healthcare professionals and members of the public.

During the inspection we spoke with 12 people, three relatives, three care workers, the head of care and the registered manager. We looked at seven care records, seven medicine administration records (MAR), five staff personnel files and other records relating to the management of the service.

After the inspection we contacted three health care professionals to gather their views of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, "I feel very safe." Another person said us, "There's nothing that makes me feel unsafe." A relative told us, "Yes, to my knowledge [relative] has never come to any harm."

People were protected against the risk of harm and abuse, because staff that knew how to identify the different types of abuse and how to report suspected abuse. One staff member told us, "We [staff] have to protect people from any kind of abuse. Write the information down and hand it to the team leader/. Don't question the person, as you don't want to ask leading questions. Be supportive and listen to them. If I reported something and to action was taken, I would contact the safeguarding team, CQC and whistleblow." Records showed care staff responded to allegations of harm and abuse appropriately and alerted the local authority safeguarding team in a timely manner. Staff received safeguarding training and told us this supported them in understanding how to care for people safely and in line with the providers' guidance.

People were protected against identified risks. One person told us, "Yes, we [myself and care staff] will discuss anything that changes [in relation to risk assessments] and what is the best thing to do." One staff member told us, "The risk assessments are there for both people and the staff. They highlight any dangers people may face." Risk assessments were carried out that identified the risk and gave staff clear guidance on how to mitigate those risks. Risk assessments covered medicine management, mobility, health and wellbeing and finances. Risk assessments were reviewed regularly and updated to reflect peoples changing needs. Changes were shared with care staff to ensure they delivered care safely.

People received care and support from sufficient numbers of suitable staff to meet their needs. We received mixed feedback on staffing levels. One person told us, "I've never had to go without care, there is always someone [staff] around." Another person said, "They [staff] do appear to be over worked, as they are always rushing." A relative told us, "I'm not sure how many staff there are. Perhaps there are too many. They [relative] seem to have different carers often, so there's not that much consistency. They [staff] don't seem to have time for anything else as they are so pushed for time." Staff told us there were sufficient numbers of staff to deliver care safely. We looked at the rotas and found all shifts were covered and where shortages were identified these were covered through overtime or bank staff. Staff personnel files contained two references, proof of address, photographic identity and a disclosure and barring services (DBS) certificate. A DBS is a criminal record check providers undertaken to enable them to make safer employment decisions.

People had their medicines managed safely and in line with good practice. One person told us, "They [staff] help me with my medicines, I don't seem to have any problems in this area." A relative told us, "Staff do administer [relatives] medicines. I'm not aware of any errors". We looked at the medicine administration records (MARS) and found records were completed correctly and errors identified were reported to senior staff in a timely manner. Staff were aware of the correct procedures in administering medicines and reporting any concerns to ensure action was taken to minimise any impact on people. The service carried out medicines audits regularly to identify errors and trends.

Good

Is the service effective?

Our findings

People's care and support was delivered by staff that received on-going training to meet their needs. We received mixed feedback about staff's knowledge and skills. One person told us, "Well yes they are trained and know how to help me and they want to." Another person said, "Yes, all the staff here seem to know what they are doing and understand how best to help me. They [staff members] are also very friendly and understanding". However, one relative said, "Some [staff members] are some aren't. Some aren't up to speed with [relatives] needs". We found no evidence to corroborate this statement. Staff confirmed the training they received aided their ability to effectively carry out their role and responsibilities. Records confirmed staff completed a wide range of training, for example, safeguarding, medicines management, moving and handling and care planning.

People received care and support from staff that reflected on their working practices through supervisions and an annual appraisal. One staff member told us, "During a supervision, I say what I need to say and if needed I ask for support, I do get support. In my last supervision we talked about medicines, safeguarding, standards of care and duty of candour. I had an appraisal last year, we set goals for the next 12 months and I have met them." Another staff member told us, "I have regular supervisions. We talk about medicines, health and safety, time keeping and any training needs. We also talk about what plans I have for the next three months. I do find supervisions helpful as they help me to keep learning." Records confirmed staff received regular supervisions and where support was requested, this was given.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. One person told us, "They [staff] do ask me for consent. If I say no they will respect it and not force anything on me." Another person said, "Yes they have to understand I would tell them off [if they don't ask for consent]. I don't mind speaking my mind, but I've never had to." A relative told us, "They [staff] do seek [relative's] consent but I'm not sure on what." A second relative said, "I have witnessed them [staff] asking if [relative] would like some things to be done." Staff demonstrated sufficient knowledge on the importance of seeking consent and respecting people's decisions. Staff confirmed when consent was not given they would report this to the senior staff.

