Sanctuary Home Care Limited

Sanctuary Supported Living (98 Old Milton Road)

Inspection report

98 Old Milton Road
New Milton
Hampshire
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14 June 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this unannounced inspection on the 12 and 14 June 2018.

This service provides care and support to people living in two 'supported living' settings, 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; this inspection looked at people's personal care and support. The service also provides support to people who lived in self-contained flats. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing.

Not everyone using Sanctuary Supported Living (98 Old Milton Road) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing care and support for eleven people with a variety of care needs, including people living with learning disabilities or who have autism spectrum disorder.

The service had a registered manager. 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 received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke highly of the care staff.

People felt safe with the service provided by Sanctuary Supported Living (98 Old Milton Road) and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Sanctuary Supported Living (98 Old Milton Road)

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 12 and 14 June 2018. 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we visited and spoke with six people who used the service. We also spoke with the registered manager and three support workers. We looked at a range of records which included the care records for four people, medicines records and recruitment records for four care and support staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

We last inspected the service in March 2016 where no concerns were found. The service was rated as good in all domains.

Good

Is the service safe?

Our findings

All the people we spoke to told us they felt safe and free from any harm, due to the support and understanding from the staff. One person told us, "Just being here in this home makes me feel safe." Another person said, "I know I can talk to someone if I have a worry." Another person told us, "It's the nice quiet and friendly atmosphere." Which made them feel safe.

People were supported to receive their medicines safely. One person told us, "I'm not always sure about my medication so the staff do it for me which makes me feel safe." Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

People received their medicines as prescribed. There were individual locked medicine cabinets kept in people's bedrooms to store their medicines safely. One person required their medicines to be stored in a fridge with temperatures taken daily to ensure they were safe to use, we saw this was in place and had no concerns. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. Safe systems were in place and followed by staff to support people who required topical creams.

There were sufficient numbers of care staff available to keep people safe. Staffing levels were determined by the number of people receiving care and support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community were based on each person's needs.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People were protected against the risks of potential abuse. Safeguarding information was available in an easy read format and clearly displayed around the service. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I completed safeguarding training last year. I would go straight to my manager and report it.

If she wasn't there follow the lines of area manager next".

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to asses any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. There were also assessments for risks such as if a fire occurred within the extra care living flats. Staff were clear about what action they should take in an emergency and knew who to contact for support. For example, the risk assessment for one person accessing the community informed staff to support them to be safe by assisting to cross the road and helping with their confidence on steps and kerbs. For another person staff had photographs in place of what the person required to enable them to safely access the community which made it easy for staff to understand.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

A fire evacuation poster was displayed, in all the homes, explaining what to do in case of a fire. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the service. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The service had a business continuity plan in case of emergencies. This contained contact details of local and main emergency services with locations of utilities such as gas, water and electric.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. The registered manager told us they work with people who have their own kitchens to teach them food hygiene awareness using information from their own training as well as pictorial guidance.

Good

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "They'll arrange for me to see a doctor if I need one." Other comments included, "It's wonderful making my own meals." As well as, "My room is well adapted for my wheelchair."

People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed training was all up to date. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. One staff member told us, "Updated on training all the time. [Registered managers name] quick to remind us if we need to update training. Training good and informative, both in house and on line". Another staff member said, "Training on line and in house. We have our own log in and it tells us when training is due and up to date, which I think is good".

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff had regular supervisions (one to one meetings) and an annual appraisal with their line manager which provided an opportunity to receive feedback on their performance, identify any concerns, and receive support, assurances and learning opportunities to help them develop. One staff member told us, "Supervisions are a good platform to say if any concerns and always written down and signed. Any concerns are addressed straight away".

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a 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 should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person.

Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that people could make day to day decisions on their own. We saw a best interest decision in place for one person who had an operation at hospital under general anaesthetic. A best interest meeting was also planned for one person who required some dental work. Information was available on the MCA in an easy read format to help people understand the act.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted helping medical staff understand more about the person.

We looked at the care records of people with complex physical and mental health needs. Their physical, mental health and social needs had been holistically assessed to ensure the care they received was in line with their individual needs. For example, for one person living with diabetes, clear guidance was in place for staff to support them. This included what action to take if concerned or if glucose levels have fallen below their recommend safe level.

A health information folder was available to support people in an easy read format which related to specific health related situations. This meant that staff could support someone on subjects like preparing for an anaesthetic, breast screening, going for a blood test and visiting the dentist for example. Preparing people with information and answering concerns or questions before people went for their appointments.

Technology was used in the service to effectively support the safety and welfare of people and promote independence. For example, one person had consented for a GPS tracker to be used when they went out in the community. If they required help they could press for help and the service and local authority were able to see where they were and assist as required. The registered manager told us it was working well and they had no concerns. For another person, so they could bathe independently, the bath was fitted with an alarm sensor which activated if the water went over a certain level. The registered manager said, "We want to keep residents independent for as long as they can".

People were supported at meal times to access food and drink of their choice. Some people could do their own food shopping from a local supermarket, either on their own or with a member of staff. The support people received varied depending on their individual circumstances. People were supported to eat and drink and maintain a balanced diet. People told us, they were encouraged to take regular drinks to prevent dehydration.

