

Sanctuary Home Care Limited

Sarnes Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on 24 September 2018. The previous inspection on 7 October 2015 found the service to be rated 'good'.

This service provides care and support to people living in individual flats in one block, in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

Sarnes Court accommodates people with learning disabilities, physical disabilities, and mental health needs. At the time of our inspection 18 people were living at the project, and four of them were receiving a personal care service from the provider. The provision of personal care is regulated by the Care Quality Commission.

The service had a registered manager at the service. 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 and associated Regulations about how the service is run.

People told us they enjoyed living at the service and staff were kind to them and treated them with dignity and respect. Staff understood about safeguarding and their responsibilities to support vulnerable people. People were supported by staff who knew them well and understood their routines. The service ran activities for people to participate in if they chose. People told us they enjoyed these.

There were risk assessments in place to guide staff in caring for people; although some lacked detail. Care records were personalised and covered a comprehensive range of needs, although not all were fully up to date following recent changes in care needs

People were supported to be as independent as possible. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff recruitment was safe and people told us they were glad the service used less agency staff in recent months. We could see that staff received regular supervision and training in key areas took place.

People were supported with medicines. We found minor issues with medicine administration records (MAR), but the provider could show us they were in the process of changing pharmacists so the MARs were more suitably laid out for staff working in a supported living scheme.

The communal areas of the service were clean and people were supported to maintain their flats, although responsibility lay with tenants and people chose how they received this support.

The registered manager was well regarded by the people living at the service and we could see the registered manager and provider undertook audits to monitor the quality of the care. We could see that learning took place following any incidents that arose.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There was not always clear guidance for staff in how to manage all risks identified.

Medicines management was in the process of being improved at the time of the inspection to clearly show how PRN medicines were given.

Staff recruitment was safe.

Staff understood their responsibilities to safeguard people and people told us they felt safe.

Is the service effective?

Good ●

The service was effective.

Staff gained consent before providing care and had been trained in the Mental Capacity Act 2005.

Staff supported people with health appointments where necessary.

Staff supported people to cook when required.

Staff had the skills and knowledge to care for people effectively.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and we could tell from talking with staff they knew people's likes and dislikes and routines.

People were involved in their care and were encouraged to be as independent as possible.

People were supported with their cultural needs in a range of ways.

Is the service responsive?

Good ●

The service was responsive to people.
Care plans were comprehensive and covered a broad range of needs.

There were activities at the service and people were also supported and encouraged to attend activities in the community.

There was a complaints process in place and people were able to talk with the registered manager and staff if they had concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was well regarded by people living at the service and staff.

Audits took place to quality assure the service.

Sarnes 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.

Before the inspection visit we reviewed the information we held about the service, such as any notifications received and information sent to us by the provider through the Provider Information Return. We also reviewed safeguarding alerts and other information provided by the local authority.

The inspection took place on 24 September 2018 by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was invited to talk with some people in their flats.

As part of the inspection we spoke with three of the four people who received personal care from the provider. We offered to talk with the fourth person but they refused this option on the day of the inspection. We spoke with the registered manager and two members of staff.

We looked at two staff recruitment files, training and supervision records. We looked at two care plans in detail and read risk assessments of another. We looked at staff meeting minutes, the accident and incident log and complaints. We also checked medicine administration records for two people.

After the inspection the registered manager sent us additional information regarding the involvement of people living at the service; activities; and additional information to illustrate multidisciplinary working with other professionals. The fourth person receiving the service also made contact with us to give their view.

Is the service safe?

Our findings

People told us "I feel safe here with the fencing and electric doors" and "Yeah" when asked if they felt safe. We could see from the minutes of one house meeting there had been a discussion with people asking them what they would do, or could do, if they were being followed home at night by a stranger. In this way the service were supporting people to live in the community independently whilst acknowledging their vulnerability.

Staff were able to tell us about the different types of safeguarding concerns and knew what action to take if they had any concerns regarding people's safety. Over the last 12 months the registered manager had notified the relevant authorities if they had any concerns regarding people being at risk of abuse and took appropriate action to minimise harm whilst supporting people's independence.

At the last inspection we noted the service used agency staff on a regular basis, and people told us this impacted on the care provided. At this inspection the registered manager told us they had recruited two new staff recently and we could see from staff rotas that where bank and agency staff were used there was continuity, as the same staff were working. People told us they preferred care to be provided by permanent staff or at least staff who knew them well. Feedback included "These staff are better than the originals." And "We got new staff coming soon." People had been involved in the recruitment of staff which was positive.

Staffing levels were determined by people's personal budgets, money allocated to them for their care by the commissioning organisation. There was 24 hour cover at the service and the staff who worked for the provider, often worked alongside staff from other agencies the people commissioned from. Staffing levels on a day to day basis varied depending on individual people's personal circumstances and commitments.

Staff recruitment was safe. We could see references had been obtained and criminal checks had been completed before staff started to work at the service.

