

Sanctuary Home Care Limited

Romanby Crescent

Inspection report

Ripley Court
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Middlesbrough
Cleveland
TS6 9GE

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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

The inspection took place on 17 January 2018. The inspection was announced. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.

Sanctuary Home Care limited provide care and support to one person living in Romanby Court that is a supported living scheme that contains several flats for people who live independently with minimal support. A 'supported living' setting is where people can live as independently as possible. The care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at one person's personal care and support who was using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

We visited one person in their own home and the atmosphere was very homely, warm and welcoming. The person who used the service was relaxed in their own home and had a very good rapport with their support staff.

The person was supported to maintain their independence on a daily basis with daily living skills and with personal care where appropriate. They had choice and control over their own life from being supported by person centred care approaches. Person centred care is when the person is central to their support and their preferences are respected.

The person was supported to forward plan and also supported to achieve personal goals. They used a tool called an 'outcome star' chart that was used to measure progress made towards reaching their goals.

The person was always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with the person.

The person's support plans were in an easy read format and were person centred. They included a 'one page profile' that referenced the person's history, preferences and described their individual support needs. These were regularly reviewed.

The person was supported to play an active role within their local community by making regular use of local resources including the local shops, pubs and cinemas.

The service provided a communal activity room for the person to access and this was a popular resource.

The service supported the person to access multicultural activities provided in the communal resource that were educational and valued.

We saw that the person was supported to take part in interesting and meaningful activities of their choice. They took part in leisure and social events and staff were constantly looking for more opportunities for the person's to enjoy.

Support plans contained person centred risk assessments. These identified risks and described the measures to be taken to ensure the person would be protected from the risk of harm. This supported the person to do the things they wanted to live their life fully.

The person was supported to maintain good health and had access to healthcare professionals and services. The person was supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

Staff were all trained in equality and diversity and knew how to protect the person from discrimination and also how to exercise their rights. The person had access to advocacy services if required.

Where the person lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act to make decisions in the person's best interests. Where this was required mental capacity assessments and 'best interests' decisions had been completed. Records of 'best interests' decisions showed involvement from the person's family and social worker.

We saw the person was encouraged to prepare meals, eat and drink sufficient amounts to meet their needs. The service was truly reflective of what the person liked and the person was in control of this and chose what they would like to eat.

Infection control measures were in place for staff to protect the person's from the risk of infection through cleanliness and protective clothing where required.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager was supportive and always approachable.

Staff were trained in a wide range of areas required to support the person and they were also able to maintain and develop their skills through further training and development.

The person was supported by enough staff to meet their needs and individually with one to one support.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal audits.

We found the person who used the service and their representatives were regularly asked for their views about the support and service they received at review meetings and coffee mornings.

The person and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 ●

This service is safe

Medicines were stored, managed and administered safely.

Personalised risk assessments were in place to support positive risk taking safely.

There were enough staff to meet the persons needs safely.

Is the service effective?

Good ●

This service is effective

Staff were trained in areas suitable to support the person effectively.

The service ensured the person had regular access to healthcare services.

The person was supported to maintain a healthy lifestyle and their nutrition and hydration needs were met.

Is the service caring?

Good ●

This service is caring

Staff were kind and caring and had a good rapport with the person who used the service.

Independence and choice was valued by staff and made a part of everyday life for the person.

The service provided multicultural events for people to attend to learn about different religions and cultures.

Is the service responsive?

Good ●

This service is responsive

Support plans were person centred, easy to read and regularly reviewed with the person.

Information was provided in an accessible suitable format for the person who used the service.

The service supported the person to be involved in staff recruitment.

Is the service well-led?

Good ●

The registered manager was approachable and
Staff felt valued by the service.

The registered manager monitored the service through regular
audits and checks.

Staff were supported by the registered manager who held regular
team meetings.

