

Sanctuary Home Care Limited

# Sanctuary Supported Living - Studfield Court

## Inspection report

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Date of inspection visit:  
25 August 2016

Date of publication:  
30 September 2016

## 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 announced inspection was carried out by one adult social care inspector on 25 August 2016 and was the first inspection of Sanctuary Supported Living-Studfield Court since it was registered in September 2014. This inspection was announced to enable us to meet the people living in supported living arrangements in their own homes, was in consideration of their needs and to ensure they would be available to meet us.

Sanctuary Supported Living-Studfield Court is a domiciliary care agency that is registered to provide personal care to people with learning disabilities who have low to medium support needs and who live in supported living arrangements. Studfield Court comprises of eight fully furnished self-contained flats (four of which are on the ground floor with wheelchair access). The service is situated in a quiet residential area close to local amenities and public transport links. The service provides support to people to live in their accommodation, with their own tenancy agreements. The aim of the service is to provide people with support they need to live as independently as possible. The service is not staffed overnight but people can access a telephone contact for emergency support at all times.

The people who used the service received individual bespoke support hours depending on their assessed needs, following an assessment by the local authority who commissioned the service. At the time of our inspection there were two people receiving personal care from the service.

There was a registered manager for the service, however they were on a long term leave of absence and we found a deputy acting manager had been appointed to cover whilst they were away. 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.

We found people were safe because risk assessments were completed when they started using the service to help staff support them and keep them free from potential harm. Safe recruitment procedures were followed to ensure people were not exposed to staff who may pose a potential risk to their wellbeing. Safeguarding training had been provided to ensure staff knew how to recognise and report possible harm. Sufficient numbers of staff were available to meet people's needs who we were told were reliable, consistent, did not rush people and provided their medicines when it was required. There were business continuity plans in place for use in emergency situations.

People were supported by staff who had received a range of training to ensure they could effectively meet people's needs and promote their quality of life. Opportunities were provided to enable staff to develop their careers and ensure their performance was regularly monitored through a programme of supervision and appraisals. The service followed the principles of the Mental Capacity Act 2005 to ensure people's human rights were legally protected.

People were treated with dignity and respect by care staff who people told us had a caring and supportive approach and knew them well. Care staff promoted people's independence and understood their individual needs and preferences to enable a personalised service to be delivered. People's nutritional needs were supported by care staff who ensured their rights for privacy were upheld and their confidentiality was maintained. People had opportunities to participate in a range of social activities to ensure risks of social isolation were reduced and their personal wellbeing was promoted.

People were encouraged to provide feedback about the service to help the registered provider develop and improve it. An accessible complaints procedure was available with pictures and words to help people understand about their rights and ensure their concerns were addressed and followed up when required. Regular management audits were carried out to enable the quality of the service to be assured and for action to be taken when needed to help the service continually improve. There was an open and inclusive culture within the service and staff said they enjoyed their work.

## 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

Positive relationships existed between people who used the service and staff who had been safely recruited to ensure that people were protected from avoidable harm and did not pose a potential risk to vulnerable adults.

Arrangements were in place to enable staff to manage potential risks and help ensure people were protected from harm.

Accidents and incidents were monitored to ensure people's wellbeing was promoted.

Sufficient staff were available to meet people's needs that had received training on how to administer people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received a range of training and professional supervision to ensure they were clear about their roles and knew how to effectively promote people's quality of life.

People were supported to make choices and decisions about their lives. The principles of the Mental Capacity Act were followed to ensure people's legal and human rights were protected.

People's nutritional needs were appropriately supported and healthcare professionals were involved with them when this was required.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and consideration to ensure their privacy and dignity was maintained and people's confidentiality was respected.

People had positive and friendly relationships with staff who promoted their independence and knew what was important to them.

### Is the service responsive?

Good ●

The service was responsive

People's needs were assessed to ensure their support was delivered in a personalised way.

People were supported to engage in social activities in order to reduce risks of potential social isolation

People's views were taken seriously and they were able to raise concerns or complaints and have these investigated when this was required. People were encouraged to participate and provide feedback about the service.

### Is the service well-led?

Good ●

The service was well-led.

Management systems were in place to enable the quality of the service to be monitored and take action when required to help it to learn and develop.

