Sanctuary Home Care Limited

Sycamore Court

Inspection report

33 Robert Hall Street
Leicester
Leicestershire
LE4 5RB

Tel: 01162833146
Website: www.sanctuary-supported-living.co.uk

Date of inspection visit:
29 November 2018

Date of publication:
29 January 2019

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

This announced inspection took place on 29 November 2018.

Sycamore Court provides care and support to people living in two 'supported living' settings, so that they can live in their own home 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. Some people using the service lived in a 'house in multi-occupation' that could be shared by three or more people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

At the time of our inspection, there were ten people in receipt of personal care support. The service provides support to adults with autism, learning disabilities and mental health needs.

Not everyone using Sycamore Court 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.

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.

People told us they felt safe with the staff team at Sycamore Court. Staff members had a good understanding of the various types of abuse and knew how to report any concerns.

Staff were skilled at ensuring people were safe. Potential risks people were exposed to had been identified and reviewed. Risk assessments included detailed information and guidance to support staff to follow measures to reduce the risk of harm.

People received care from a consistent team of staff in sufficient numbers to meet their needs.

People were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. People were supported to take their medicines safely and were protected from the risk of infection.

Staff were provided with the training they needed to have a full understanding of their role and develop the skills and knowledge to meet people's needs. Staff were positive about the support they received from managers.

Staff worked in partnership with other health professionals and agencies to ensure all aspects of people's

health and well-being was maintained.

People were supported to make decisions and choices about their care. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and sought consent before providing care and support.

People had positive relationships with staff who knew them well. People were fully involved in their care.

Staff were described as kind and caring. Staff were committed to protecting people's right to dignity and privacy and treated people with respect. People were supported to develop their independence as far as possible and be a part of their local community.

People's concerns and complaints were listened to and responded to in order to improve the quality of care.

People, relatives and staff were able to express their opinions and views and were encouraged and supported to be involved in the development of the service. People were enabled to have links with the local community and staff worked in partnership with other agencies to improve people's lives.

The provider and registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were highly motivated and proud of the service. There were effective systems to continually monitor the quality of the service and bring about improvements to develop 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 was safe.

There were systems in place to protect people from the risk of abuse and staff were knowledgeable about their responsibilities. Risks were managed and reviewed regularly to keep people safe from harm or injury.

People were supported by consistent staff, in sufficient numbers to meet their needs. People were supported to take their medicines safely.

The provider monitored and reviewed accidents and incidents and systems were in place to ensure lessons were learnt to prevent the risk of further harm.

Is the service effective?

Good

The service was effective.

Staff received training and support to ensure they had the skills and knowledge to support people appropriately.

People were supported to have access to appropriate health and social care professionals and received support to maintain their health and well-being.

Systems were in place to ensure that people were able to make decisions and choices and consent to their care.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Staff supported people to be involved in their local communities and ensured people were not at risk of social isolation.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

There were appropriate systems and processes in place to monitor the quality of people's care.

A registered manager was in post and they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these.

Sycamore 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 checked 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 29 November 2018 and was announced. We gave the service 48 hours' notice of the inspection as care is provided in the community and we needed to be sure that staff were available to support the inspection. The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave them the opportunity to provide this information during our inspection visit.

During the inspection we spoke with five people using the service, one relative, two members of staff, the deputy manager, the registered manager and a regional manager. We reviewed the care records of three people to see if people were receiving the care they needed. We sampled recruitment records for three members of staff and staff training records. We also looked at the provider's quality assurance and audit records to see how they monitored the quality of the service and other records related to the day-to-day running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "I feel safe with staff; if I have a problem I can talk to them, " and "The staff follow the care plan so I feel safe." A relative told us, "Staff are really good at keeping people safe, in the building and in the community. They are quick to get in touch if anything happens and are quick to sort things out."

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. The policy including information about local authority safeguarding guidelines and contact details of external agencies who staff could report concerns to outside of the service. Staff were provided with information to remind them of professional boundaries and safeguarding information was available in appropriate formats on communal notice boards for people and visitors. This helped to support people's awareness and understanding of abuse, including what to do if they felt they were at risk.