Romanby Crescent

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 17 January 2018 and was announced. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

At the inspection we spoke with the one person who used the service at their own home. We spoke with the registered manager and three support staff. We also made phone calls following the inspection to a social worker and two relatives.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, safeguarding notifications and complaints. We also contacted the local authority who commissions the service. We also requested a provider information report. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with the person who used the service and with each other. We spent time observing the care delivered at the service to see whether the person had positive experiences. This included looking at the support that was given by the staff, observing practices and interactions between staff and the person who used the service.

We also reviewed records including, three staff recruitment files, one medicine records, safety certificates, one support plan and daily records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

The person who used the service we spoke with told us that they felt safe being supported at home by the service. They told us, "I am safe here [staff member] looks after me."

We also spoke with relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was safe. One relative told us, "Yes no question, [name] is safe."

The person who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included; taking medicines, anxiety, falls and accessing other healthcare professionals. Staff were knowledgeable about the risks to the person's and what they should do to minimise the risks.

Assistive technology was in use at the service and the person used a fall monitoring system that would sense if they had a fall and then this would alert the staff intercom system.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would report any safeguarding issues to the manager straight away. I have reported issues in the past and they were dealt with straight away."

We saw there was enough staff on duty to support the person's on a one to one basis. Rotas confirmed there was a consistent staff team and a low turnover of staff.

We looked at two staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

The person's medicines records contained safety and allergy information. Medicines administration records were completed when medicines were administered to the person's and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed regularly.

The person who used the service told us they received their medicines on time and in a safe manner they

told us, "Yes [staff member] puts the tablets in my hand for me, I might drop them." They also had clear direction in place for medicines that were taken 'as and when required' and for topical creams.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored. Staff had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food and trained in infection control.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet the person's needs. We found that there was an established staff team, when we asked the person who used the service about the staff, they told us, "[Staff member] is good, when I want the staff I ring them and they come."

We saw how the person was supported to access other healthcare services and attend appointments. The person had a hospital passport in place that is an easy to read document that holds vital information about the person and is passed over to healthcare professionals when attending hospital.

The person was supported to make choices regularly and this was observed during the inspection. We saw the staff ask the person to choose upcoming activities and this was discussed and explained to the person to enable them to make an informed choice.

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to the person's needs. Each staff member had their own training list that the registered manager monitored. Courses included; positive behaviour support, autism awareness, learning disability awareness. These were in addition to course which the provider deemed mandatory; Equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff they were complimentary about the training they received and told us; "The support you get is good, you get more training and that gets you to progress, I really like that." And another told us, "I have had good training so far, it is easy to go through. My name is down for some more soon."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know the person who used the service before working with them.

The person who used the service was supported to have a healthy diet and make healthier choices when shopping for food, planning meals and eating out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of the person who may lack the mental capacity to do so for themselves. The Act requires that as far as possible the person 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 person who lacks mental capacity to consent to arrangements for necessary care or treatment can only

be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection one application had been made to the court of protection to support a person with their finances. Staff were all trained in the Mental Capacity Act .

Is the service caring?

Our findings

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. The person who used the service told us, "The staff help me when I shower they make sure I don't lose my balance." The staff we spoke with told us, "We always make sure privacy is protected we close the curtains and make sure no one can look in."

The person was supported by caring staff and during our inspection we observed kind and considerate interactions. The person told us, "I like the staff they listen to me and that makes me happy, things like that." They also made us aware of how staff helped them when they became anxious in certain situations and would play their favourite music to them on their phones to offer comfort.

Independence was promoted and we observed staff offering support to the person and encouraging them to be independent, for example, by letting them show us around their home themselves, and making choices as part of everyday life. One member of staff told us, "[Name] has improved their skills from us supporting their independence. [Name] has learned so much especially daily living skills and can do so much more now. We are still there supporting that independence."

The person was involved in their care and took part in monthly meetings to go through their care plan and make any changes that were needed. Families and social workers were also included in the process. We spoke with the person's social worker and they told us, "We have supported [Name] with his outcomes and the things he has learned and the staff work together to keep it going. We recently met to make changes to hours and now [name] is happy with that."

