

Sanctuary Home Care Limited

John Pounds House

Inspection report

Garratt Lane
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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

This service is a domiciliary care agency. John Pounds House is a supported living service for adults with mental health needs. This service provides personal care for people living in the building spread over three floors and with 20 self-contained flats. There were 19 people using the service at the time of this inspection.

This inspection took place on 12 February 2018 and was unannounced.

At the last inspection, carried out on 14 December 2015, the service was rated Good. At this inspection we found the service remained Good.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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.

There were robust systems in place for monitoring and recording any concerns received in relation to people being at risk to harm. Risk assessments were followed by staff to reduce known risks to people's well-being. Staff undertook pre-employment checks which ensured they were suitable for their role. Staff supported people to learn to manage their medicines independently. Infection control and fire safety measures were in place and followed by staff as necessary.

The staff team was provided with internal and external training which met their role expectations. People were encouraged to learn to prepare their own meals. Thorough initial assessments were carried out to determine if the service was able to support people with their care needs. Staff assisted people to attend their health appointments if they needed support. People lived in self-contained flats that were spacious and suited them. Staff were clear on the actions they had to take if people's capacity was doubted to make their own decisions.

People felt their private life was respected. Staff were caring and listened if people had any concerns that needed addressing. Staff were aware of people's preferences and supported people the way they wanted to be cared for. People had assistance to learn new skills and increase their independence where necessary.

People had their care needs identified and reviewed regularly with the relevant healthcare professionals involved. Staff responded promptly to people's changing mental and health needs. People had action plans in place to support them to build social relationships and interact with other people. Staff encouraged people to share and respect their cultural differences. People raised their concerns with the staff team who took actions to resolve the issues as necessary.

People and their relatives said there was good leadership at the service. We saw good team working practices which included sharing experiences and learning to protect people as necessary. The

management team provided on- going support for the staff team to ensure good service delivery for people. Quality assurance systems were in place and monitored for any improvements required. The service worked in partnership with external agencies to share information and inform people about the services available in the community.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

John Pounds House

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.

This inspection took place on 12 February 2018 and was unannounced. 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 our inspection we reviewed the information we held about the service which included any safeguarding alerts and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also looked at a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service and two relatives. We talked to the registered manager and two staff members working for the service. After the inspection we contacted one health and social care professional for their feedback about the services provided for people.

During the inspection we looked at three people's care plans, three staff files and reviewed records related to medicines management, staff training and recruitment, quality assurance audits and other aspects of the service management.

Is the service safe?

Our findings

People told us they felt safe living at John Pounds House. Comments included, "The security man is here at night, safe building", "I feel safe, because everybody helps everybody", "I'm safe because there are staff 24/7" and "I like the garden, environment is safe, every month health and safety checks."

We looked at the home's system for reporting and monitoring safeguarding concerns raised. Any concerning information received was logged on to the system for keeping a detailed record about the actions taken to support people from potential harm. Records showed that the service took appropriate action to support a person where a safeguarding concern was raised in relation to their finances. There were no opened safeguarding investigations taking place at the time of this inspection.

The service ensured that measures were put in place to reduce known risks to people's health and well-being. People's care plans held information on the current and past risks to people. Risk management plans were available for staff to follow so that people could be appropriately protected. There were risk assessments in relation to people's challenging behaviour to others, self-neglect, alcohol and drug abuse and physical health. The staff team had assessed and regularly reviewed risk's to people allowing them as much freedom as possible as they continued to learn to manage the risks independently. Staff were knowledgeable about the individual risks to people and told us the actions they took to minimise the risks to protect people, for example in helping them to reduce smoking. However, records showed that the likelihood and severity of the risks occurring was not assessed to determine the level and impact of risks on people. This was discussed with the registered manager who told us they would include this information in the risk assessment forms.

A thorough staff recruitment process was followed to ensure that suitable staff was employed to work with people. This included staff attending an interview, providing two references and undertaking a criminal record check prior to starting working at the service. This ensured that the provider had carried out the necessary pre-employment checks to make safe recruitment decisions.

People gradually took control to manage their medicines independently. One person said, "I am self-medicating, but I have checks from staff member every few days." People had individual risk management plans in place that assessed risks around self-managing the medicines. Staff followed a process to support people to take their medicines at the right time and the right dose. To start with staff helped people to take their medicines out of a blister pack and take it as prescribed. Staff's support was reduced as people built their confidence to take their medicines independently. The medicine administration records (MAR) were suitably maintained and included information about the actions staff took if people missed their medicines.

The communal areas were kept hygienic and odour free. We saw the walls being nicely decorated and the carpets seemed clean. Staff undertook training and understood their responsibilities regarding infection control. We observed staff following the service's guidelines to ensure that people were safe from infection. Staff wore gloves to provide hygienic care for people.

Staff supported people to understand their responsibilities to raise concerns as necessary. People were provided with information who to contact if they needed support to stay safe. We saw visibly displayed information that included contact details for CQC, mental health advocacy and social services.

