Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Stoke

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We completed an announced inspection at Sanctuary Care Home Limited on 5 and 6 January 2017. This was our first inspection since the provider registered with us in January 2016.

Sanctuary Care Home Limited are registered to provide personal care to people living in their own apartments within an extra care scheme in Stoke on Trent. At the time of our inspection, the service supported 13 people with personal care.

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 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.

At the time of our inspection there had been some unrest at the service due to disputes going on within the scheme between some of the people living there. This had resulted in some allegations of anti-social behaviour and the Police attending the service on four occasions. When we arrived at the service this situation was on-going and we found that it was having an impact on both people using the service and staff delivering care.

We found that there was no risk assessment in place in relation to the on-going situation at the service, although one was written during the course of our inspection.

Staff reported that they felt unsafe working alone within the scheme and people using the service reported that they felt staffing levels were too low during the afternoon and evening shift. Staff felt supported, however, regular supervisions were not taking place to assess and monitor staff performance.

People felt safe with the staff who supported them, however, not all risks to people's safety had been assessed and planned for.

People's consent to their care was sought and documented, however, staff lacked an understanding of the Mental Capacity Act 2005 (MCA).

People were happy with the support they received to eat and drink, and were supported to maintain good health and had access to healthcare when required.

People were supported by staff who treated them with kindness. People were involved in making decisions about how their care and support was provided, and staff supported people in a way that maintained their privacy and dignity. However, some people using the service had become isolated due to the on-going issues at the service.

People and their relatives felt involved in the assessment, planning and review of their care and support needs. People and their relatives knew how to raise a concern or complaint and the provider took action to address and resolve complaints.

People and staff were encouraged to give feedback on the service. Some systems were in place for monitoring and checking the quality of the service but improvement was needed in order to assess and monitor staff performance and to effectively address risks posed to people through the delivery of their care and support.

Relevant agencies were notified of incidents which took place at the service and staff were safely recruited.

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 were not sufficient staff on duty on all shifts to ensure people's safety.

Risk assessments were not always up-to-date and care plans did not always reflect people's current care needs. There was no risk assessment in place prior to our inspection to plan for risks posed by the current unrest within the service.

Staff were trained in safeguarding vulnerable people and knew how to report possible abuse.

Medicines and were managed safely and staff were recruited in line with regulatory requirements.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained in key areas of care, however, staff lacked an understanding of the Mental Capacity Act (MCA).

Staff told us they felt supported, however, supervisions were not taking place regularly.

People were supported to eat and drink enough and were given choices in what they ate and drank.

Consent was sought from people who used the service and people's health needs were monitored and acted on as needed.

Is the service caring?

Requires Improvement

The service was not always caring.

People felt that they could not engage in social activities due to the disputes taking place at the service. This had not been adequately addressed at the time of our inspection.

Staff treated people with kindness and respect and people

described positive relationships with care staff who looked after them. Staff spent time with people and understood their needs.

People were involved in the planning and delivery of their care.

Is the service responsive?

Good

The service was responsive.

People's individual needs were identified and planned for in the delivery of their care when they started using the service.

Care records detailed people's personal histories as well as their preferences in relation to their care.

People were involved in their care delivery.

Complaints were managed well and people were able to express their views about how the service was being run.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Steps had not been taken to risk assess and plan for the current unrest within the service. Staff felt that this was putting them at risk.

The manager did not have oversight of staff performance at the time of our inspection.

Risks posed to people in relation to their care delivery had not been adequately assessed.

Checks were being carried out in relation to incidents, safeguarding and medicines and people's views were sought in relation to their care in order to measure the quality of care being provided.

Sanctuary Home Care Ltd - Stoke

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 was 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 5 and 6 January 2017 and was announced. We gave the provider 48 hours notice because the location provides a domiciliary care service to people living in their own accommodation within the scheme and we wanted to make sure that people and staff were available to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to formulate our inspection plan.