People and staff told us that management was approachable and listened to their ideas and suggestions.

Staff were positive and enjoyed their work and there was evidence of an open and inclusive culture within the service.

# Sanctuary Supported Living - Studfield Court

## **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 of Sanctuary Supported Living-Studfield Court was carried out by one adult social care inspector, took place on 25 August 2016 and was announced. This enabled us to meet the people living in the supported living arrangements, was in consideration of their needs and ensured they would be available to speak with us.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and what improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded appropriately to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to our inspection, to ask for their views on the service and whether they had any on-going concerns.

During our inspection, we spoke with the two people who received personal care from the service in order to obtain their views. We also spoke with two other people who lived in the supported living accommodation but did not receive any personal care support from the service. We looked at the care records of the two people who used the service and observed how staff interacted with people during our visit.

We spoke with the deputy acting manager, an area service manager who was providing support for them, a project worker and a member of temporary staff from an employment agency who was providing additional cover whilst a further project worker was recruited. We also looked at a selection of staff records and other management records relating to the running of the service. Following our inspection visit we spoke with a social care practitioner who had been involved with a review of a person who used the service, together with a duty member of social services staff.

# Is the service safe?

## Our findings

People who used the service told us they trusted the staff and felt safe with the support that was provided to them. One person in the supported living project told us, "Staff come and check on me every day for my health and safety and make sure that I'm OK." They went on to say how staff supported them to take their medication and said, "Staff check to make sure I have taken my medicines and tell me what it is for."

We observed positive relationships existed between staff and people who used the service and saw that people appeared relaxed and trusting of staff. We saw that people called in and out of the office to chat with staff or used a board on display in the reception area to alert staff when they were going out. One person told us, "I feel safe and I trust the staff. We have regular monthly meetings to discuss who to phone if things go wrong or we have worries about possible abuse. They give us leaflets about it."

We saw evidence in people's personal care files that a range of assessments about known risks to them were completed when they started using the service to ensure staff knew how to support them safely and keep people free from harm. We saw these assessments were reviewed and updated on a regular basis and included details; such as people's domestic and home environment, management of their medical conditions and abilities to mobilise. The area service manager told us, "People are encouraged and supported to do the things they like to do and what they want to be involved in. Where there is risk staff and people assess the risk together and look at strategies to reduce and manage the risk. This approach ensures choices from people are not being removed by being too risk averse."

There was evidence in staff files that appropriate recruitment procedures were followed before offers of employment were made. We saw that character and employment references of potential employees were followed up; checks of their personal identity and past work experience, together with clearance from the Disclosure and Barring Service (DBS) which we were told were renewed on a three yearly basis. These ensured risks from staff were minimised and that they did not pose an identified risk to people who used the service. We found the registered provider encouraged the active participation of people who used the service in the selection of staff who would be supporting them and saw a notice on display about training for people that was due to take place on this.

Staff told us that training in relation to the protection of vulnerable adults and children, was provided to them as part of their induction to the service. We found this training was regularly updated to ensure staff knew how to report issues of potential concern and that safeguarding procedures were available for staff to follow which were aligned with the local authority's guidance and procedures on safeguarding adults and children. Staff were aware of the different forms of abuse and were clear about their roles and responsibilities in this regard. Staff confirmed they were aware of their duty to 'blow the whistle' about potential concerns or incidents of poor practice. They told us they would raise concerns with the management and were confident that appropriate action would be taken if this was required. The area service manager told us, "The service positively promotes safeguarding to people to raise their awareness around what is abuse and how to avoid harm." We saw an incident had occurred prior to the service being



registered for the provision of personal care, concerning the alleged loss of a sum of money which belonged to a person who used the service. We saw evidence this issue had been appropriately reported to both the police and the local authority as a safeguarding concern. The area service manager confirmed they were aware of their duties to notify the Care Quality Commission (CQC) of similar incidents in the future to enable the service to be monitored and action to be taken to follow these up.

There was evidence people who used the service were assessed at the start of their use of the service to ensure it was appropriate for supporting their needs. We found information was maintained to enable the quality of the service to be monitored in accordance with people's assessed needs and ensured this was delivered by appropriate numbers of staff and in a consistent way. We found that staff had a good understanding of people's needs and received training on a range of issues to ensure their health and safety was appropriately maintained and promoted.

