

Sanctuary Home Care Limited

Aldam House and Cottage

Inspection report

Gordon Street
Goole
DN14 6SQ

Tel: 01405720962

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aldam House and Cottage is a supported living service and is close to local shops and amenities. The service is registered to provide support to adults who may be living with a learning disability or autism spectrum disorder, mental health or physical disabilities. It also provides support to younger adults and people who misuse drugs and alcohol. At the time of our inspection the service was providing personal care to 3 people. The service can support up to 10 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff supported people to have the maximum possible choice, control and independence over their own lives. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests. People were supported to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their well-being and enjoyment of life. Where appropriate staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their

aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People were involved in planning their own care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the service was last inspected.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aldam House and Cottage on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aldam House and Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

Aldam House and Cottage provides care and support to people living within a supported living setting. The service had 8 en-suite bedrooms with shared communal living space and adjacent to this were the cottages which had 2 bedrooms with a shared bathroom and communal living space, this supported people to 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were no longer working at the service. A new manager was in post who will be completing their forms in the new year to register, the previous registered manager will also de-register from the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 December 2023 and ended on 8 December 2023. We visited the location's service on 6 December 2023.

What we did before the inspection

We reviewed the information we had about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 1 relative about their experiences of the care provided. We spoke with 4 staff including the area service manager, the manager, the deputy manager and 1 support staff.

We reviewed a range of records. This included 3 care records and 2 medication records. We looked at other records relating to the management of the service including recruitment, supervision, and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately. People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- Risk assessments were reviewed regularly or when people's needs changed. One person was supported to update his own care plans and risk assessments and was working towards more independent living.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave good guidance for people and professionals in evacuating from the building.
- Learning from accidents and incidents was shared with staff and discussed in regular team meetings to understand if there were areas that could be improved to reduce future risk.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and procedures in place to guide staff in the action to take should they have any concerns. People told us they felt safe and secure.
- Staff completed safeguarding training and knew what to do if they witnessed abuse. They were knowledgeable about the different types of abuse and signs and symptoms that may alert them.

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 MCA 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.

- Staff received training and understood the requirements of the MCA. Staff told us they asked for people's consent before providing support and they would not ask people to do something they did not want to do.
- People had capacity and had signed consent forms in their care records. They were involved in any decisions about their care.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people who use the service. There was enough suitable qualified and experienced staff to keep people safe.
- People received care and support from staff who knew and understood them. Comments from people included, "Support workers are brilliant and my key worker [Person's name] is really good," and "Staff are nice and helpful and always support you if you need it."
- Staff recruitment and selection processes were followed. Staff files contained all the necessary pre-

employment checks which showed only fit and proper applicants were offered employment.

Using medicines safely

- People received their medication as required. People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received support from staff to make their own decisions about medicines wherever possible. One person said, "I have a Dossett box for my medication and staff just give me a little prompt as a reminder."
- Staff received training in administering medicines and their competences were regularly checked.

Preventing and controlling infection

- The service used effective infection, prevention, and control measure to keep people safe, and staff supported them to follow them. The service had good arrangements to keep premises good and hygienic. People told us they were happy with the overall cleanliness and maintenance of the properties.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The service had a positive culture that was person centred, open, inclusive, and empowering and delivered high quality compassionate care. A staff member said, "We work really hard, and we are all good at encouraging people to develop."
- Managers were visible in the service, were approachable and took a genuine interest what people, staff and other professionals had to say. A professional who visits the service said, "The staff are very responsive and have an excellent rapport with people."
- Staff felt supported, respected, and valued by senior staff which supported a positive and improvement-driven culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An effective system was in place which monitored the quality and safety of the service through a robust audit system. This information is used to improve the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. A relative said, "They [Staff] go above and beyond, it feels like we have fallen on our feet with this home."
- Supervisions and team meetings were used to discuss issues or concerns and to drive improvements in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and used the feedback to develop the service. One person told us "The meetings are really useful, and you can put your views forward."
- Staff had regular team meetings and told us they could discuss issues that were important to them, and they feel listened to. A staff member said, "We also have daily handovers where we can discuss issues that we feel are important."
- The provider worked collaboratively with a range of different health services to help make sure people received the right support and improve their well-being. An outside organisation had recently visited the service to provide first aid training to people who lived on the premises.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The manager was aware of their obligations for submitting notifications to CQC, as required by law.