We spoke with nine people who used the service, one relative, four care staff, a team leader, the registered manager, the regional manager, two heads of service, the director of quality and the nominated individual from the provider. We viewed six records about people's care which included their daily care notes and medicines records. We did this to ensure that they were accurate, clear and comprehensive.

We looked at the systems the provider had in place to monitor the quality of service. We did this to ensure there was a continuous drive for improvement.

Requires Improvement

Is the service safe?

Our findings

During our inspection some of the people living within the scheme were in dispute with one another. Some of these disputes had resulted in some anti-social behaviour and had resulted in the Police being called out to the service on four separate occasions. People we spoke with who had their care provided by Sanctuary referred to this on-going situation during our discussions with them, specifically in relation to feeling safe. One person told us, "I am concerned about things. People pick on me. I am scared about that. They need some more on duty in the afternoon. There is only one and it isn't enough." This person was vulnerable and had been subject to an allegation of abuse at the time of our inspection. Although this had been reported to the local authority and CQC by the service, no risk assessment or safeguards had been put into place prior to our visit on the 5 January 2017, despite this being an on-going situation. This person did not feel safe at the service and this was causing them some distress.

Despite the on-going issue at the service, which had been going on over several weeks prior to our inspection, including some anti-social behaviour from people living at the scheme and the Police attending on several occasions, no risk assessment had been implemented in response to this prior to our inspection. The risk assessment we were shown on the 6 January 2017 was dated 5 January 2017. The service had removed some of the social activities from taking place at the service in the evening and over the weekends but the risks posed to people had not been adequately assessed and planned for. During the course of our inspection a risk assessment was written, however, one person using the service had been subject to an allegation of abuse as a result of the on-going situation at the scheme prior to the risk assessment being put in place. This person had not been protected from the risk of abuse as steps had not been taken to safeguard them. This had caused them to feel unsafe and uncomfortable at the service.

The above evidence indicates a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective systems and processes had not been operated to prevent the abuse of the people using the service.

People we spoke with raised concerns about the number of staff working at the service. One person told us, "Some of the residents here are abusive and will complain about everything. They really shouldn't be here. They will cause bother about anything. They have two on duty through the night and morning time but only one between 3pm-11pm. They need two in the afternoon for back up." Someone else who used the service told us, "I am very concerned about there being only one carer on from 3pm-11pm. You need two. I have told them. For instance I had a fall recently by the sink. I called for help and was told they will come as soon as possible because they were dealing with other things." This person did not get the care they needed at the time they needed it due to number of care staff working at the service.

We raised the comments made by people at the service with the regional manager during our inspection. We were told that as only two hours of care were delivered on the afternoon/evening shift that one care worker was sufficient. However, as people were using an emergency call system should they need to it was not clear how an emergency would have been able to be responded to should the care worker be delivering care at the time. There were concerns about the safety of people at the service at the time of our inspection

due to the unrest and disputes between people living within the scheme. This meant that one lone worker would have been on site should any incidents take place. We raised this with the provider during our inspection who put an additional member of staff on to the afternoon/evening shift, although this was an interim measure.

We spoke with staff at the service who were happy delivering personal care to people and felt that people were safe in relation to the delivery of their care. Staff did raise concerns about the number of staff on shift during the afternoon and evenings and three staff members described this being insufficient to meet people's needs. One staff member told us, "I think we need two carers on the 3pm - 10pm shift to cover our own backs. That's where it puts us at risk." Another care worker said, "Because of the tension the care team are being impacted. It can be quite difficult some days. There's quite a few rows here." When we asked about the afternoon and evening shift, the care worker told us, "It can be quite a stressful shift." Another care worker told us, "I think there should be two members of staff for the 3pm - 10pm shift. It's not fair in case something happens."