We found that one person who used the service was supported to take their medicines. We saw that Medication Administration Records (MARs) were used by staff to record when these had been taken or refused by the person. The MARs we saw had been signed accurately and were up to date. We saw that training about the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. Audits of people's medicines were carried out on a regular basis to ensure they were correctly administered and signed for. We found that where medicine errors had been identified, investigations were completed to minimise them from reoccurring and enabled staff learning to be gained. We found that systems were in place for analysing and recording incidents and accidents to enable the registered provider and staff to learn from mistakes and develop an improved service.

Arrangements were in place to ensure people's environment was kept safe and well maintained. There was evidence that equipment was appropriately serviced and that business continuity plans were in place for use in emergency situations, such as outbreaks of fire or breakdowns in essential utilities like water, gas or electricity. Personal emergency evacuation plans were available for each person. People told us that whilst the supported living scheme was not staffed at night, they had access to an emergency contact for the service if this was required.

The area service manager told us about plans to develop the service to ensure people were safe and enable them to access the local community. They told us, "We will continue to keep links with agencies such as local police and fire brigade and invite them to house meetings."

# Is the service effective?

## Our findings

People were positive about the service they received from Sanctuary Supported Living and said their quality of life had been promoted whilst living at Studfield Court. People told us they were encouraged to eat a healthy and balanced diet and could access healthcare services with support from staff who were skilled in meeting their needs. One person told us, "Staff help me with cooking and shopping for my meals." Another person said, "I have to keep my weight down and the staff help ensure I have a healthy diet."

Staff told us a range of training was provided to ensure they had the skills needed to work with people who used the service. Staff training records contained evidence of completed 'e' learning courses on a variety of mandatory topics, including dementia awareness, fire safety, first aid, food safety, health and safety, infection control and the Mental Capacity Act 2005. We saw additional training provided included annual refreshers concerning the protection of vulnerable people from potential harm, the safe handling and administration of medicines, together with others concerning people's specialist needs. A member of staff told us the deputy acting manager was, "Very up on training" and was good at ensuring staff completed their mandatory training as required. We saw evidence of this in the home's training statistics.

We found an induction was in place for new staff to follow to ensure they were equipped with the skills and knowledge to effectively perform their roles. We were told all new staff who did not possess a level 2 qualification or above in health and social care had to complete the induction programme that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours to provide people with compassionate, safe, care and support. The area service manager told us new staff were not permitted to work on their own until it was agreed they were proficient to do so and that direct observations of staff were to be introduced in the coming year to ensure they continued to be competent to work with people. We found the registered provider had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. We spoke to the area service manager about this and they advised they would find out if this could be arranged.

Staff told us they received regular supervision and appraisals of their performance involving meetings with senior members of the staff to discuss their learning and professional needs. Staff confirmed they were encouraged to undertake external qualifications to help develop their careers and ensure they had the knowledge and skills required to enable people's health and wellbeing to be effectively promoted.

People who used the service confirmed staff consulted and involved them in decisions concerning their support. They told us staff communicated effectively with them and sought their permission before undertaking personal care tasks to make sure they understood what was involved and that they were in agreement with this. Documentation about obtaining consent from people was available in people's care records that had been signed by them to demonstrate their agreement with issues concerning the provision of their personal care and 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. For people who need help with making decisions and who live in their own homes or in supported living, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found the registered manager understood their responsibilities in this regard.

We found the service had policies and procedures on the MCA and Deprivation of Liberty Safeguards (DoLS) and that staff had received training on these issues. Staff told us they understood that people had the right to make their own decisions whenever this was possible. People's care records we looked at contained evidence that they and those with an interest in their lives had been involved and had been included in reviews and decisions about their support. We found that following a review that took place in 2010 with their social worker, one person had agreed their finances could be managed by the local authority. We were unable to find evidence of this agreement in their file; however the area service manager told us they would arrange for a copy of this agreement to be obtained.

The area service manager told us no applications had been made to the Court of Protection at the time of our inspection and that the people they currently looked after had the capacity to make decisions about their care and welfare. People confirmed they were not subject to any forms of restriction or restraint and were able to come and go as they wished. We observed this throughout our inspection visit with people freely choosing to spend time where they wished, including accessing the local community when this was required.