Risk assessments were in place for the majority of risks identified. These included moving and handling, wound care, safety issues, risk of abuse and smoking. Some were detailed and provided good guidance for staff to promote people's independence. They were usually reviewed monthly. However, we found one risk assessment did not provide enough detail for staff to support that person with personal care given their complex needs. The registered manager told us they would review all the risk assessments to ensure they provided sufficient detail for staff. After the inspection they sent us updated risk assessments to view.

The service supported some people with their medicines. Medicine administration records (MAR) were completed by staff, but where a person had medicines on an 'as needed' basis, it was not always clear exactly how many tablets they had been given. The service had recently set up an additional sheet to record this detail.

The registered manager could also show us they were changing pharmacy to get MARs that were more suitable for staff to complete as the existing paperwork provided by the pharmacy was not easy to use. We

saw staff were assessed as competent to give medicines and there was no concern people were not getting their medicines. Feedback from people included "I used to be able to get my own medication from a dosette box from the hospital but I have too many to cope with now, four times a day so they help me with that." Another person told us "I do it [medicines] with the staff which is better; they used to give it to me."

We could see the registered manager learnt from accidents and incidents to reduce the likelihood of them reoccurring. Whilst old incident forms did not show actions taken, more recent forms had an action plan as part of the process. Audits of MARs in April and May 2018 showed some errors, but the registered manager had taken remedial action by using less agency staff, talking with staff regarding the issues and asking the pharmacy for additional training. We also saw the registered manager had invited in the fire brigade to talk with people living at the service following an incident when a person set off the fire alarm due to cooking unsafely with oil.

Following the inspection we saw evidence the service had asked for one person's medicines to be reviewed to ensure they were on the appropriate pain medicine; this was evidence of the registered manager taken proactive action to meet people's needs.

We could see the service supported one person to maintain their equipment including their ceiling hoist and wheelchair.

On the day of the inspection, on two occasions we saw a rat run across the garden. Records show no previous infestation noted in the home. The provider showed us they called out pest control following the inspection visit.

Is the service effective?

Our findings

People were positive about the permanent staff. They told us "They're helpful and pleasant. It's easy to ask for everything and they're more pleasant about things." And we were told "I tell them if I need them" One person told us "the staff are good." Some people were less complimentary about agency staff and their ability to understand their needs, but we saw that they were used less on the rota in recent months.

Staff told us they had an induction and records showed people shadowed experienced staff and undertook training in key areas. These included safeguarding, moving and handling, both theory and practice, food hygiene, medicines management and fire safety. New staff were working to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Refresher courses were undertaken by staff.

Staff told us supervision was useful and we could see from records that supervision took place regularly, and staff had annual appraisals. Staff files were regularly audited by the provider to ensure supervision was taking place and we could see an appropriate risk assessment had been completed for one staff member who was pregnant.

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 people 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. People who lived at the service were able to make decisions for themselves. Sometimes they chose not to accept care or chose not to receive support with their cleaning. This made providing care complex at times, as the staff had to balance people's rights with the risks of not providing care. The registered manager and staff understood this and we saw from minutes of meetings they were working with a range of health and social care colleagues to meet people's needs in the most effective way whilst honouring their rights to independence.

We saw one care record with use of bed rails reported to be sanctioned by a health professional, without the agreement of the person. The registered manager told us they would discuss this with the person and either seek agreement or remove them as they were not being actively used. For another person the service evidenced to us they had tried to gain written confirmation from the person for use of bed rails but this person refused to sign although they were in agreement with their use. The registered manager told us they were reviewing mental capacity assessments for people where there were issues of concern so they could clearly evidence they had explored all the options available to people.

We saw staff support people to assert their right to be independent in a number of ways. For example, we

saw one person who went out shopping alone and the service supported this person's right to do so even though there was anxiety expressed at times by local people that this person was vulnerable and at risk of harm.

Following changes in the law in May 2018 the service had run a workshop to tell people who lived at the service what personal information they held about them, and explained what people were agreeing to, when they gave permission to the provider to store their personal data.

People lived in their flats independently and were responsible for their own shopping and food preparation. People told us "I get my food from [company name]. I order a line of numbers; I phone them and they come on a Tuesday. You put them straight into the microwaves and read the instructions."

Some people received support with these tasks and care records detailed foods people preferred and for one person who had communication needs, the care plan outlined how they participated in choosing what to eat. To support people with healthy eating the service ran workshops on a regular basis to talk with people about healthy diets and food options.

Most people were able to manage some of their health care appointments, but where people required support, care records showed the involvement of health and social care professionals from a range of services who were involved with people. These included district nurses and GP's. It was clear that the service supported people with a range of tasks from ensuring their medicines were delivered to their flat, to ensuring their wheelchair was serviced.

One person could no longer exit from his flat to the back garden due to mobility issues. They told us they had been waiting some time for a ramp to be installed by another social care organisation. The registered manager told us they would assist this person and advocate further on their behalf.

The accommodation was purpose built, accessible and had a garden for people to use.

Is the service caring?

Our findings

People spoke well of the staff. They told us "Yeah they're all of that, patient, kind and caring, and they're more understanding" And "They keep to their word more. They sit down and listen to your problems." Another person told us "They're all right. They treat me kindly."