Although a call out system was in place to support staff should they need it, during the afternoon and evenings there was usually only one care worker on site to deal with the scheduled care calls and any emergencies or disputes that may take place within the service. We found that this had been raised with the management prior to our inspection when we looked at the complaints log, however, no action had been taken.

The above evidence indicates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not sufficient numbers of staff working at the service to ensure people's safety and well-being.

We reviewed care plans and risk assessments as part of our inspection and found that some of the risk assessments we looked at did not reflect people's current care needs and risks. For example, one person using the service was not always going to bed and was at risk of pressure sores as they were sleeping in an upright position in unsuitable conditions. The risk assessment and care plan we looked at did not contain details of this and this information was obtained through conversations with staff. We saw that this person had recently suffered from a pressure sore and yet this had not been reflected as an area for staff to consider in the delivery of this person's care. The last review of the person's risk assessment for their pressure care was dated 17 May 2016. The manager was aware of this issue and we were told that a referral had been made to review this person's needs but at the time of our inspection their risks had not been adequately assessed to ensure their safety and well-being. Another person had been advised to cease drinking coffee due a medical condition and their associated treatment, however, this was not reflected in their nutritional risk assessment. This put this person's health and well-being at risk. These updates to people's risk assessments were made during the course of our inspection as the manager acknowledged that these should have formed part of these people's risk assessments and care plans.

Staff we spoke with told us they had received training in relation to safeguarding vulnerable people and were able to tell us how they would report any safeguarding concerns should they suspect them. Training records confirmed that staff were training in this area of care. Incidents of suspected abuse had been recorded and reported at the service as required, however, steps had not been taken by the provider in relation to the on-going safeguarding concerns within the scheme as there was no risk assessment in place to protect staff and people using the service.

We looked at how people's medicines were managed during our inspection and found that these were managed safely. There were details in people's care plan of their medication needs and risk assessments in

relation to the management of their medicines. People told us they got their medicines on time and when they needed them .We saw that staff had received training and regular competency checks in relation to administering medicines to people. There were checks carried out on the records staff completed when giving people their medicines and any errors or omissions in records were recorded and acted upon. This meant there were systems in place to ensure the safe management of medicines.

Staff were recruited using safe recruitment procedures. Pre-employment checks were carried out to ensure prospective new staff were fit and of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

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. During this inspection we looked to see if the provider was working within the principles of the MCA and we saw that people were supported by staff who sought their consent to care and support. One person told us, "I do my care plan with them. If there is a need for a medication change I tell them." We found that consent to people's care was sought and documented.

When we spoke to staff about the MCA they were not always clear on the requirements and some staff were not sure whether they had received training in this area. The registered manager was not aware of the requirement for them to carry out an assessment if they thought someone may lack the capacity to understand and make decisions about their care. The registered manager told us that everyone using the service had capacity at the time of our inspection.

We looked at supervisions and appraisals for staff and found that staff had received regular supervisions. Staff supervisions are an opportunity for staff to review their performance with their manager and raise any issues they may have. However, when we asked to see a schedule of supervision and a record of how these were monitored the registered manager was not able to show us this and explained that these happened on an ad hoc basis. Staff told us that they felt supported and that they could approach management should they need to. We saw that spot checks and competency assessments for the administration of medication were carried out on staff. However, these were not scheduled in and we were told they happened as and when. This meant that staff performance was not being regularly monitored to assess the quality of care delivery.

People felt that they were supported by staff who were well trained and competent in delivering their care. One person told us, "I feel very safe with them and think they are fully trained." Another person said, "They are very good and fully trained I think." Staff had an induction which had the core elements of care delivery included. Staff told us they had enough training and that they felt adequately skilled and competent to deliver care to people at the service. One staff member said, "If I feel I need more training I'll go to (the manager). They are pretty good." All of the staff felt that their training needs were met. However, we did find some gaps in staff knowledge in relation to the MCA.

