

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Rye

Inspection report

St Bartholomew Court
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Rye
East Sussex
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Tel: 01797330593

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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

The inspection visit took place at the service's domiciliary care office on 30 June 2017 and was announced.

Sanctuary Home Care Limited provides personal care services to people who live at St Bartholomew Court housing service (sheltered housing scheme). St Bartholomew Court was opened last year and is a purpose built complex where people live in individual flats with shared facilities which include, a hair salon, a lounge and dining area and a kitchen that provided meals for people who wish to purchase them. The service's office is located within the building. At the time of our inspection 13 people were receiving personal care services from the staff team who worked there. Other people living on the complex received personal care from other local domiciliary care agencies and others required no support.

There was a registered manager employed at the service. 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 received their medicines regularly and staff had been trained to administer medicines. However, the provider's policy and procedures were not fully in line with best practise. The registered manager took action to address this. The staff manually transferred the instructions for administering people's medicines onto the Sanctuary Medicines Administration Record (MAR) as they said the ones provided by the pharmacy did not meet the needs of the people receiving support. This could increase the risk of errors occurring. However, no recent errors had happened.

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. The service was supporting people to make decisions about their health and wellbeing. Staff had knowledge about the MCA and how to implement it on a daily basis. Formal mental capacity assessments had not been completed to demonstrate when people could make decisions for themselves and when they may need support. We have made a recommendation to the provider about this.

People received support in line with their assessed personal care needs. Systems were in place to manage risks to people. In some cases further details would enhance the risk assessments so that staff had full written guidance about what action to take to reduce risks. Staff were able to explain what action they took to keep risks to a minimum.

There were systems in place to monitor incidents and accidents and to take appropriate action. There was a business continuity plan in the case of an emergency, such as fire, flood or the breakdown of the technical systems.

The registered manager regularly carried out checks to identify any shortfalls and ensure consistent, high quality, personalised care. People and their relatives had been surveyed to ask their opinions on the service, but staff and other stakeholders such as people's GPs had not been asked. This is an area for improvement.

Safeguarding procedures were in place to keep people safe from harm. People felt safe using the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures.

People were protected by robust recruitment procedures and new staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff received core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the service.

People told us that they had never experienced a missed call as there were always staff available including cover for sickness and annual leave. They told us that they received a service from regular staff, who arrived on time and stayed the duration of the call. People said the service was flexible and provided additional calls if they needed extra help.

The service operated an 'out of hours' system for people or staff to ring if they needed additional assistance during evenings and weekends.

People told us that they were very happy with the service provided. Staff knew people's individual needs and how to meet them. People and their relatives were fully involved in the assessment and planning their care. The care plans contained the information needed to support people in the way they preferred and suited them best. Some of the guidance in the care plans was not detailed. This is an area for improvement.

People's care plans had been reviewed and staff were aware of any changes. Staff said the communication between them and the office made sure that they were up to date with people's changing needs.

Staff supported people to prepare meals to make sure they had a range of nutritious food and drink. The service made appropriate referrals and worked jointly with health care professionals, such as community nurses, doctors and specialist services to ensure that people received the support they needed.

Staff were caring and treated people with dignity and respect. They were kind, compassionate and polite. Staff often took people out during the day to attend various activities in the local community. The activities varied depending on what the person liked and enjoyed.

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service informally and formally. The feedback received had been positive.

The culture within the service was transparent, personalised and open. People said they felt comfortable talking to the provider about their concerns and ideas for improvements. The provider and registered manager looked at new ways of working to continuously improve the service.

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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 

Overall the service was safe.

Risks to people were assessed but more detailed guidance would further mitigate risks to make sure all staff knew what action to take to reduce risks to people. Staff were able to tell us the action they would take.

People received their medicines when they needed them. Areas for improvement were identified as staff were transferring information manually on medicines administration records.

Staff knew how to protect and keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. There were sufficient staff on duty to meet people's needs.

There was support from the registered manager and team leader outside of office hours and systems were in place to respond to emergencies.

Is the service effective?

Good 

The service was effective.