The person was supported to have choice and control and was supported on a daily basis to make their own choices regarding all aspects of life. We saw this in their care plan and also when we spoke with them. They told us about how they chose what activities they did and where they went shopping. One member of staff told us how important choice is, they told us, "By helping [name] to make choices, they can chose what they want to do every day."

Staff were trained in equality and diversity and the staff we spoke with were knowledgeable and told us how they would protect the person they supported from discrimination, one staff member told us, "We have a duty of care to report anything like discrimination, if we see it we would report it and record it."

The person was supported to maintain relationships outside of their home and staff supported this. They would call their relatives and visit and this was encouraged.

Advocacy support was available to the person if required to enable them to exercise their rights. The registered manager told us, "We have contacts and know how to arrange advocacy if needed. We also support self-advocacy as [name] knows what he wants and can let you know."

The person using the service did not require support to follow a particular religion, however the service

provided multicultural educational, fun events for the person to attend and these were valued, they covered food, culture, music and religion.

Is the service responsive?

Our findings

The person was supported in a person centred way. Their support plan was developed in partnership with the person and was a very accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into the person's background and included a one page profile with photographs for quick reference.

The care plan was reviewed regularly. We could see how the service approached care planning and reviews in an easy to understand way to engage the person's in the process. This process included the following statements; 'How to support me, My task list, This is me and My care plan'.

The person's was empowered to set themselves goals that were personalised and they were supported to achieve them. When we spoke with staff they confirmed that they always encouraged the person's to achieve their goals no matter how small. We saw in their care file how they had an 'outcome star' model in place that was used to help track progress towards goals set. One example was planning a trip to the local football ground to watch a game and other was to learn how to do their washing.

The person took part in meaningful activities and the person told us how they valued these. They told us how they liked music and using their phone to watch videos. They also enjoyed going out in staff member's cars to local football games and out in the local community.

Staff were recruited with involvement from the person who used the service, the registered manager told us, "[Name] was involved in all the recruitment of their staff. They used smiley faces to score people and asked questions that were important to them at the interviews."

Regular relatives meetings took place to enable relatives to meet with the registered manager and raise any concerns, share ideas and have open discussions to improve the service. These took place regularly and were relaxed coffee mornings.

The person's preferences were adhered to and staff knew how to respond if the person didn't like something about the service. The person's, their relatives and staff knew how to complain if they needed to. A relative told us, "I have brought things up in the past and I am happy they have been sorted." The social worker we spoke with told us, "They have been very good if the family contact me I can raise it and it will be resolved."

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the registered manager. They told us, "It is a difficult area to bring up with people and their families and we don't have anyone approaching this at the moment."

Information was provided to the person in various formats and we saw examples of 'easy read' care plans, tenancy agreements, complaints procedures, minutes of meetings and goal planning. These had been compiled using photographs, large print and manageable text that was appropriate. The registered manager told us; "I am going to be the easy read champion for Sanctuary and I will be a source of

information for people to come to for help with easy read in the area."

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in post. We asked for views on the management of the service and received positive feedback. One relative told us, "The [registered] manager is quick to act if we raise anything."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the person who used the service. We saw the minutes of these meetings and could see how the person's needs were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager explained to us how the staff supported the person to maintain links with the local community and make use of local amenities regularly, for example using the local shops, pubs and community and social clubs. When we spoke with staff they confirmed this and told us; "We go all over where ever [Name] wants to go and they have friends in the local pub. We go to the local cinemas often and they know all the staff in there."

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing staffing, health and safety and the building/environment. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider. These were carried out in line with the CQC key lines of enquiry and also ratings.

The provider was committed to improving the organisation and the support for the person. The registered manager told us; "We have worked with [name] and improved things to suit them, like changing their hours to best fit and to spread them out throughout the day." One relative of the person who used the service we spoke with confirmed this and told us, "Name is happy now they have their hours later into the day."

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, relatives and stakeholders of the service.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to the person's health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

The registered manager had informed CQC of significant events, changes or incidents which had occurred at the home in line with their legal responsibilities in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.