There were measures in place to ensure people's safety in the event of fire. We viewed the latest fire risk assessment report and there were no recommendations made which meant that all actions were taken to protect people as necessary. People had personal emergency evacuation plans in place that included information about the support people required to leave the building in the event of fire. Fire exits and doors were clearly marked and the fire safety equipment was easily accessed by staff if required.

Is the service effective?

Our findings

People and their relatives felt that staff provided effective care at the service. One person said, "They [staff] helped me have my medications." Another person told us, "The staff is good, they are helping me all the time." A relative said, "My [family member] is very well cared for."

People lived at John Pounds House for two years aiming to build skills required to move to a more independent accommodation. People had support to gain knowledge about the community resources available so they would know who to approach should they need help when they moved out from John Pounds House. The staff team encouraged people to build social networks which promoted their inclusion and participation in the community as necessary.

Staff received training that enhanced their knowledge and skills and reflected current best practice. One staff member said the training courses provided were "really good and useful for the job." Another staff member told us they enjoyed classroom based training as they could meet staff from other services and share their experiences. Training provided included safeguarding, medicines management, infection control, moving and positioning, first aid and fire safety. There were opportunities provided for staff to complete the Qualifications and Credit Framework (QCF) training which is a recognised qualification in the social care sector for training staff. This qualification included training on mental health. Staff also received training from the local authority that was focussed on safeguarding procedures to be followed if staff had recognised any signs of abuse to people living at the home. Newly recruited staff were required to shadow more experienced staff to enhance their knowledge of people's care needs and the home's policies and procedures.

Some people received support to cook meals to meet their dietary needs. One person said, "I have a cooker and use it." Another person told us, "I'm cooking my food, staff help me with the shopping." The staff team told us that people living at the service were mostly independent in preparing their own meals. People were provided with cooking equipment so they could cook food in their own flats. Staff provided one-to-one support for those people who aimed to learn new skills and needed support to cook for themselves.

People received person centred care when they were first referred to the service. A registered manager had support from a staff member to carry out an initial assessment to ensure that all information about a person's individual care needs was captured and to determine if the service was able to offer the support they required. People visited John Pounds House to make a decision if they wanted to live at the home. If the placement was suitable for them, the service ensured that the support provided to people was in line with their choices. At the time of inspection the staff team was in the progress arranging a sky connection as requested by a person who planned to move to John Pounds House.

People were supported to access appropriate health care professionals when needed. People said they were able to see their doctor when required. One person told us, "They [staff] get me the doctor if I need." Staff told us they supported people to keep healthy based on their individual needs. Staff booked and attended medical appointments with people if they needed encouragement or assistance to have

conversations with the medical staff. For example, a person required staff support to receive their injections. Records seen confirmed that people were up-to-date with their routine health appointments which included eye checks.

The premises were adapted to meet people's care and support needs. People were provided with a self-contained flat which included a living area, kitchen and a spacious bathroom. One person said, "It's like a little flat and I like it, it's comfortable." Another person told us, "My bedroom is quite big and nice, I have kitchen it's like a studio flat." Flats varied in size and people had a choice to move to another flat when it became available. There was a lounge where people gathered to socialise and spend time with their visitors. People had access to a nicely maintained garden.

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.

We checked whether the service was working within the principles of the MCA. We found that staff had a clear understanding about the MCA process. Staff told us about the actions they would take if they noticed a person lacked capacity to make choices for themselves. They would approach the registered manager for arranging a mental capacity assessment, followed by a best interest's decision meeting if a person's capacity was doubted. A staff member told us it was necessary to involve relevant health professionals and the person's family in the decision making process. At the time of inspection there were no people who required support in relation to the MCA.

Is the service caring?

Our findings

People told us they were happy living at John Pounds House and that staff attended to them with care. Comments included, "They [staff] are good and friendly", "The staff is nice, I've got some friends here", "The staff is like my family" and "I am happy here so much, I like this house". A relative said, "The service is marvellous".

Staff showed concern for people's well-being and ensured they treated people with dignity. People told us their private life was respected. One person said, "They [staff] respect my privacy and my room." A relative told us their family member had "full respect and support." A staff member said they made sure that people's wishes were "respected and they are not forced to do something they don't want. I only administer medication to people if they consent to take it." Another staff member said, "I treat people the way I would like to be treated."

People felt they were listened to. Staff used key working sessions to obtain people's views and plan their care based on their wishes. Comments included, "My key worker listens to me", "We have key worker sessions, I tell what I want" and "I have a very good relationship with the key worker, I have one to one sessions once a month". People had regular meetings facilitated which encouraged them to get together and make group decisions related to the management of the service, for example how they wanted the home to be painted and decorated. One person said, "Every Friday morning and every month we have house meetings, we can tell our concerns and they will resolve it."

Staff were aware of people's personal history and preferences. One person said, "They [staff] know me very well." Care plans had personal information about people, including what was important to them and how they wanted to be supported. Staff ensured that people had their care needs met according to their wishes. For example, a person had their care plan printed in a large font which helped them to read it independently. People were encouraged to maintain important relationships to them. There were no restrictions on visiting times. People said their family and friends visited when it suited them. One person said, "I go to my mum and dad. My mum and dad have been visiting as well when they can."