People were asked about their preferences and choices and were supported to remain as independent as possible. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. The provider needs to consider how they are going to assess people in the future if their mental capacity declines.

People received care from staff that were trained to meet their individual needs. Staff arrived on time and spent the allocated time caring for and supporting people.

Staff supported or prepared meals for people to make sure they had a range of nutritious food and drink.

People were supported to access appropriate health, social and medical support as soon as it was needed.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring and compassionate way.

People were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was respected.

Staff involved people in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and this information formed part of the care plan. The care plans were reviewed and updated regularly. Some plans needed more detailed guidance. People were supported to do activities they enjoyed.

People were supported to make decisions about their care and support.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to make complaints.

Is the service well-led?

Good ●

The service was well led.

People's views were formally asked for so that improvements could be made to the service. Feedback was considered and acted on. However, staff and other stakeholders had not been given the opportunity to formally voice their opinions of the quality of the service.

The provider of the service completed a number of checks to ensure they were providing a good quality service. Staff had a clear understanding of their roles and what their responsibilities were.

The provider reviewed policies and practices to ensure the quality of service provision. They monitored the support provided to people that used the service.

Sanctuary Home Care Ltd - Rye

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office. One inspector completed the inspection. This was because the service only provided personal care to a small number of people.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

As part of the inspection we spoke with five people who used the service and two people's relatives. We spoke with the registered manager and three staff who worked in various roles.

We looked at five people's care and support plans. We reviewed three staff files. We also looked at a range of quality audits and action plans. These showed us how the provider monitored the quality of the service provided.

This was the first inspection at the service since it was registered in May 2016.

Is the service safe?

Our findings

People said, "I feel totally at home and safe with all the staff" and "I was unhappy and frightened when I was in my other flat. But now I feel totally different. There is always someone around and I feel I can relax". "They are here 24 hours day and night. I feel safe".

A relative said, "It has made such a difference (my relative) coming here to live. They sorted it out that I came too. Our lives have completely changed for the better".

Risks to people had been identified and assessed. Most of the risk assessments contained guidance on how to make sure people were as safe as possible. There was detailed guidance in place for when people were at risk of falling. When it was identified that a person had a fall at night while trying to go to the bathroom action had been taken and a commode had been placed in near their bed. Another person was identified as 'wobbly on their feet' and there was as risk of falling. Staff had supported the person to get a walking aid and they now felt confident and safe. The person said, "I am so happy. I love it. I can get about again now without being frightened". When people were at risks of not eating enough there was guidance in place for staff to follow to make sure they were monitored and supported to remain healthy. When people smoked in their own flats there were risk assessments in place to make sure this was done safely.

Some people were identified at being at risk of taking too much medicine or sometimes they were confused. There was some guidance in place to minimise the risks but this did not explain clearly the action to take to keep risks to a minimum and what to do if the risks did occur. We asked the staff what they would do. The staff knew people well and they were clear and knowledgeable about how they kept these risks to a minimum and what to do if they did occur. This was an area for improvement.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

People said, "Every day I get my tablets without fail. They are very meticulous".

The providers had policies and procedures that gave guidance to staff about how people should receive their medicines and how this needed to be recorded. The policies and procedures were not in line with best practise. For example the providers policy and procedure stated, "Placing a tablet in to the service users hand, but not their mouth does not require the staff the staff to add and sign this on the medicines administration records (MAR) but requires recording in their daily record. Best practise NICE guidelines states, 'All care and treatment must be recorded including administration, supported self-administration or prompting someone to take their medicines. Care workers must record the medicines support given to a person on each occasion. Care workers should use a medicines administration record to record any medicines support that they give to a person. It is important to note that this is a "should" not a "must." This is best practice and they should be using a MAR'. After the inspection we informed the registered manager of best practises. They had already changed their procedures to make sure all medicines people received with

varying levels of support was recorded on the MAR.

The registered manager was using the MAR provided by the company. They were using this as the MAR's provided by the pharmacy did not suit the needs of the people they gave medicines too. This meant that all the prescribed medicines had to be transferred manually and handwritten on to the providers MAR's. This was undertaken by a delegated staff member, signed and countersigned, however this did increase the risk of errors. There had been no recent errors when giving people medicines but this could be an area for improvement.