People were supported to have access to sufficient amounts of food and drink that met their dietary requirements and preferences. One person told us, "I have my own snacks, which the carer helps me get. They do all my shopping. Yes they get what I want no problems. Yes drinks too." Another person said, "I have a menu with the choices of food it is not bad. I think the food tastes pretty good. I have no complaints about it." Where agreed in people's care plans, care workers would support people to prepare food and drinks in their homes. The service has a restaurant on the ground floor, which people can access and choose an array of options for a minimal charge. People are able to invite relatives and friends to join them in the restaurant. During the inspection we observed five people accessing the restaurant.

People accessed health care professional services as and when needed. One person told us, "I can arrange my own appointments, but if I needed staff to help me, I think they would." Another person said, "They [staff members] will call the Dr, if I want them too." A relative told us, "The staff have called the Dr for [relative] they didn't share this information with me, but maybe they don't need to." Staff gave us examples of when they would contact the Dr on someone's behalf, for example when someone's health deteriorated. Records confirmed staff had contacted the Dr and district nurses to gather guidance and feedback where appropriate.

Good

Is the service caring?

Our findings

We received mixed feedback regarding staff's approach. Seven people we spoke with told us they found staff kind, caring and compassionate. For example, one person told us, "They [staff members] are caring and always understand when I am a little upset. They will sit with me and make sure I feel better." Another person said, "Always, they [staff members] are very understanding and helpful. I couldn't ask for more. Yes they will try anything to make me feel better." A relative told us, "The staff are caring, understanding and approachable. Staff do listen to [relative's] wishes. They know my relative well and tend to [his/her] needs well. They [staff members] get their job done and they have a conversation and a joke. However, one person told us, "Some of the staff are ok, and will go out of their way to help you. But other's just act like it's their job and they don't really want to be here helping." A relative told us, "Some [staff members] are more caring than others." We found no evidence to corroborate these comments. During the inspection we observed a staff member laughing and joking with one person and was speaking in a caring and emphatic empathetic manner.

People were encouraged to make decisions about the care they received and had their decisions respected. One person told us, "Yes, they [staff members] do listen to my decisions." Another person said, "Yes always. Like I stay in bed for as long as I like. They [staff members] will just come back later to help me." Staff were able to give examples of how they respected people's decisions, for example, one staff member told us, "Sometimes people may not want you to help them at the agreed time. I would ask them when they would like me to return." Staff confirmed people were encouraged to make decisions about their care and people's preferences were recorded in their care plans, to ensure they met people's needs effectively.

People had their dignity promoted and were treated with respect. We received mixed feedback regarding people being treated with respect. For example, one relative told us, "Some [staff members] treat [relative] with respect. Most of them [staff members] are lovely and treat [relative] with the greatest respect and dignity." However everyone else we spoke with spoke positively about the respect shown to them. For example on person said, "Yes, like they will close the door when I am getting changed. Simple things like that." Staff confirmed that treating people with respect was vital in developing relationships. One staff member told us, "I always knock on their door and wait for permission to gain entry. I don't walk in unannounced. When supporting people with personal care, I make sure that the doors and curtains are shut."

People were encouraged to maintain their independence where possible. People confirmed staff supported them to do things for themselves, for example when getting dressed or making their meals. Staff demonstrated sound knowledge of the importance of encouraging and maintaining people's independence. For example, one staff member told us, "It's important that we speak to people first and inform them what we are doing". Another staff member said, "All people to do as much as possible for themselves. Give them time to do things. People are capable of doing some things, that doesn't mean we do it instead for them." Care plans documented the level of support people required, this information was shared with staff to ensure they delivered care that enhanced people's skills.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Prior to using the services, an assessment of needs was undertaken to ensure the service could meet people's needs responsively. Care plans were developed with people, to ensure they were person centred. Care plans were reviewed regularly to reflect people's changing needs and changes were shared with staff to deliver up to date care. We looked at peoples care plans and found these were comprehensive and in date and where possible signed by people to state they had been involved in the development of their care plans. Care plans contained information relating to people's health and social needs, medicines, mobility, history, diagnosis and preferences. One person told us, "I have a care plan and I've looked at it with staff." Another person said, "I think it's [care plan review] every six months or so. I don't remember when [the last review took place." A relative told us, "Yes I have seen [relatives] care plan. When we started we saw it. The folder in the flat records what the staff have done and is available."

