

Mrs Christine Ann Hotchin

# The Sanctuary Office

## Inspection report

3 Glade Close  
Burton Latimer  
Kettering  
Northamptonshire  
NN15 5YG

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Sanctuary Office is a domiciliary care agency providing personal care to people living in their own homes in the towns and villages of east Northamptonshire. At the time of inspection there were 14 people receiving personal care.

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

The service was owned and managed by an individual.

Improvements were required in the assessment and monitoring of the quality and safety of the service. The manager did not have systems in place to identify issues which required actions to make improvements to the service.

People's medicines were not always managed in a safe way.

People's risks had not been assessed, however, care plans did provide clear guidance for staff on how to provide safe care.

Staff had not always been recruited using safe recruitment procedures. However, the manager had checked whether staff had previous criminal convictions by completing checks through the Disclosure and Barring Service (DBS).

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; however, the policies and systems in the service required updating to support this practice.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People received their care at the agreed times from staff they knew. People and relatives found staff to be kind and respectful. Staff had a good understanding of people's needs, choices and preferences.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff received training to enable them to meet people's needs and were supported to carry out their roles.

We have made two recommendations about sourcing risk assessments and mental capacity assessments which are based on best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 5 January 2017).

Enforcement

We have found evidence that the provider needs to make improvements.

We have identified breaches in relation to risk assessments, medicines management, staff recruitment and quality monitoring at this inspection. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Sanctuary Office

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector on 16 August 2019.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (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 consider any wider social care provided.

The service is owned by an individual, who managed the service. As a sole provider, they do not require a manager registered with the Care Quality Commission. This means that the individual who is the sole provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with the registered manager and one member of staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The manager did not follow safe recruitment practices. This put people at risk of receiving care from staff who were not suitable for the role.
- The manager did not hold records or check staff full employment histories. They did not check why they had left their previous place of work or seek explanations for gaps in people's employment histories.
- Staff commenced working before satisfactory references were received from previous employers. The manager had relied on personal references, some of which were given verbally and not recorded or verified.
- One member of staff who had no previous employment details or references recorded had been involved in two incidents where they failed to provide care as planned.

The manager did not have suitable recruitment procedures in place to know whether staff were of good character or had the necessary skills and experience for the role. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- The manager checked whether staff had previous criminal convictions by completing checks through the Disclosure and Barring Service (DBS).
- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew people well.

### Using medicines safely

- People had not been formally assessed for their abilities to manage their own medicines.
- Where people received support with their medicines, staff did not always accurately record what people were given. For example, one person's medicine was dispensed from a blister pack. Their prescription had changed, and staff were substituting one tablet for another as prescribed. However, they had not recorded what they had done, or what medicines the person had taken. There was no record of the medicines the person had actually taken.
- One person could not reach their medicines and relied on staff to administer them. They showed us they had medicines that staff administered that were in another person's name. Staff had administered medicines to a person regularly without the medicine being prescribed or recorded. This put the person at risk of an adverse reaction to medicines not prescribed for them.
- The manager had created a medicines administration record (MAR) chart for each person receiving medicines. The MAR charts did not follow best practice as they did not include details of the medicines, the dosage, what they were for or when to give.

- The manager carried out regular medicine's audits, but these did not identify there were issues with the administration and recording of medicines.

#### Assessing risk, safety monitoring and management

- The manager had not assessed people's risks. Records showed assumptions had been made and information from relatives had been used to make assessments for the care required. People at risk of falls, poor skin integrity, choking or moving and handling did not have risk assessments for these. This put people at risk of receiving care that did not meet their current needs as no formal assessment of their needs had been made or regularly reviewed.

The manager failed to adequately assess all people's risks or ensure people receive their medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

We referred the manager to best practice guidelines, skills for care and the local community pharmacy team for guidance on how to manage medicines safely.

- People's care plans provided clear instructions for staff on how to provide care.
- Staff were kept up to date with changes in people's care during handovers and team meetings.
- The manager carried out environmental risk assessments to ensure staff were safe to provide care in people's homes.

#### Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I feel safe with these [staff]." Their relative said, "I know [relative] is in safe hands."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I am confident I would raise an issue."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. One person told us, "[Staff] wear gloves and they also wash their hands before preparing food." One relative said, "The staff clean the hoist, they use gloves when they are supposed to and wash their hands."
- The manager carried out spot checks on staff to check they were following procedures and using PPE.