People's medicines were stored safely in their own flats. People decided where they wanted to keep their medicines. People, relatives and staff said people received their medicines when they needed them. This included creams that were applied to people's skin to keep it healthy. Staff had received training in medicine administration and their practice was observed during spot checks carried out by senior staff. Staff were able to talk through the procedure they followed when administering people's medicines. There were personal medicine guidelines available for each person to make sure people received their medicines safely and in a way that suited them best. Medicines audits were completed and if errors were identified these were addressed with the relevant staff member to ensure safe medicine administration practices were adhered to and safe.

Staff said, "People get a very good service. There is someone here 24 hours a day". "We have time to chat with people which is really important". People said staff arrived on time, stayed the full time and did all the tasks required. People had their needs met by sufficient numbers of staff. The registered manager kept staffing numbers under constant review. The registered manager had employed two bank staff who could be called on if there were staff shortages and as more people required personal care the bank staff hours were gradually increased so people received care and support from staff they were familiar with. If necessary agency staff were used.

People were receiving care from adequate numbers of competent and skilled staff. The number of staff required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and night. People received calls lasting from 15 minutes to up to an hour. No one had experienced any missed calls and people told us the staff were rarely late and if they were going to be they let them know. The staff told us if there was an unexpected absence due to sickness or an emergency then they usually covered each other. There was an on-call system covered by the registered manager. People said when they had contacted the service out of hours they had received a prompt reply.

People were involved in recruiting new staff. They sat on interview panels and spoke with potential new staff and gave their opinions about their suitability which were then considered by the registered manager.

The provider's recruitment and selection policy and processes were followed when new staff were appointed. Recruitment checks were carried out to make sure staff were honest, trustworthy and reliable to work with people. Information was obtained about staff's previous employment history and any gaps in employment were discussed during interview. References were obtained and included the last employer.

Disclosure and Barring Service (DBS) criminal record checks were completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were organised and included proof of identity. The registered manager followed the provider's disciplinary processes when needed and records of these were kept securely.

Is the service effective?

Our findings

People and their relatives told us they were always asked for consent before care was given. When people first started receiving care their care plan was discussed with them and they signed it to say they consented to the care and support that had been arranged and agreed. Staff said that they always listened to what people wanted and explained what they were going to do first to make sure people were in agreement.

Staff had completed training and had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware that people's capacity to make certain decisions could vary from time to time and always checked how people were, to make sure people's human and legal rights were protected. However, mental capacity assessments had not been completed to demonstrate when people could make decisions for themselves and when they may need support. Some people's capacity fluctuated.

We recommend that the provider seek advice how they intend in the future to assess people's mental capacity if it declines.

Staff said, "We are the 'A' team. From the manager down all the staff are fantastic". "I feel more valued here than anywhere else I have worked. I feel recognised, they give you compliments about your work and if you don't do something quite right you are not made feel bad, it is dealt with constructively" and "We have really good team. Everyone gets on well together".

Staff and the registered manager told us that any issues were dealt with immediately. They said that they could contact the registered manager or team leader at any time to discuss any concerns or issues. Staff said that they regularly met with the registered manager. One to one meetings were held with staff every two months. Meetings were formally planned and recorded so the management had a record to show how they dealt with issues effectively and how they monitored development and competencies of staff.

Staff received an annual appraisal. Staff were encouraged to take ownership of what they were doing and improve their performance. These processes gave them an opportunity to discuss their performance and identify any further training or development they required. There were regular group meetings when staff could discuss any issues, suggest different ways of doing things and raise ideas about how they could improve things for people.

There was a stable and consistent team of staff who knew people well and knew how they liked to receive their care and support. They had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective personal care and support.