People were supported to eat and drink to meet their individual needs and preferences. People told us that staff assisted them where they needed them to and people's nutritional risks were assessed and planned for. Some people had specific medical conditions which meant that their nutritional intake was controlled and this was recognised and managed well by the service, although some of the risk assessments we looked at were in need of review. One person using the service told us, "They get my breakfast for me and make me a cup of tea. They also do a flask of tea for me so I have a hot drink for later. At lunchtime they make me a sandwich and tea and at teatime my tea. I do let them know what I want to have." We found that calls were

attended in a timely manner which meant that people were getting the food and drink they needed at the time that had been agreed.

People's health needs were assessed and referrals were made to health professionals when needed. We saw that one person had regular visits from the District Nurse and that people were supported to access GP's and other health professionals as and when needed. Any health needs were recorded in people's care plans and records were kept by care staff each time they delivered care to people which detailed their general health and well-being.

Requires Improvement

Is the service caring?

Our findings

Many people's care outcomes detailed that they should not be socially isolated and that they would gain enjoyment from social activity. At the time of our inspection some of the social activities taking place at the scheme had been removed due to the behaviour of some of the people living at the scheme. The risk assessment written by Sanctuary Home Care stated that, "The impact this has had on all residents has resulted in a lot of unhappiness, fearfulness and isolation along with frustration." Staff reported to us that they felt this was affecting people, some of whom did not engage in the community within the scheme due to recent events. Although a counselling service was being arranged at the time of our visit, people's well-being had been affected by the disputes and consequences of this within the scheme. Some of the people we spoke with were avoiding socialising within the scheme and this made them isolated from everyday activity. One person told us, "There is a lot going on but I keep out of the way of it." People were not always able to spend their time in the way they would have wished to.

All of the people we spoke with described being cared for by staff who knew their needs and who treated them with kindness and respect. Nobody raised any concerns with us about the staff at the service and how they interacted with them. One person said about the care staff, "They are very careful and caring with me." Another person told us, "Oh I have no complaints at all about the care. They are all very good." People described knowing the care workers who delivered their care and having positive relationships with them. The relative of someone using the service was equally positive about how the service cared for their relative. They commented that, "I have seen them in action with Dad and they are very good."

Staff spent time with people and didn't rush their care. Calls were scheduled and we saw that staff stayed with people for the allocated time. People were positive about staff spending time talking to them and listening to what they had to say. One person using the service told us, "They never rush me we have a good chat together." Staff told us that although they were busy they did not feel rushed in the delivery of the care and that they always ensured they met people's care needs.

Staff were able to describe people's needs and obviously knew the people they cared for well and knew how they wanted their care delivered to them. Staff spoke about people with respect and were able to tell us how they delivered care to ensure people's dignity was maintained. Care records used respectful language when talking about people's care delivery and outlined personal outcomes for people through the delivery of their care.

People were involved in the planning and delivery of their care and we saw evidence of this in the care records we looked at as well as from what people told us about their care delivery. For example, one person using the service said, "They are excellent. No complaints. They are thoughtful and careful with me and I trust them completely."

Good

Is the service responsive?

Our findings

The care plans we looked at reflected people's personal histories, detailed their preferences and described how they would like their care delivered to them. People told us, and we saw, that care plans were devised with people's input and with the input of their relatives where possible. People told us that they had been involved and consulted in how their care would be delivered to them. One person said, "Yes I do it with them. I can also change things as we go along if the need arises such as medication changes." Some changes in people's care needs had not been reflected in their care plans and risk assessments at the time of our inspection, however, this was addressed during our visit.

People using the service told us that care staff knew their individual needs and this was reflected both in the care records we reviewed and in our conversations with staff who delivered care. One person told us, "They all know my exact needs. If they change for any reason they always accommodate." Another person said, "They always ask what I like to eat as well for breakfast and take me down into the garden if I want." People were able to express their views about their care and this was listened to and respected by the staff delivering care to them.

