

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Devon

Inspection report

Moreton Court Extra Care Scheme
Birdwood Crescent
Bideford
Devon
EX39 3FP
Tel: 07767 165449

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2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10, 17 and 18 November 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Sanctuary Home Care Ltd – Devon first inspection since registering the new location with the Care Quality Commission in May 2015.

Sanctuary Home Care Ltd – Devon provides personal care and support to people living in their own homes in Bideford and the surrounding areas. At the time of our inspection there were 220 people receiving a service.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate guidance.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

Care files were personalised to reflect people's personal preferences.

The service was responsive to changes in people's needs.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Good



Summary of findings

A number of effective methods were used to assess the quality and safety of the service people received.

Sanctuary Home Care Ltd - Devon

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 10, 17 and 18 November 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Sanctuary Home Care Ltd – Devon first inspection since registering the new location with the Care Quality Commission in May 2015.

The inspection team consisted of an 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 domiciliary care services.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 22 people receiving a service, including visiting six people in their own homes, three relatives and 12 members of staff, which included the registered manager. We reviewed five people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one health and social care professional.

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: “I do feel very safe with my carer”; “We certainly feel safe with our carers who we know well”; “I feel very safe with all the girls who come to shower me”; “The girls are very nice and I feel very safe with them”; “My carers are definitely very safe and I have every confidence in them”; “I feel safe with the carers. I have the same ones” and “I would speak to the carers if I was concerned about anything.”

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

People’s individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care, nutrition and medicines. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person’s independence and ability to take informed risks.

People confirmed that staffing arrangements met their needs. Overall they were happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: “They are sometimes a bit late, but they try to come early on a Saturday so I can go to the market”; “They are occasionally late but they always stay for the full time”; “They are always on time and stay for the full hour. They

will even stay a bit longer if I need anything extra doing”; “Timing can be a problem because of the traffic here. They always stay for the full time and always ring the office when they come in and when they leave”; “They are always on time and will do anything to help me”; “They are always on time and if they are going to be late the girls will tell me” and “They are always on time and stay for the full session and will stay extra if I need some extra help.” Staff confirmed that people’s needs were met promptly and felt there were sufficient staffing numbers. The registered manager explained staffing always matched the support commissioned and staff skills were integral to this to suit people’s needs. Where a person’s needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff undertook extra duties in order to meet people’s needs. Also the service had introduced peripatetic workers. These were additional staff available to be called if sickness occurred. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. One person commented: “I self-medicate but my carers always check I have done it and write it up in my book.” Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff.

Is the service effective?

Our findings

People thought the staff were well trained and competent in their jobs. People commented: "My carers are well trained and know exactly how to help me. They always ask if it's alright to do things"; "My carers are really well trained and certainly know what they are doing. They are almost like family to me. They are also very polite and always ask if there is anything else I need doing"; "Oh yes they are very well trained and I have every confidence in them"; "They do know what they are doing and how to do it. They always ask if it's alright to do things, particularly when it comes to personal care"; "They are well trained and know what they have to do and ask if there is anything else they can do to help me. They always ask if it's alright to do the personal care and are polite and courteous to me"; "My carers are certainly well trained and are always polite and courteous" and "The carers know what they are doing and do it very well. They do a very good job."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. People commented: "If I ask them (the carers) they will ring the doctor for me" and "They do arrange my doctor's appointments for me." We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and mental health practitioner. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction

formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness and end of life care.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask my consent before they do my personal care."

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They always make my lunch for me

Is the service effective?

and drink and leave one for me before they go”; “I make my own food, but they always ask if I want a drink before they leave which is very nice and shows they care about me” and “They also get my breakfast for me and make a drink.” Care plans and staff guidance emphasised the importance

of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people’s eating habits and in consultation with them contacted health professionals involved in their care.

Is the service caring?