Staff understood their roles and responsibilities. Staff had completed an induction programme until they

were competent to work alone, which included shadowing experienced staff to complete a variety of tasks, accessing training courses and three observational sessions. The registered manager had signed up to the Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a three month induction period to assess staff skills and performance in the role. If staff did not feel confident after this time they were given more time to develop and improve. The probation period lasted for six months

The staff were reliable and turned up on time. If for any reason they were going to be late they let the person know. People said this happened occasionally but it was usually only five or ten minutes and they were confident that staff would come. People said that staff always gave the care and support people needed for the amount of time that was agreed. People said that staff always made time to have a chat and never rushed. People's visits were allocated to a small team of staff so that people received consistent care from staff who knew them well and who had the right skills to meet the person's individual care needs. When new staff were employed they were introduced to people first and spent time with them and experienced staff before they went to support people alone.

The registered manager made sure that people's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. People told us they were confident that the staff were well trained and competent. When staff were allocated to a person the registered manager checked to make sure everything was going well by visiting the person and talking to them and their relatives.

A range of training was provided to make sure staff were competent and confident in their roles. Training was driven by what the staff needed to support people receiving care. Staff told us that the training was good and discussed recent training attended and how it had informed their role. There was a mixture of essential training to keep people safe including safeguarding, moving and handling and first aid. Alongside this, care staff attended training specific to people's needs like dementia. The PIR sent stated, 'We are working with our local Dementia champion and staff and tenants have just had a talk from them to inform them of the effects of living with dementia. All staff who attended will become dementia friends'.

The registered manager assessed the competencies of the staff by observing their skills in people's flats. Spot checks were undertaken on an unannounced basis day and night whilst they were caring for and supporting people. They observed areas like moving and handling, supporting people to eat and giving medicines

A relative said, "My (relative) doesn't like to drink much, but the staff really encourage them. They will drink for them when they won't for me". People said, "They help with my shopping and help me get my meals ready" and "The staff take me into town. We often go and have a coffee. I really enjoy it".

When people needed support to make sure they ate and drank sufficiently this was included in their care plan and the staff followed the guidance. People's preferred food and how they liked their food prepared was recorded. People could choose to eat their meals in their flats or there was a dining area/ restaurant within the complex and if people wanted to they could eat there. At lunch there was an opportunity for people to chat, get together and enjoy each other's company. There was a good choice of meals that were well presented. People commented about how nice the food was and that they enjoyed their meal. The caterers knew people well. The registered manager gave food charts to the caterers so they were aware of any allergies people might have and any food or drink that people needed to avoid because of the medicines they were taking. People were supported and encouraged to eat a healthy and nutritious diet.

People if they wanted were supported with their health care. One person was nervous about being seen by a health professional so the staff supported them with the appointment. People's health care needs were monitored by staff. People told us that specialist health care professionals were contacted when needed. When people needed support with their mobility, physiotherapists were contacted and assessments were undertaken to support people to be more independent and safe when mobilising. Occupational therapists were involved and sourced specialist equipment like special beds and beds chairs and walking aids. Staff were attentive and knew when people were unwell or may need a doctor's appointment or visit. They supported people to attend medical appointments at their doctors or at clinics and hospital. When advice was given by health professionals this was followed by staff to ensure people maintained good health.

Is the service caring?

Our findings

People commented, "All the staff that come into my flat are welcoming, kind and helpful. They make you feel at ease". "They are all such lovely people and they do everything beautifully". "The girls listen to me. They are interested in what I have to say, they are interested in me".

The service had a caring and respectful ethos which was demonstrated through the way staff cared for and supported people. The registered manager and staff were passionate about the people they worked with. They wanted people to live fulfilling and meaningful lives and do as much as possible for themselves.

A staff member said, "We promote independent living and well-being. We give people a good standard of care and the support that our tenants need. We want to empower people to live the life they want to in the way they wished to live it".

People were encouraged to remain as independent as they could and staff described how they encouraged people to help wash, dress or help to make their lunch. People's care plans clearly showed what they could do for themselves to remain as independent as possible. There were details of how people could shave themselves independently but sometimes might need a bit of help, how people could wash themselves in the shower but needed support to rinse the soap off and how to encourage people to walk small distances with staff walking at their side. This included what support they needed, how many staff were needed to support them safely. Staff had knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

People and their relatives were asked their views as to how they wished to be supported prior to commencing the service. The staff carried out regular reviews of people's care and had discussed changes to people's support need in the reviews. When people had family support and if appropriate, family members had been invited to their review. People were encouraged and supported to keep in touch with their family and friends.