We looked at a record of complaints at the service and saw that these were recorded and handled in line with the complaints policy which was in place. People told us that they felt they could complain should they need to. People knew how to complain and told us that they would feel comfortable doing so should they need to. One person said they had complained once, ""Only about the time of calls. They were coming 10 minutes late or 10 minutes early and it was upsetting my medicine times. That was a few months ago I put a complaint in and it is all alright now." There was a system in place to handle and manage complaints and people felt they could express their views about their care.

We saw that feedback was sought from people using the service through spot checks and an annual quality survey sent out centrally by Sanctuary Home Care. This enable people to provide views about how the service was being run and we saw that this was considered.

Requires Improvement

Is the service well-led?

Our findings

When we arrived to inspect the service we found that on-going issues involving people living at the scheme was causing some unrest and disputes between people had been on-going. This had impacted on some of the people receiving care at the service and we found that people felt unhappy and fearful about the current situation within the service. No risk assessment had been produced in response to these issues prior to our visit, despite the Police being called out to the service on several occasions due to the behaviour of some of the people living within the scheme. These incidents had taken place within communal areas and had impacted on the people using the service. The risk assessment we were shown was dated 5 January 2017 and when we were shown this on the 6 January 2017 the registered manager had not yet seen it. Nor had it yet been circulated to staff working at the service. Although the manager was aware of the on-going situation no action had been taken by the provider to risk assess the situation. Steps had not been taken, prior to our visit, to put plans in place to safeguard people and staff working at the service as a result of the incidents which had been taking place at the service. This had put people at risk.

Staff told us that although they could approach the management of the service, they did not always feel safe working due to the current atmosphere and the incidents which had taken place. One staff member told us, "I don't like it at the moment due to the trouble with the residents." They went on to comment that, "I've never seen anything like it. People are isolated." We found that some social activities over the Christmas period had been removed at the service due to the behaviour of some of the people living within the scheme when these activities took place. The result of this was that some people felt uncomfortable in the communal areas of the service. A counselling service had been arranged to support people due to the current climate within the service, however, people were, at times, unable to engage with the community and staff told us they felt vulnerable, particularly during the afternoons and evenings when they were being asked to work alone. One staff member said, "We are very vulnerable." The provider had not put any plans in place when we arrived at the service to address the current concerns at the service and no risk assessment had been written prior to our inspection. Staff and people felt unsafe within the scheme and this had not been adequately addressed by the provider at the time of our inspection.

Staff had received supervisions and appraisals. However, when we asked to see how staff supervisions, spot checks and competency checks were logged and monitored we were told that no such records were kept. Staff performance was not being adequately monitored to ensure the quality of the care being delivered.

Risks posed to people which may have been identified through the delivery of their care had not always been mitigated. We found that risk assessments which were due for review had not been updated and that issues with people's care, identified through conversations with staff had not been reflected in people's risk assessments. This put people at risk of unsafe care. When we asked the management about this they told us that this should have been done but had been overlooked. There were not adequate checks in place to ensure people's care plans and risk assessments contained up-to-date information.

The views of people who used the service were regularly sought and these were used to monitor the quality of the service being provided and to drive improvement. However, at the time of our inspection there was

some unrest within the service and this was having an impact on people who had care delivered to them within the scheme. This was acknowledged by both the registered manager and the regional manager during our inspection, however, no action to address this has been taken prior to our inspection to mitigate the risks to people using the service.

The above evidence indicates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the quality of care wasn't being sufficiently monitored and risks to people using the service had not been assessed and mitigated.

We found that medicines were checked regularly to ensure these were managed safely and that incidents were logged and analysed. Safeguarding incidents had been reported to both the local authority and to CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not taken adequate steps to protect people from abuse at the time of our inspection.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not adequate systems in place to effectively monitor the quality of care being delivered and risks posed to people's in relation to their care had not always been mitigated.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not always deployed to ensure people's safety and well-being.