We saw from interactions between staff and people living at the service that they were respectful of people and knocked before entering their rooms. One person told us "They're very respectful when they give me a shower and leave me to do my private parts." We also saw staff being kind to people and people confirmed this was the case.

We could see the service was set up to support people to be as independent as possible. What people could do was documented on their care plans and through discussion with staff we could see that staff worked with people to support them in the ways they chose and to foster independence. For example, people accepted help with personal care on some days, but refused it on others. People spoke of the staff helping them, as opposed to providing care to them. For example, "They help me to have a shower." The service was supportive of people's cultural and religious needs. For example, the timing of care was changed to support one person during Ramadan and one person was supported to a mosque. The service celebrated different cultural events and holidays. We also saw care records indicated people's preferences for culturally appropriate foods.

People told us they were involved in care planning. Feedback included "The folder [care plan] is in the office. Every month they go over it and make me sign for it." And "The care plan? They do the reviews every month."

People told us care staff knew their routines and likes and dislikes and speaking with staff they could tell us information that was confirmed in care records. One person told us "[Names of care staff] they know me."

Information was displayed in the communal areas including advocacy services and information about local events.

Is the service responsive?

Our findings

Care records were in place and were comprehensive and covered a wide range of needs. These included personal care, communication, mobility and transfers and people's mental health needs. One person's care records noted they were better for going outside if they were anxious as it cleared their mind; and how to identify if this person was in pain. Not everyone who was supported with medicines had a care plan outlining these needs. The registered manager sent us evidence later these were done. Care records identified people's daily routines which was helpful for staff.

We saw some people had a summary profile, whilst others did not. Given the service still uses agency staff on occasion, the registered manager told us they would ensure these were in place for people. Following the inspection, we were sent additional profiles to view which gave a useful summary of people's needs and likes and dislikes.

People used personal budgets to pay for their care, this included choice of agency, so the staff at the service worked alongside staff from other agencies to support people. The service asked people when they wanted care and this was set out in their care plan, but feedback from people included "I fit in with the schedule but it's OK with me. It's fine. They ask if I'm ready before they come in." And "If I want something, I go to the office." The registered manager told us it was a balance accommodating people's schedules on a daily basis and planning care, and they were continuously discussing the timing of people's care with them.

Key-working was in place at the service with some staff actively supporting people to carry out activities to reach their goals. Not all care records showed why goals were not being achieved or being pursued. For example, one action had been repeated across several key worker sessions without any explanation as to why staff or the person had not progressed it. The registered manager told us they would talk with staff to capture more accurately if people had changed their mind regarding the work they wanted to do with their key worker.

People told us they enjoyed the activities run by the service. These included BBQ's, quizzes and games. Some people who lived there ran the bingo and quizzes and we saw on the day of the inspection a lively game of bingo: one person assumed the main role of activities co-ordinator with the agreement of other people living at the service. Other events set up by staff or people living at the service included celebrations for Chinese New Year, events for National Storytelling Week; and the breaking of the fast at the end of Ramadan. People told us the service supported them with going out if they needed this help.

The provider had a complaints policy in place and we could see the service kept a log of complaints and the responses to them. People told us "Yeah, I would go to the office and say I have a complaint." And "I can go to the office or phone them up."

Is the service well-led?

Our findings

There were a number of ways in which the service was well led. The provider was keen to get feedback on the service and undertook a survey in the summer of 2018 which found a high level of satisfaction with the service. The response rate was high with 15 out of 18 people completing the forms.

People were positive with 93% happy with the care and support provided and being involved in their care; with similar results for people being supported to be as independent as possible and being treated with kindness and respect. Other positive comments from the survey included people feeling safe; enjoying the activities and reporting that the staff and manager were nice. People told us "I know [name of registered manager]; she's nice." This showed the service was well regarded by people living there.

Despite the positive results of the survey the provider and registered manager had identified areas for improvement and had set out a 'You said, we did' document to address some of these areas. These included advocacy services being available to people who did not want to speak to staff who worked at the service; minor repairs being undertaken and a newsletter to ensure people were kept up to date with any changes taking place.

Regular resident's meetings took place and covered a wide range of topics including activities people wanted to run or participate in as well as practical information, for example, what to do in an emergency. People also ran a 'speak up' forum to get people's views, there was a house representative to put across people's views to the management team. The registered manager asked for volunteers to support with health and safety issues at the house. This was a way to involve people to take responsibility for everyone's safety.

Staff told us there were regular staff meetings and we saw records that confirmed a range of practice issues were discussed. Staff told us they could contribute ideas and felt valued by the registered manager.

We could see that quality audits took place by both the registered manager and the provider's service manager. These covered key areas such as care plans, medicines management, cleanliness and supervision. People using the service and staff were also asked their view of the service on a regular basis as part of the quality assurance process. Records of meetings showed that registered manager used meetings and workshops to help people be aware of a wide range of services locally, and to foster independence through up to date knowledge on a broad range of topics.

The registered manager was aware that other areas of the service could be improved and had plans to improve key working and medicines management across the service. The registered manager told us now they had more permanent staff in place they hoped to consolidate work in these areas to ensure continual improvements at the service.