People told us staff were flexible and they called or went to the office if they needed to change their scheduled calls or request additional support. The staff were flexible and worked around people and what they wanted when they wanted it. All the people we spoke with were comfortable in contacting the registered manager and staff if they needed anything. People said, "I can speak to (the registered manager) whenever I want. If they are not here there is always someone around to listen and sort things out".

The service was providing personal care to 13 people but the staff responded to anyone who needed support and help throughout the building. Staff said, "If people need help we give it".

People told us they were treated with respect and their privacy and dignity was promoted. People said, "They always knock on the door and wait until I answer the door or shout them to come in". "When they are helping me wash they make sure I am covered with a towel" and "The girls always tell what they are going to do and check that it's OK before they do anything". Staff had received training in treating people with

dignity and respect. Care plans promoted people's privacy and dignity.

The registered manager had introduced a 'resident of the day' scheme. This was when every day a member of staff spent extra time with a different person. Staff went to people's flats not to give care but to have chat and a cup of tea. They talked to the person letting them know what was happening within the building, what plans they had for extra activities and finding out if the person wanted anything or if they wanted to go anywhere in particular. People said they enjoyed this time and it made them feel involved and valued.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially.

Is the service responsive?

Our findings

People said, "I am so happy that I have come here, I love it" and "I have everything that I need. The staff are very good. They visit even when they don't have too".

People told us they were involved with the initial assessment of their care and support needs. People said they were involved in making decisions about the level of care and support they wanted and this was discussed at their reviews. People felt listened to with regard to their preferences and choices.

Prior to people moving to Sanctuary Care Homes –Rye they were visited by the registered manager. An assessment of the person's wishes and needs was completed with the person and a support plan was put in place. People were given a copy of their support plan. This ensured that people and their relatives were fully involved in the assessment and support process and had the opportunity to address any changes. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Staff had to have full knowledge and understanding of the person and how to care for them before they were allowed to support people on their own. The registered manager met with staff to discuss all aspects of the care and support and how the person and their relatives wanted it to be carried out. The care plans were discussed signed by people to say they agreed with the care and support they would be receiving.

The care and support people received was developed and built around the person. People were at the centre and everything else revolved around them making sure they had everything that they needed. The care plans were personal and gave a full picture of the person. There was detail on how people preferred to be supported with their personal care, communications, behaviours, medicines, meals and activities. They contained all the information needed to make sure that people received everything they needed in the way they preferred. One person's care plan had detailed guidance on how to communicate with them as they had a hearing problem. At the end of each shift there was a staff hand over to make sure staff were up to date on how people were, the care and support they had received and if there were any changes that needed to be highlighted.

Some of the care plans did not contain all information about the care that was being given by staff. For example, one person was having cream applied to their skin. There was a body map in place to inform staff where to apply the cream and it was documented in their daily records that the cream was applied. However there was no guidance for staff in the care plan about this. Another person had been prescribed daily eye drops. Staff were administering the eye drops but there was no guidance in their care plan about how to do this safely. There was a risk that people may receive inconsistent care and support from staff. This is an area for improvement.

When people's needs changed the staff responded quickly and contacted specialist services so people got the extra care and support that they needed. It was identified that a person was not walking as much as they used to. The specialist services were contacted and they were coming to assess the person to decide what

help they needed. Another person needed continence support. The specialist continence advisor was contacted and steps were taken to resolve the problem successfully.

People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved. When people wanted to go out extra staff were on duty to accompany them. People went out individually with staff members. People regularly went to the town centre. There were visits to the library, supermarkets, day centres, restaurants and café. Relatives visited people in their flats and regularly took their relatives out of the day. Staff were aware that some people did not have relatives and made extra efforts to make sure that all people had the opportunity to be part of the local community.