Staff understood what action they needed to keep people safe. Staff told us they were confident to report abuse and knew how to blow the whistle on poor practice to agencies outside the organisation. Staff had received training in safeguarding and the registered manager checked their knowledge and understanding through meetings and supervisions. The registered manager worked closely with local authorities and agencies to ensure people's rights were safeguarded and risks assessed to safeguard people from foreseeable risks whilst respecting their right to make choices and decisions.

People were protected from risks associated with their care and support because the provider followed best practice guidance and procedures. Each person's support plan had an assessment of the risks the person may be exposed to. Risk assessments were specific to each person and covered areas such as medicines, behavioural risks and safety in the community. Where risks were present, risk management plans had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence. For example, staff were provided with clear guidance on how to support one person manage how they responded in different situations and the intervention they needed from staff to keep them safe. Risk assessments had been completed which provided guidance in the event people needed to evacuate their homes in an emergency, for example, in the event of a fire. Where people required specific support, for example vibrating pillows or buzzers linked to the fire alarm, these were in place and regularly checked.

Some people using the service required staff support to help them to manage their behaviours, which could be challenging at times. Care plans included guidance for staff to follow to provide the reassurance people needed. Information included possible triggers for behaviours and suggested staff interventions. Monitoring charts were in place to enable staff to record and analyse incidents in order to identify any trends or patterns. Staff had completed training to enable them to understand people's specific needs and staff demonstrated a good understanding of approaches and appropriate interventions for individual people.

Records of incidents and accidents that had occurred within the service had been reviewed by the registered manager and the provider's representatives, and action taken as necessary. Through regular team meetings

and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files included evidence that the necessary employment checks had been completed before staff started to work at the service. These included evidence of previous employment, proof of identify and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People were supported by enough staff to meet their needs. Staff rotas were planned according to people's basic support hours. However, these were flexible dependent on how people wished to use their hours, for example, attending appointments or going out into the community. People told us there were enough staff to help them when they needed it and to support them to go out on activities. One relative told us, "They were initially over staffed as people moved into the service. This was to help people settle in. There are less staff now but they are consistent and there are always staff around to speak with or help people."

People were supported to manage their medicines safely. People's care plans included details of prescribed medicines, the level of support they needed to take them, consent to the support and risks associated with their medicines. Where people were prescribed medicines to be taken as and when required, for example, pain relief, these were supported by protocols to guide staff on when people may need them. People's medicines were stored safely and staff maintained accurate records to demonstrate they had supported people to take their medicines in line with their care plan.

People were protected by the prevention and control of infection. Staff told us that they washed their hands and wore disposable gloves and aprons when providing personal care and we saw these were available. Staff were trained in infection control and followed the service's infection control policy and procedures.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they came to the service to help ensure it was suitable for them. A relative told us, "We looked at a number of places and liked this one because it is family orientated and they focus on social interaction. The staff undertook a detailed assessment which involved me as well. They explained everything and held a number of meetings with people and relatives before people moved in. This helped to manage people and relative's expectations of the service." Records showed that peoples' needs were thoroughly assessed, including their communication needs, culture and faith and medical needs, so staff were aware of these as soon as they began using the service

Staff were supported to complete an induction programme when they first started working in the service. This included essential training, such as safeguarding, medicines, training specific to people's needs, such as health conditions, and working alongside experienced staff and competency checks. Staff spoke positively about the training provided. Comments included, "I completed all the essential training during my induction. Sanctuary [provider] have an on-line site which tells me the training I need to do and gives me access to lots of information. The training is on-going, as things move on or change. They [managers] follow up training to make sure you know what you need to know. For example, observing to check you are competent to administer medicines before you actually start to support people on your own. I am really happy with the training and the opportunities for further development," and "I have done more training since I worked with this provider than I did in my previous job. The training provided is really good and we have access to a lot of information."

The provider's training matrix, a central record of training, confirmed staff had completed a wide range of training to enable them to develop the skills and knowledge required to meet people's diverse needs. At the time of our inspection, two staff had been supported to complete the Care Certificate, which is a set of nationally recognised induction standards for staff working in care and support services.

Staff told us they were supported to develop in their roles and received regular supervision from the registered manager. One staff told us, "The management is brilliant. They are so supportive, both personally and professionally. There is always someone you can speak with if you need advice or guidance." A second staff member told us, "I receive regular supervision and support. If I have a query I can go to [registered manager]."