People were supported to participate in activities as agreed in their care plan. People who had a care package that included activities were supported to engage in planned activities. Staff also encouraged people to join their peers on the ground floor main lounge to socialise. One person told us, "I just sit and watch television. Yes they [staff members] always offer to take me downstairs to sit with the others, I don't always want to. They [staff members] always respect my wishes." Another person said, "I don't usually feel up to doing anything. Yes they [staff] do try [to encourage me] but I don't want to." During the inspection we observed activities taking place in garden area of the building whereby people were engaging in the activity. Staff were able to demonstrate the actions they would take if they felt someone was becoming isolated, by reporting their concerns to the registered manager and their relatives.

People told us they were aware of how to raise their concerns or a complaint. Six people we spoke with told us they would raise any concerns with the registered manager or a member of staff. However one person told us, they were unsure of how to make a complaint. A relative told us, "I'm aware of who the team leader is and I can raise a complaint. Things are resolved; mostly small things will be discussed and addressed without the need for an official complaint." Another person said, "I have made a complaint to the service. My complaint has been resolved." Upon commencing services people were given a copy of the 'service user guide', this contained guidance on how to raise a complaint and what actions the service would take in response to complaints. We looked at the complaints file and found these had been addressed and resolved in a timely manner and in line with the providers' policy.

People received care that was responsive to their needs. The service had an electronic monitoring system (EMS) in place that monitored the length of time staff took to respond to call bells. We received mixed feedback from people regarding staff responding to call bells. One person told us, "90% of the time staff answer the buzzer within three to four minutes." However, a relative said, "It does take some time for staff to answer the buzzer." We reviewed a sample of the EMS logs between April and May 2017 and found calls were on average answered between two and three minutes. The registered manager told us there was a second line system in place that would ring the service if a buzzer was not responded to within ten minutes.

Requires Improvement

Is the service well-led?

Our findings

People did not always receive a service that was well-led. The registered manager did not always inform the CQC of notifiable incidents that occurred at the service. Safeguarding allegations are notifications that the service is required to tell us about, by law. Prior to the inspection we reviewed information we held about the service and noted that we had not received any notifications from the service. We identified three incidents whereby safeguarding allegations had been notified to the local authority safeguarding team and one which involved the police; however this information had not been shared with the CQC. For example, an allegation of neglect had been raised against the service. The service had shared this information with the relevant health care professionals and investigated by the service. Advice and guidance given by the local authority safeguarding team had been implemented to minimise the risk of a reoccurrence. We shared our concerns with the registered manager who confirmed not sending the notifications to the CQC was an error. At the end of the first day of the inspection the registered manager submitted safeguarding alerts to the commission.

This issue was in breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

People, their relatives and staff spoke positively of the registered manager. One person told us, "I think the [registered] manager and senior staff are ok. They will help you if you ask for help. I can approach the [registered] manager." Another person told us, "I can talk to the [registered] manager if I need to." A relative said, "Yes, I know who [registered manager] is and I can approach her." Staff told us they could meet with the registered manager when they needed to and that she would make time to speak with staff and listened to them. One staff member told us, "[Registered manager] is good. She listens when I talk to her and she is friendly." During the inspection we observed staff approach the registered manager to gather guidance and support. Staff appeared at ease with the registered manager.

Staff completed audits of the service to drive improvements. We looked at records and found audits covered, care plans, medicines management, risk assessments, spot checks and environmental risk assessments. Audits were carried out daily, weekly and monthly and where issues were identified action taken to address them in a timely manner. Records also showed the regional manager completed an annual audit of the service. An action plan was put in place to action issues identified and the registered manager completed a monthly report documenting action taken. We reviewed the local authority quality monitoring report and found the service were taking steps to ensure issues identified were completed.

The service sought feedback on the service provisions through quality assurance questionnaires. Written questionnaires were sent to people and their relatives to seek their views on the care they received. One person told us, "Yes, they [the provider] send me questionnaires. I do think there need to be more options in the answers you can give as sometimes they don't apply. Answers aren't always yes or no." Another person said, "I have seen the questionnaire and I've completed it." A relative told us, "Yes [the provider] has sent me one [questionnaire]." Completed questionnaires were then returned to the provider who sent the registered manager an overview of the findings. However from reviewing the findings it was not possible to ascertain

what feedback the service had received as the findings combined responses for all services. This meant the registered manager was not able to identify specific feedback about Helmi House. We raised this with the registered manager who told us should any concerning information be received this would then be shared with her by the provider.

People benefited from a service that sought partnership working. The registered manager sought guidance and support from other healthcare professionals. Records confirmed advice received from healthcare professionals was implemented into people's care plan to ensure staff delivered up-to-date care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not informed the CQC of notifiable incidents that occurred at the service