People were supported to learn new skills so they could carry out activities for themselves independently. One person said, "Staff teach me to do things and help me to look after my flat." A family member said, "[The relative] had learnt to be independent and hopefully soon will be moving out." A staff member said, "We help people to do things more for themselves, get information for themselves and to take their medication independently." Staff told us they assisted people with shopping, laundry and cleaning of their flat. Some people were aiming to get a job. A staff member told us they helped a person to create a CV and to search for a job. The registered manager said that the staff team had advocated on people's behalf when needed. Staff ensured that people were receiving the benefits that they were entitled to and helped them to manage their finances, including opening a bank account and budgeting.

Is the service responsive?

Our findings

People were involved in their care planning and had regular meetings arranged to review their support needs. Care plans were robust and provided information on the assistance people required to stay safe and increase their independence. Staff helped people to complete an action plan that was aimed to set goals that people wanted to achieve. The action plan included information on how people wanted to manage their mental and physical health needs. The service supported people to attend a care planning approach meeting facilitated by their care coordinators. A care planning approach meeting is used to plan people's mental health care and to review people's progress in relation to the goals they set for themselves. In one of the meetings the service agreed to support a person to enrol in a college. Records showed that the actions identified in the meeting were included in the person's support plan as necessary.

Staff responded to people's changing needs promptly where necessary. Staff told us the actions they took if people's care needs increased. A staff member said they called an ambulance or GP for advice if they had concerns about a person's health. Records showed that a staff member had contacted relevant health professionals for their involvement where there were changes in a people's mental health needs. This ensured that people had the necessary support when they needed it.

Staff encouraged people to socialise and attend activities of their interests. People told us they attended a 'coffee morning' which helped them to build relationships with other people living in the home. One person said, "There is a lunch room and we get together for discussions, how to keep safe and fire safety." The service arranged regular movie nights so people could get together in the evenings. An exercise bike was provided for people to use so they could stay fit. People were trained and interviewed new staff members. This helped the provider to determine the applicants' suitability for the service.

People had support to enhance their religious and cultural needs as necessary. Cultural days were arranged for people to share their national food and music and staff encouraged people to dress in their cultural clothing and to speak their national language. Staff supported people to cook vegetarian food and attend a church of their preference if they wished to.

People told us they were able to raise their concerns to the staff team when required. Comments included, "I can speak to any member of the staff if I have a complaint and it will be resolved as soon as possible", "Sometimes I hear music from upstairs, I don't like it. I do tell staff and they stop it", "Sometimes people are banging on the wall but staff is sorting it out quickly" and "I talk to the manager if I am not happy". We saw a complaints procedure being displayed on the notice board for people to use should they need it. There were no formal complaints raised since the last inspection.

People were regularly asked for feedback about the care and support provided by the service. We viewed satisfaction surveys completed in 2017. The survey results showed that most people were satisfied with the care provision. People said they were involved in making decisions and felt treated with respect. Some areas for improvement were also identified, such as people wanted to have more social contacts. The registered manager told us these matters were addressed with people individually and people had assistance to

develop relationships when they wanted to.

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable and available to talk to when they needed it. A person told us, "When something is going to happen the manager talks to us and we ask questions." A relative said, "We have a very good relationship with the manager who is always trying to help us." Another relative said, "The manager is always been there for them [people]."

We saw supportive and respectful relationships by staff. A staff member said the team was "really good and we work together as one." Another staff member told us, "Communication we use is very effective, if anything needs sorting out, it is done quickly." Staff said and records confirmed that staff meetings were facilitated regularly to share experiences and to support learning. For example, case scenarios were used to talk about the necessary actions staff should take if they noticed people being at risk of harm. This ensured that the potential challenges were discussed and staff knew their responsibilities in delivering good care for people.

There was a CQC registered manager in post who understood their responsibilities and supported the team to deliver what was required. We saw a clear management structure in place with shared responsibilities which ensured that actions were carried out to support people as necessary. The registered manager was supported by a deputy manager and together they managed a staff team of four project workers. A staff member said, "The manager is very supportive in terms of training, supervision and if any issues they sort it out immediately." The managers were responsible for supporting staff on a daily basis and also ensured they had regular individual time with staff to discuss their developmental needs. A 'performance improvement plan' was completed and monitored over a period of time if a staff member required additional support in a specific area, for example to enhance their knowledge in supporting people with medicines.

There were comprehensive systems in place to monitor the care being delivered to people. The registered manager had carried out a 'monthly employee file check' to ensure staff's on-going suitability for the role. They also undertook monthly checks on people's care records making sure the records were accurate and completed as necessary. Staff were responsible for undertaking regular room checks to identify hazards and maintenance required. Records showed that the staff team had carried out thorough checks in relation to people's medicines management. They checked daily, weekly and monthly if the correct medicines were administered to people.

The service worked in partnership with other agencies to deliver joined-up care for people. Community resources were used to provide people with information and advice in specific areas. People attended a fire brigade presentation to address health and safety risks. A dental team had also educated people on oral hygiene. The service had contacts with the local library that regularly provided people with books and DVDs.