Staff supported people with their meals and encouraged people to maintain a healthy, balanced diet. For example, one person's care plan required staff to guide the person into choosing healthier options for meals. We observed staff prompting the person to consider a healthy option of their breakfast and also when putting together their shopping list. Peoples' care plans set out their likes and dislikes and whether any cultural or other factors affected what they ate. People were supported to go shopping for meals and snacks and were provided with designated fridges and cupboards to store their foodstuffs which they accessed at any time.

People were supported to access a wide variety of health and social care services. The service worked and

communicated with other agencies and staff to enable effective care and support. Records were kept by the service in relation to other professionals involved in people's care which showed the service was able to communicate effectively for the benefit of the people using the service.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Records showed that staff regularly supported people to attend medical appointments and followed the advice of healthcare professionals. For example, where people were at risk of poor nutrition, assessments and practices were in place to enable staff to monitor the person's well-being. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community care settings, this is under the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. They told us how they supported people to make their own choices and asked for people's consent before providing their support and we observed this in practice. Staff demonstrated a good understanding of people's right to make decisions and respected that, where people had mental capacity, they were able to decline their care and make unwise lifestyle choices.

People's care plans provided information for staff to follow to ensure that people received the right level of support to make choices and decisions. For example, one person made choices based on pictorial information, gestures and signs. Where people needed support to make complex decisions, the service ensured they followed best interest assessments or obtained evidence of power of attorney to ensure representatives were legally appointed to act in the person's best interests.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff who knew them well. People's comments included, "I like it here. It's lovely to be with my friends. My support workers take me out and I do lots of activities. I can do what I want," "If I have a problem, staff listen to me and help me," and "This is our home and staff respect this. They are all good to me and very kind." A relative told us, "The staff are all brilliant. There has been some staff movement but there is a consistent core of staff. I can visit when I want, there are no restrictions and I am always made to feel welcome."

People's choices in relation to their daily routines and activities were listened to and respected by staff. We saw that staff were allocated to support people on an individual basis and daily routines were centred around the person's preferences and needs. Staff supported people to be as independent as possible, for example in making decisions about how they wanted to spend their day, making drinks and meals and in pursuing hobbies and interests.

Care plans identified what was important to people so staff could support them to make decisions about what they wanted to do. We saw records that reflected people's involvement in deciding how their support would be provided. For example, one person's care plan stated they wanted to go to the local shops unassisted; staff had discussed with them how they would achieve this. People had signed records to indicate their consent to receiving care and support.

Staff told us they had enough time to provide the care people needed. Throughout our inspection visit, we saw staff spent time with people and support people to attend appointments and go out in the community if this was what they wished.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs, their personal preferences and choices. People were able to choose whether they wanted male or female staff to provide their personal care. People were supported to maintain friendships and relationships with people who were important to them.

The service was able to source information for people should they wish to use an advocate and advocacy information was available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. People told us staff were always respectful, giving examples of staff using people's preferred names and knocking on doors and waiting before entering. Confidential records were kept securely in the office and staff demonstrated a good understanding of upholding people's right to have their information protected. Notice boards in communal areas provided information and guidance for people and their relatives on how the service used and protected people's information. This helped to ensure people's information was managed in line with legal

requirements.

Good

Is the service responsive?

Our findings

People told us the service supported them to lead meaningful lives and that staff were committed to providing individualised support. One person was able to describe how staff identified when they needed extra support or reassurance and provided this which made the person feel valued. Staff described how they responded to peoples' varying needs and abilities and adjusted their support dependent on each person's support needs.

From people's pre-assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. A relative told us, "They [staff] are very quick to let me know if there have been any changes (to care and support). They take time to speak with me when I visit and we meet to review [name of family member] support needs." People's care and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. For example, for one person it was very important that staff used a specific communication tool to enable them to communicate and make decisions and choices. Staff had spent time with the person developing the tool which enabled all staff to respond to the person's individual needs.