Staff told us that training on nutrition and food safety was provided to ensure they were aware of safe food handling techniques. Staff told us they provided support and encouraged people to maintain a healthy diet to enable their nutritional needs to be appropriately met. The area service manager told us, "People are involved in monitoring their health for example; one person wanted to go on a weight reduction programme and they now regularly monitor their own weight and work with staff to look at healthy menu planning."

There was evidence in people's care records of a range of support plans that had been developed to address their individual medical conditions and healthcare needs. People told us they were happy with this aspect of their support and confirmed the service worked in partnership and involved them in decisions about this. We saw evidence of liaison and involvement with medical professionals where this was required and were told that where it was needed, people were supported to attend appointments, for example GP's, dentists or opticians.

# Is the service caring?

## Our findings

People who used the service were positive about the care and support they received from staff. They told us staff were kind and supportive and helped them to be as independent as possible. One person said, "Staff help me to do jobs like doing the vacuuming and laundry." Another person commented, "I have a bank account and staff help me with budgeting and sorting my money out."

We observed interactions between staff and people that were polite and respectful and it was evident that people who used the service had good relationships with staff who knew them well. We observed staff demonstrated patience and sensitivity when supporting people to ensure they were clear about what was said and that people felt in control of their lives.

We were told that dignity and respect was central to the way support was provided by the service. Staff advised they spent time getting to know people in order to understand what was important to them, including their personal likes and preferences in relation to their needs. Information in people's care files demonstrated an approach was adopted that was personalised to meeting their individual needs and enabled people's independence to be promoted. People told us they were supported by staff who knew their preferences about how their care was delivered to ensure they had continuity of support. They also told us they were supported to be involved and participate in decisions concerning their support by staff who showed consideration for their wishes and feelings. One person stated, "Staff assist me well and don't rush when they are helping me."

We found people's support was flexibly delivered at times that were tailored to meeting their individual needs. We were told that one person who lived at Studfield Court was out at work when a scheduled activity was due to take place, so this was arranged to start later so they could participate in it. There was evidence people had access to various community advocacy services, which ensured they received independent advice and support if this was required. The area service manager commented, "We ensure people have a voice in decisions about their support and that when required they have appropriate access to relevant external agencies to complement the care and support they receive."

Information was available to help people know what to expect from the service and who to contact if this was needed. The communal areas in the Studfield Court included notice boards with details advertising local events and activities coming up, health and safety issues and a range of policies that were relevant to the service. Details were displayed of regular monthly meetings for people to participate in and contribute their views and help the service develop, whilst enabling their wellbeing to be promoted. We saw this information was available in accessible easy read formats, using pictures and words to help people understand.

We found staff respected people's wishes for privacy and that people were encouraged to personalise their accommodation in the way that they chose in order to make it as homely as possible. We were told there were no visiting restrictions and that people were able to have friends and relatives to stay overnight if they

wished.

We found that care staff respected the need to maintain people's confidentiality and did not disclose information to people who did not need to know. We saw that personal information about people was securely maintained.

We saw a recent comment from a relative about staff that stated, "I cannot thank them enough for the support they have given [Name]. It has given them a new lease of life. They are helping him with lots of new life skills, such as cooking and how to eat more healthily. They are assisting with how to budget his money and shopping. Not only are they learning new life skills they have also got a social life which they previously didn't have."

## Is the service responsive?

### Our findings

People told us their support was flexibly delivered and personalised to meeting their needs. They told us they were able to participate in a variety of activities to ensure they had opportunities for social interaction and reduce risks of possible isolation. People told us about a recent holiday that had been arranged by the service and said they enjoyed attending various events that were organised, such as barbecue evenings and world food nights.

People told us they were happy with the way their personal care was delivered and were confident any concerns or complaints would be appropriately addressed. One person told us, "If I had any complaints I would write it down and place it under the office door. I feel sure they would listen and do something about it."

A social care practitioner who had held a review of a person's support commented positively on the progress this person had made and said, "Staff knew [Name] very well and responded to his needs appropriately." Officers of the local social services department confirmed staff maintained regular contact with them to ensure they were kept informed of any concerns about people.