Our findings

People and relatives felt staff were caring. Comments included: “The care I get from my carers is excellent and I cannot fault it”; “The care I get is very good. Nothing is too much trouble. They always think of me first and will do little extra things for me”; “The care that my wife gets is very good. They are so nice and caring”; “The care my husband gets is excellent. The girls are all so nice to him and to me. They are so respectful to both of us, nothing is too much trouble. They always try to get him to do things for himself like washing his face with a flannel”; “The girls who come to me are very caring. They are all local and I know them. They are always very respectful in the way in which they speak to you and how they deal with you”; “The care I get is excellent and I cannot fault it. The carers are so respectful when they talk to you. It’s like being cared for by one of the family”; “The care I get is excellent. The carers are like my extra daughters. They are very respectful and always talk to me as they do their work. Someone comes out from the office to check the plan”; “The care that my husband gets is excellent. They know exactly how to deal with him and help him. Nothing is too much trouble. They are always respectful” and “The girls are very caring and helpful. Nothing is too much trouble. They always speak to you in such a pleasant way.”

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included: “They always treat me with respect and try to get me to do as much as I can for myself which makes me feel better about myself” and “They treat both of us with real respect and they try to get my wife to do little things for herself. We started the care in February of this year, and we have had a review meeting to check on how things are going.” Staff told us how they maintained people’s privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: “They

encourage me to be as independent as possible”; “The care is very good and the showering is excellent and can’t fault it. They always try and get me to do things for myself. Which I think is important” and “I have had several reviews of my care plan and get a regular review about every six months. They are helping me to remain at home which is what I want.” One staff member commented: “I love my job. I love caring for people. If I can help people be independent and happy, I have done my job.”

Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Staff relationships with people were strong, caring and supportive. People commented: “The care is fantastic, absolutely marvellous”; “The carers go over and above their duties” and “When I have been upset the carers have really supported me. They are so lovely and caring.” Staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, when a person was feeling sad. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. One comment included: "The carers know what I like and what I don't like which makes caring much easier. It's because they have had a chance to get to know me."

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible and the encouragement of activities. They included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as wearing certain clothing. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. People commented: "I did complain about the multitude of carers I used to get, but it's better now" and "My husband complained to the office once about the constantly changing carers, which I found difficult. I now get the same three regular carers which has made a big difference." Other people knew how to complain and felt their complaints would be acted upon. They said they would have no hesitation in making a complaint if it was necessary. Most said that they had never needed to complain. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

The service demonstrated good management and leadership. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: “I feel part of the service”; “I feel really supported and we work as a team” and “The management team operates an open door policy and we can always go to them if we need to.”

Staff confirmed they had attended staff meetings and felt their views were taken into account. Meeting minutes showed meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service. The service also provided staff with regular memos to keep them up to date on organisational changes, the training available, policies and procedures and professionalism.

People’s views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to communicating information. Comments included: “I’m happy with the service now. When I had a problem they came out to visit me and were helpful and sorted the problem. I think they are well managed and we get a questionnaire every so often to see what we think”; “I’m happy with the service. The office is very helpful”; “We are very happy with the service and have had no reason to speak with the office”; “Now they have fixed the arrival times I am much happier with the service. I have found the office helpful when I have had to contact them”; “I’m very happy with the service. My son usually contacts the office and he has found them to be very helpful”; “I’m generally happy with the service but the office staff occasionally forget to pass on messages”; “We are happy with the service we get. The office are helpful, particularly if we have to change a visit because of hospital appointments”; “Indeed I am happy with service. The office are very helpful. If they can help then they will”; “I’m happy with the service. I would like help on the weekend which I’m trying to arrange. I find the office very helpful and I can speak to the manger if I need to” and “I’m generally happy with the service. When one carer did not turn up the office

were helpful. However, they don’t always let you know who is coming if there is a change.” This demonstrated the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The service’s vision and values centred around the people they supported. The organisation’s statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation’s philosophy was embedded in Sanctuary Home Care Ltd – Devon through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people’s specific needs. People and staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people’s current and changing needs were being met. A health and social care professional confirmed that the service worked well with them and took on board things requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, additional staff training and risk assessments amended. Actions had been taken in line with the service’s policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people’s plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by members of the management team. For example, the checks reviewed people’s care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time

Is the service well-led?

and supporting people appropriately in a kind and caring way. In addition, the organisation's service improvement plan demonstrated how they were always striving to improve the service people received.