Staff supported people with a wide variety of social activities to further develop their life skills and reduce the risk of social isolation. People were able to describe how staff supported them to use local community services, such as shops, community and education centres. Where people were able to go out into the community independently, risks had been assessed and measures taken to reduce risks whilst supporting the person to be as independent as possible. For example, supporting people to learn routes, use public transport and establishing relationships with local retailers who could assist the person. People spoke with obvious pride when they described their achievements through their hobbies and interests.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example, some information in people's care plans was provided in a, easy read, pictorial format and people had been supported to use picture cards. The provider had also accessed easy read information on people's rights in different areas to further support their independence.

People and their relatives were encouraged to raise any concerns or complaints. People said they felt able to speak to any of the staff at the service if they had any complaints. A relative told us they had not had need to raise any concerns or complaints but knew they could raise these with the any of the staff and felt confident action would be taken to resolve their concerns. We saw the provider had a clear complaints policy and procedure in place and copies were available in different formats on notice boards for people and visitors. Complaints received had been dealt with appropriately and were logged and monitored and

used to bring about improvements in day to day service delivery.

At the time of the inspection, no people using the service were receiving end of life care. The provider had a policy in place which enabled staff to understand the importance of providing good end of life care to people and provide support to make advanced decisions about the end of their life where appropriate.

Good

Is the service well-led?

Our findings

People and a relative we spoke with were consistently positive about the service they received. Comments included, "All the staff are good to me, they help me do what I want to do," and "The service is open and transparent. We are really happy with it. They [staff] are quick to respond and communicate if there are any changes and keep us informed. There are great social interactions and staff are very flexible in how they provide care and support."

There was a registered manager in post who was supported by a deputy manager. The registered manager had developed and sustained a positive culture in the service, encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff spoke highly of their managers and said they were accessible, approachable and encouraged positive teamwork. Comments included, "Working here is a breath of fresh air. We support people to get good opportunities in life. The great care and support people receive wouldn't happen without good management. Staff get on well with each other and we are encouraged to talk about any problems. There is no bickering; we discuss the issue, get it out in the open and resolve it. All the managers, including the area managers, are friendly and helpful. I enjoy coming to work and get absolute job satisfaction," and "The service is completely led by the service users. They have enormous choice and that has such a positive impact for people. We have brilliant teamwork and management who encourage an open culture."

Staff were supported to share their views directly with the registered manager and through staff meetings. Minutes of these meetings, which were held regularly throughout the year, showed these were well attended and were used to share information and consult with staff. Good practice was recognised and praised and areas for further development were discussed. All staff had access to the provider's information board which covered a range of topics and learning forums. This helped to keep staff up to date with changes in policies and procedures and ensure they followed best practice.

The service had a clear vision and strategy that focussed on individualised support. The registered manager and staff described how the service aimed to work with people, to support them to be as independent as possible and live life as they wanted to. The registered manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs.

The provider actively sought the views of people and those important to them. People and relatives were supported to share their views individually, through house meetings and through satisfaction surveys. Surveys completed in May/June 2018 showed people were very happy with their care and support. Records showed where people had made suggestions for improvements to the service, for example suggestions to develop technology or improved access and involvement in the garden, these had been discussed and, where possible, implemented.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked in partnership with other agencies in an open honest and transparent way to bring about improvement to the quality of care provided. Staff also shared information as appropriate with health and social care

professionals when necessary; for example, health and social care professionals involved in commissioning care on behalf of people.

Quality assurance audits and checks were carried out regularly within the service by the registered manager and senior managers acting on behalf of the provider. These included all areas of care and support, such as staffing, records, medicines and health and safety. The outcome of audits and checks were used to identify where improvements were needed and improvement plans were developed with target dates. Records we saw showed the registered manager had identified where improvements were needed. For example, medicine risk assessments had been reviewed and developed to ensure records provided staff with the detailed guidance they needed to support people to manage their medicines. Improvement plans and quality assurance reports were collected by the provider which enabled them to benchmark each service's quality outcomes. The registered manager described how the provider enabled registered managers from different services to meet regularly to share best practice and learn from achievements within each service.

The provider was committed to a culture of continuous improvement, driven by the registered manager. They maintained an 'innovation file' which detailed where staff had excelled in the care and support they had provided. For example, staff held fund raising events to raise money for local charities, the provider held a gardening competition which people using services could enter, in addition to achievements in the provision of care and support.

The management team were aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. The registered manager had made appropriate notifications to the Commission.