There was evidence assessments of people's needs were carried out when they first moved into the supported living scheme. We saw that plans of support had been developed from these assessments to ensure people's support was provided in an individualised way. We found that people were actively encouraged to be involved and included in the development of their plans of support, to ensure their wishes and preferences were respected. People's plans of support focussed on their personal strengths, preferences and aspirations and contained details about who was important to them, together with information about their life histories. This helped care staff get to know and understand people in order to help deliver a service that was tailored to meeting their needs.

People who used the service told us staff involved them in making decisions about their support including, things like cooking and choices of food, help with cleaning and personal care to ensure their wishes for independence and self-control were upheld. We saw that assessments about known risks to people had been developed to help keep them safe from harm and make positive decisions about these with involvement from professionals in the community where this was required. There was evidence that people's plans of support were reviewed and evaluated on a regular basis to ensure they were kept up to date.

People told us they were consulted about their views of the service to enable the registered provider to learn from shortfalls and help develop the service delivery. The area service manager told us, "We value people's feedback whether it's about activities they wish to do or on the service provision. We have a suggestion box and house meetings where people can voice any concerns they have whilst giving the staff the opportunity to put things in place to address issues." Policies and procedures were in place in relation to making a complaint about the service to ensure people's concerns were acted on and listened to. We were told this

information was available in an accessible format to help people understand about their rights. We saw evidence the registered provider followed up people's concerns and used complaints or feedback as an opportunity for learning and improving the service. We saw the registered provider had worked to include a person who had recently made a complaint to enable this to be resolved in a way that was satisfactory for them.

A recent relative comment in the compliments book about the service stated, "Before moving to Studfield Court my brother was very isolated with very little social life. The transition was made so easy by the wonderful staff and their amazing understanding and support. The staff at Studfield Court help him to live a fulfilling and independent life. He now has friends and a social life unlike before."

# Is the service well-led?

## Our findings

People told us that management at the service was approachable and they were confident that issues would be acted on when it was required. People told us they were happy with the service and confirmed they were satisfied with the way their personal care and support was delivered.

Staff were positive about the service and said they enjoyed working at Studfield Court. They told us they received good support from the management and that their views were taken seriously. A project worker commented, "I have worked here for four years. It's an enjoyable job, I like working here." They went on to say, "[Deputy acting manager's name] does a really good job. They really listen, I definitely feel I can go to them about things and know they will get things done."

We found the registered manager was currently off on leave of absence and that the registered provider was monitoring this and had appointed a deputy acting manager to cover this post whilst they were away. We found the deputy acting manager had appropriate knowledge and skills to carry out their role and had obtained an NVQ level 4 qualification in social care. We were told the deputy acting manager received regular monthly visits from an area service manager to support them in their role and ensure the quality of the service was monitored. A member of staff told us, "[Area service manager's name] is very good; they regularly come over to see us to check things are all right."

Governance systems were in place to enable the service to be monitored and enable action to be taken when required to resolve issues. We were told the service received annual internal audits from specialist staff in the registered provider's organisation and that improvement action plans were developed from these to address any shortfalls that were found. We saw evidence that internal audits of different aspects of the service were regularly carried out, including monthly checks of people's personal care files, medicines management, health and safety issues associated with the environment, staff personal training and staff files.

There was evidence of an open and inclusive culture. People who used the service told us they were able to actively contribute their views on different aspects of the service in order to help the registered provider learn from shortfalls and develop service delivery. We found formal surveys were used to obtain feedback from people, their supporters and those with an interest in the service to enable it to continually improve. We were told people who used the service recently participated in a review of a holiday policy and procedures and that regular meetings were held to involve and help keep people stay informed of developments that were planned.

Care staff told us communication was good and that they felt their skills were respected and they were valued by the registered provider. The registered provider had a staff recognition award scheme to reward exceptional performance and where staff had gone beyond normal expectations of their role. The area service manager told us, "The awards are made where staff have consistently demonstrated a 'can do' attitude or made an outstanding contribution."



Care staff told us they received feedback about their work in a constructive way and that ideas and suggestions were taken on board to help the service to develop and improve. We found supervision was held with individual staff to enable their attitudes and behaviours to be monitored and appraised. There was evidence that regular meetings were held to enable leadership and direction to be provided and help staff to develop their skills and question practice issues, whilst ensuring they were clear about their roles and responsibilities.