Some people had their own pets which lived with them. One person had wanted a cat. The staff took the person to the cat sanctuary where they choose a cat. The staff helped the person care for their pet. The person was delighted with their new friend and it had made a positive difference to their life.

There was a communal lounge on the complex where people could meet up for a chat and a cup of tea. People if they wanted to could eat in the dining room where there was a good selection of hot meals and snacks. This was time when people sat together and socialised. On the day of the inspection a lot of people had chosen to eat in the dining area. There a lively and friendly atmosphere and people were enjoying the food and each other's company.

The staff provided activities in the communal areas and there were plans to develop these further. People enjoyed film clubs and arm chair exercises. There was also knitting and gardening clubs. The registered manager was also going to get Wi-Fi access in the communal areas so people could keep in touch with relatives and friends.

Complaints were listened to and responded to. One person said, "If I was worried about anything, I would go straight to the manager. They would sort it out".

A policy and procedure had been implemented to manage complaints. The procedure explained how complaints were recorded, investigated and resolved. People and relatives said that they would feel comfortable raising concerns or making suggestions about the service and were confident that they would be listened to and their feedback acted on. Everyone had information on how to complain and it was written in a format that made it easier for people to understand. The agency had not received any formal complaints in the last 12 months prior to the inspection.

Is the service well-led?

Our findings

People, relatives and staff told us that the agency was well led and everybody we spoke with was complimentary of the care they received.

People said, "I can pop in to the office anytime and speak to the manager. They always listen and sort things out if there are any problems".

Staff said "The registered manager is a good listener. They always make time to hear what you have to say". Staff told us that since the new registered manager took over the post everything had improved. One staff member said, "Before the new manager came staff had no direction or guidance but now we all know what we are doing and where we are going". Another said, "Absolutely, things have improved here. The registered manager is so supportive; you can approach them at any time". Staff said the atmosphere at the service was friendly, happy, and relaxed.

Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that the staff team worked well together. The registered manager had a good knowledge of people and their care and support needs.

Staff said, "Sanctuary is a good company to work for. The training is much better than other places I have worked".

The provider sent satisfaction surveys to people each year so they could comment on the quality of the service offered and they had received. The provider analysed these and if any areas for improvement were identified these were addressed immediately. The provider was not requesting the feedback from staff and other stakeholders like specialists or doctors. Staff told us they had been formally asked their opinions about the service but they did feel that they had the opportunity at staff meeting and supervision to discuss what was going well and where the service could improve. They said their views were listened too. This is an area for improvement.

The registered manager had introduced employee of the month when staff receive recognition when they have gone over and above what was expected of them. Staff said, "There is always an open door to the manager office. If there are any problems or issues you can go to the registered manager or the team leader". "I feel valued here and the work I do is recognised". "We work as a team. We are all as important as each other". "I love working here. In the beginning when we first opened it was tough. I am glad I stayed. The registered manager is the best I have worked for. They are approachable. Everything works well. It's like clockwork" and "If the manager says they are going to do something they do it. You can trust them".

There was good communication between staff and management. There were regular staff meetings and handovers at each shift to ensure that everyone had up to date information about the service. Records in respect of each person's care and support were maintained.

The registered manager had the required oversight and scrutiny to support the service. They monitored and challenged and supported staff practice to make sure people received a good standard of care. Staff had opportunities to share their views through staff meeting and supervision to make suggestions about changes and developments.

The provider visited the service regularly to carry out checks on the systems and processes and the care and support being provided. Quality assurance systems were in place to monitor the quality of service being delivered; the service had been regularly reviewed through a range of internal and external audits. The registered manager completed their own monthly internal audits to monitor aspects such as complaints, medicine administration, reviews of care plans and staff competencies. External audits were completed by the provider's quality improvement team which reviewed the whole of the service. The results from these audits generated service improvement action plans. Action plans were then produced with recommendations to be carried out for example on 19/06/2017 the audit identified that the whistle blowing poster was not displayed. This was immediately actioned by the registered manager who made sure it was displayed in all the offices.

The registered manager knew that they had to send notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as safeguarding concerns or serious injuries.