#### Learning lessons when things go wrong

- The manager used complaints, incidents and safeguarding alerts to improve the service. The manager worked with staff to understand how things went wrong and involved them in finding solutions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences. The manager used a holistic assessment to understand people's needs.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- The manager did not use any formal assessments tools to measure people's risks. This made assessing changes in people's needs unreliable as changes were not recorded or compared.

We recommend the manager sources and uses assessment tools that are based on best practice.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.
- The manager did not carry out mental capacity assessments to establish people's insight and understanding of their care needs. The manager did not have any systems in place to assess people's mental capacity to make decisions. They told us they assumed people had capacity unless proven otherwise; at which point they would refer to people's GP. This meant people may not have always been

supported to make informed decisions about their care.

We recommend the manager sources and implements systems to ensure people's mental capacity is assessed when needed.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles. One member of staff told us, "I had quite a lot of training, all of it was relevant."
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example care of catheters and stomas.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People who had their meals prepared for them received their visits at regular intervals to ensure they received their meals at planned times.
- People who were at risk of choking received their meals in a safe way. For example, staff followed clear guidelines to position a person's head safely to have their meals.
- Staff were aware of the risks of dehydration and encourage people to drink regularly, particularly in hot weather.
- Staff had training in food hygiene and provided balanced meals that met people's dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to make healthier life choices such as diet and exercise.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services promptly when they showed signs of illness. A relative told us staff were very vigilant and understood their relative's needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person said, "They [staff] are very good. We talk about all sorts" another person said, "[Staff] are very respectful."
- People told us staff were kind and friendly. One person said, "I am well looked after, they [staff] are all very nice." A relative told us, "It is important how the staff are as people, they are very friendly."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people coping and remaining in their homes with care.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships within their circle of support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person told us, "They [staff] ask me if I am cold, they use a towel to cover me and use warm water to wash me. They [staff] make sure my door is shut for privacy." A member of staff explained, "I am pleased we have time to do things properly."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person demonstrated how staff encouraged them to carry out their personal care themselves and only assist where required.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives had been involved in creating and updating their care plans. One relative said, "All the staff are very attentive. They listen to what we are telling them about [my relative's] care. They are very good at following the detailed instructions."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, the timings of their visits.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous experiences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff took interest in people's past lives and professions. They took time to get to know people and talk about people's experiences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident the manager would deal with any of their concerns.
- There was a complaints procedure in place whereby complaints were addressed in accordance with the provider's policy. The complaints procedure was made available to people in the service user guide.
- There had been one complaint. The manager told us they had used the complaint to learn and improve the service. One relative told us, "I have no cause to complain, they [the service] is spot on."

End of life care and support

- People were given the opportunity to record what was important to them at end of life. People had made their funeral plans.
- There had not been any people receiving end of life care with the service.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager failed to have sufficient oversight of the service to identify issues with staff recruitment procedures, risk assessments and medicines management.
- There was no system to monitor the service, such as audits to identify where the service required improvement.
- The manager had not ensured systems and processes were in line with best practice. For example, lack of assessment tools or assessing people's mental capacity to make decisions about their care.
- Policies and procedures did not include guidance which followed best practice.

The manager failed to have established systems and processes in place to assess, monitor and improve the quality and safety of care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- The manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- The manager had oversight of staff induction, staff training and people's care plans.

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

- The manager promoted person centred care in all aspects of the service. Relatives told us the manager was flexible and was a good listener. One relative said, "They [the service] is brilliant."
- The staff team was supported by the manager. Staff told us, "[The manager] is fantastic, really supportive."
- Staff told us they were happy working at the service and felt supported by the management team.

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; Continuous learning and improving care

- The manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour. Following a complaint, the manager had met with the person affected and their family to apologise.
- The manager supported staff to learn from incidents and actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback through surveys. The feedback we saw in the surveys was all positive. However, the manager had yet to collate the feedback to see if improvements were required.
- People's equality characteristics were considered when sharing information, accessing care and activities.
- The manager and staff communicated daily, staff had opportunities to feedback issues and concerns.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Working in partnership with others

- The manager worked well with commissioners and people's GPs.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The manager failed to adequately assess all people's risks or ensure people receive their medicines safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The manager failed to have established systems and processes in place to assess, monitor and improve the quality and safety of care.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The manager did not have safe recruitment procedures in place, they could not be assured staff were of good character or suitable employment histories for the role.