People's plan of care included information about their dietary needs, and their likes and dislikes. For example, one person required support with eating a soft diet and for their drinks to be thickened. We observed them having their breakfast and saw their care plan being followed so the person was assisted to eat safely in the way they liked. To promote independence adapted cutlery and specialised plates and cups were used so they could manage safely independently.

Good

Is the service caring?

Our findings

We observed positive, caring interactions between staff and people using the service. Staff demonstrated that they knew how people liked to be supported by the way they interacted with them. One person told us, "All the staff talk to me in a lovely manner." Another person said, "I have a good banter with the staff, we have a laugh." Another person said, "All the staff are like family".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One person told us, "The staff always knock on my door and ask if it's alright to come in." Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "When providing personal care make sure doors are closed. Speak to them and make sure they are comfortable with what you are doing".

Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style. People were encouraged to be as independent as possible. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

People said care staff consulted them about their care and how it was provided. One Person told us, "I can get up and go to bed whenever I want, it's up to me." Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's life histories. For one person we saw it included photographs of them and their family growing up. We saw photographs of when people moved into the service twenty-five years ago. People also had photos of what they like to do and where they like to go and, for one person, this was a local air show.

When people were not able to manage safely at the service due to an increase in medical conditions, they were supported by the service with their transition to a different care setting. The registered manager told us about how they had assisted one person to move after being with the service a long time. They said, "To help him prepare for the move, we encouraged additional visits from the new provider's staff, including getting to know his proposed new keyworker, exchanging messages with a couple of people he already knew living there, and obtaining permission to take photos and video clips to help familiarize him with the house. We also assisted fully in the move itself, and in visiting while he settled in and became more at home there". We saw a written compliment received form the persons family member who felt the service had gone above and beyond and that the quality of care provided over the years meant that they had a quality life and shared many happy moments.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. For example,

when people move to another care environment. The registered manager told us, "We support existing residents with making visits to past residents after a move to maintain relationships where this is desired, as many residents have lived with us for a great many years, building strong relationships with each other and with long serving staff. We also continue to maintain links with families if they wish this".

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care and were supported to follow their interests and make choices about how they spend their time. One person told us, "[staff member's name] has helped me plan a journey to London in July". Another person said, "I never went out much, but they have encouraged me to go to a local club where I join in the activities, games and play bingo". Other comments included, "It's my birthday next week and they are arranging a party for me."

People were supported to access the community and do the things they wanted to do. Staff were aware of people's interests and how people liked to spend their time. People told us, they were encouraged to be independent with going out shopping, working at local charity shops, days out and taking holidays with family. We saw activities displayed in pictorial format including, swimming, Arts and Craft, Table Games and Cookery Lessons. Care plans contained information on what was important to people and their interests. For one person this was art and photography classes and going to the local café in town. One person told us, "I am building new skills since coming to live here."

People were involved in their care planning. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. Peoples changing needs were being met, for example one person, who suffered from high anxiety, had now been given the support and confidence to control their anxiety.

Care plans were reviewed regularly by their keyworker. All the people needing care and support from the service had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. We saw a comment from one review which showed they were very happy living at the service and didn't want to move. A staff member said, "I'm a keyworker for two residents we do a monthly meeting and every six months we invite the family. Making sure the resident is happy with the service and it's all updated".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Easy read information was available on supported housing privacy statement, charter of rights, equality and diversity, guide to health and safety, guide to professional boundaries, your rights as a resident, guide to support planning and action planning, guide to third party information sharing, keeping yourself healthy and information on the NHS 111 service.

People and those important to them had opportunities to feedback their views about the quality of the service they received. A' Tell Us What You Think ' poster was displayed so people could provide comments, suggestions and to write their thoughts about the service. House meetings were held monthly for people who wanted to attend. Minutes from the last meeting in June showed easy read information had been discussed and shared and people were given information on the new data protection guidelines. People

were issued with a service user guide and welcome pack which was in the process of being updated and showed that people living at the service had chosen to be called residents. Surveys were also sent out annually in easy read format and showed people were happy with the service.

People and their relatives knew how to make comments about the service, and the complaints procedure was prominently displayed. The home had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received since our last inspection. The registered manager told us, about a 'Neighbourhood dispute form', this helped people to raise issues that are not actually complaints about the service, but are concerns related to each other's behaviour that impact on community life, e.g. noise disturbance or nasty notes.

Good

Is the service well-led?

Our findings

People were happy living at the service and felt it was well-led. One person told us, "I feel very happy here, I'm a different person". Another person said, "I have had all the support I have asked for". A third person told us, "The staff are good to talk to about anything".

There was an open and transparent culture in the service. The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents. One staff member told us, "Management are brilliant, because anything you have concerns with its dealt with straight away".

Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "Management fine I can voice concerns if I had any". Other comments included, "Management very good". As well as, "Yes, I feel supported".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas. One staff member told us, "Staff meetings are good discuss about team, updates or concerns about residents or any improvements".

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, risk assessments, safeguarding and complaints. Where issues were identified, remedial action was taken. External audits from the area manager were also in place to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. The registered manager used an 'service improvement action plan'. Outstanding actions from audits and meetings were inputted into the action plan. They told us, "Useful tool to use and gets reviewed every week, so makes you chase up any outstanding action".

The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. They said, they had managers meetings with the area manager and other managers monthly. For services who are registered with CQC, registered managers also meet quarterly for sharing best practice and idea sharing.

The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm. The registered manager kept up to date by attending professional forums and sharing best practice.